

# Heart Matters

Inspiration | Information | Support

Spring 2025

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## Beta blockers explained

Your in-depth guide to how these drugs help your heart

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## Snack time!

Swap naughty nibbles for yummy heart-healthy treats

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## Caring for family with dementia

Tips for offering support at each stage

# Getting back on track

Philip shares how he's found joy in retirement after a heart attack

British Heart Foundation



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## Content you can trust

We put together each issue of Heart Matters with the help of healthcare professionals including doctors, cardiologists, psychologists and specialist nurses.

Every article is triple-checked by our specialist cardiac nurses and dietitians, as well as our research and statistics experts.

We take pride in being editorially independent, meaning our information will never be influenced by BHF's partners or any other third parties.

So you can feel confident that what you're reading is medically accurate, unbiased and up to date.

Front cover photography by Tim Bekir

## Editor's letter



Welcome to your spring edition of Heart Matters.

Spring is a season of fresh starts and new possibilities, making it an ideal time to focus on your health. This issue is packed with ideas and inspiration to help you make positive changes.

Our cover star, Philip Hollows, transformed his health after the wake-up call of a heart attack and diabetes diagnosis. By embracing healthier habits he's now enjoying a vibrant retirement (page 34). Looking ahead to your own post-work phase of life? Go to page 38 for expert tips on a happy retirement.

Taking control of your health begins with knowing your numbers. In this issue, we show you how to measure your blood pressure at home (page 20), explain why your waist size matters for heart health (page 13) and explore if natural alternatives to statins are effective at lowering cholesterol (page 18).

If you or a loved one is living with angina, don't miss page 42, where Dr Rasha Al-Lamee, a BHF-funded researcher, discusses groundbreaking science that could shape future treatments for chest pain.

Many of our readers are caring for a family member with vascular dementia, which brings both practical and emotional challenges. On page 30, you'll see we've teamed up with a nurse from Dementia UK to share expert tips on how to provide the best support at each stage of the condition.

I hope these articles help you on your health journey. If you've found this magazine useful and are able to support our work, we'd greatly appreciate your donation. Your generosity funds lifesaving research and enables us to reach more people with accurate, trusted health information.

To donate, visit [bhf.org.uk/HMdonate](https://bhf.org.uk/HMdonate) or send a cheque payable to British Heart Foundation to BHF, 2300 The Crescent, Birmingham, B37 7YE.

Rachelle Beaven, Editor



### Have your say on Heart Matters

Is there something we could do better? Go to [bhf.org.uk/heartsurvey](https://bhf.org.uk/heartsurvey) to complete our short questionnaire and tell us what you thought of this issue. We'd love to hear your views on our latest articles, as well as your own ideas for future stories you'd like us to cover. Prefer to write us a letter? You can also post your comments to Heart Matters at our address on page four.

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# Your letters



We love to read your emails, letters and tips, so keep writing: [hmeditor@bhf.org.uk](mailto:hmeditor@bhf.org.uk) or **Heart Matters, British Heart Foundation, 180 Hampstead Road, London NW1 7AW**

## Walk For Hearts challenge

I'm proud to have walked 31 miles in October for BHF's Walk for Hearts challenge. I struggled a bit in the early days, but as time went on, it not only got easier, but significantly more enjoyable.

I am now walking better, sleeping better, thinking more clearly and generally feeling good all over. I will be walking that mile every single day from now on. Thank you BHF.

**Rita Read, Monmouthshire**

## Rachelle Beaven, Heart Matters Editor, says:

Thanks for sharing your experience, Rita. It's so inspiring to hear how it transformed your daily routine. We're running Walk for Hearts again in May, and every mile you walk supports lifesaving research. You can sign up at [bhf.org.uk/walkforhearts](http://bhf.org.uk/walkforhearts)

## Waiting for heart care

I've been battling atrial fibrillation for over 15 years and I've had four treatments known as ablations in that time. For the final, recent one I was 16 months on the waiting list and all that time the atrial fibrillation was getting worse. It went from monthly to daily episodes.

The care I received was first class and has given me a better quality of life. I just wish it hadn't taken so long to get there.

**Michael Barnes, Wiltshire**

## Alex Kenney, BHF Head of Government and External Affairs, says:

We are sorry to hear you had to wait so long Michael. Our Hearts Need More campaign is urging the Government to prioritise everyone who is waiting too long for heart care. Find out more at [bhf.org.uk/heartsneedmore](http://bhf.org.uk/heartsneedmore)

## We'd love to hear your views: take our survey

Here at Heart Matters, we value your feedback. Whether you read the magazine cover to cover, or just enjoy browsing for recipes and tips, we'd like to know what you think of our latest issue.

Our short readers' survey takes about 10 minutes to complete and will help us make the magazine even better. Your answers will be used to shape future Heart Matters stories – so take this chance to tell us what you would like to read about next.



- Go to [bhf.org.uk/heartsurvey](http://bhf.org.uk/heartsurvey) to take the survey.

# Tried and tested by you

## Clever ways with curry

To make a healthy curry (Autumn 2024, page 18; [bhf.org.uk/healthy-curry](http://bhf.org.uk/healthy-curry)) I often swap the rice as a side dish for cauliflower rice and a few tablespoons of stir-fry veg. It's delicious.

**Dianne Wilkes, Brierley Hill**

Your chicken tikka masala recipe ([bhf.org.uk/chicken-tikka-masala](http://bhf.org.uk/chicken-tikka-masala)), was amazing. I did go a bit mad with the yogurt, but I will adjust next time. This is the second recipe I have done and that was a huge success with my wife.

**Paul Piper**



I made your cauliflower, potato and pea curry recipe ([bhf.org.uk/cauliflower-curry](http://bhf.org.uk/cauliflower-curry)) and it was delicious. I added a grilled chicken portion but could easily have added some white fish or pork in place of the rice. I also swapped out the peas for some extra fresh tomato, then added some green leaf from the cauliflower for the last 5 minutes.

We are new to the website and cannot wait to try some other new ideas, hopefully to help reduce raised blood pressure.

**Emma Jones, Rhondda Cyon Taf**

## Top tips to remember medicines

It was interesting to read your article regarding the time that medicines should be taken (Winter 2024/25, page 18; [bhf.org.uk/timing-of-medicines](http://bhf.org.uk/timing-of-medicines)). I had an ICD fitted over 40 years ago and have a rare type of blood cancer. As a result, I take 29 tablets daily.

The hospital pharmacist gave a detailed list of when to take them. I've set an alarm on my mobile phone to sound whenever a pill is due and I write on each pack of tablets the time of day to take it. I also start each strip of tablets on a Monday. This means my wife can check to see if I've taken or forgotten a dose.

I'm quite sure I wouldn't feel as well as I do now if I hadn't been taking my medicine regularly each day.

**Michael Johnson, Dorset**

## Calories, checked

I made the red pepper, carrot and lentil soup which says it serves 2 people (Winter 2024/25, page 22, [bhf.org.uk/lentil-soup](http://bhf.org.uk/lentil-soup)).

However, it seems to make more like 4 decent sized servings. So I wonder about the claimed 208 kcals per portion? I am attempting to lose weight so calorie counting is important to me.

**Daniel Leaman, Greater Manchester**

## Tracy Parker, BHF Senior Dietitian says:

The recipe does provide 2 generous portions. But because it is made with only vegetables and lentils, it is low in calories and high in fibre per portion – 208 kcal for around a 300g portion. If you find the portion size too large it would be perfectly fine to have a smaller portion and freeze or save the rest for another meal.

## The wonders of walking

I related to your walking article (Summer 2024, page 32; [bhf.org.uk/steps](http://bhf.org.uk/steps)). In April 2024 I had a double heart bypass – walking was part of my rehabilitation. I started by walking in my garden. Now six months in I'm doing on average 14,200 steps a day. I never realised how relaxing walking can be. Each day I look forward to it and it's a bonus that it's helping with my recovery.

**Lesley Malkin, Lincolnshire**



## Perfect pork and parsnips

Our friend Colin came over and wanted to go out for a meal, but my husband said he wanted to try a new recipe, your one-pot pork with parsnips (Winter 2024/25, page 22, [bhf.org.uk/pork-parsnips](http://bhf.org.uk/pork-parsnips)). We all declared it was delicious and far better than a meal out. We had no bay leaf, sage leaves or sprig of thyme but used mixed herbs instead and served it with air fryer-roasted potatoes and broccoli. We shall certainly be making this again. Thank you.

**Margaret Johnson, Longton, Preston, Lancashire**

I am only an occasional cook; my wife does most of the cooking because she's so good at it. However, I was very interested in your one-pot pork with parsnips recipe so I decided to give it a go. I left out the celery because I don't like it and substituted dried sage and thyme for the fresh herbs. The result was excellent and I'm now going to try the 'Marry Me' chicken (Winter 2024/25, page 21; [bhf.org.uk/marry-me-chicken](http://bhf.org.uk/marry-me-chicken)).

**Mike Banks, Worcestershire**



## Diabetes predicted with AI years before blood sugar spikes

Artificial intelligence (AI) can analyse routine heart tests to spot people who are at risk of type 2 diabetes years before they develop the condition, research funded by BHF shows.

Type 2 diabetes is when blood sugar levels become too high. This can damage blood vessels, leading to an increased risk of heart and circulatory conditions.

Researchers from Imperial College London wanted to see if AI could be used to predict type 2 diabetes by looking for small changes in ECGs (electrocardiograms) that monitor the heart's rhythm. They trained the AI tool on 1.2 million ECGs and tested it on data from almost 66,000 people.

**In the UK, an estimated 4M+ people are living with type 2 diabetes**

The findings showed that in people who did not have diabetes, around 70 per cent of the time the AI tool accurately predicted who would go on to develop it.

Those identified as being at 'high risk' at the start of the study were 10 times more likely to develop diabetes in the following five years, than those at 'low risk'.

## Earlier treatment is safe for people with atrial fibrillation who have a stroke

Treating stroke with blood thinning drugs in people who have atrial fibrillation (AF) can be done safely days earlier than it is now, potentially helping to prevent them having another stroke, reports research funded by British Heart Foundation (BHF).

Current UK guidelines recommend doctors wait up to two weeks before starting blood thinning medicine (anticoagulation) in people with AF who have had a stroke. This is because these medicines can cause the rare, but life-threatening, side effect of bleeding into the brain.

Stroke is more common in people with AF because the condition's irregular heartbeat can lead to blood clots forming in the heart, which can travel to the brain, blocking off blood supply and causing a stroke.

To reduce this risk, they're often prescribed blood thinners to help stop clots forming. As they're already taking blood thinners, doctors delay giving them more blood thinners when they have a stroke because it was thought this would raise the risk of bleeding in the brain even more.

**Starting a blood thinner early does not increase the risk of bleeding into the brain**

But delaying blood thinning treatment puts these people at greater risk of having another stroke. This dilemma spurred researchers from University College London (UCL) to find out if delaying blood thinning treatment was the best approach.



Their research, called the OPTIMAS trial, investigated blood thinning treatment in 3,621 people with AF who'd had a stroke.

Half had treatment within four days of their stroke (early) and the other half had it 7-14 days after having a stroke (delayed). Participants were followed up after 90 days to see how many had had bleeding in the brain or another stroke. The results, published in *The Lancet*, showed that early treatment did not increase the risk of bleeding into the brain. The study did not measure stroke prevention but found the number of people in each group who had another stroke was about the same.

Lead researcher, Professor David Werring, Professor of Clinical Neurology at UCL, said: "the OPTIMAS trial clearly shows that starting an anticoagulant early does not increase the risk of bleeding into the brain, even in patients with more severe strokes."

BHF Chief Scientific and Medical Officer, Professor Bryan Williams, said: "these results could be transformative, making the case for earlier treatment that could help more people with AF avoid having another stroke, and the associated complications."

## Women's heart care gets global research funding boost

BHF has joined forces with 11 leading research funders around the world to launch a new challenge that aims to improve heart care for women.

The move comes after research into women's care revealed that women face treatment delays, can be misdiagnosed, and die earlier than men after heart surgery. The Global Cardiovascular Research Funders Forum, of which BHF is a member, is calling on the world's brightest minds to carry out research to better understand, prevent and treat women's heart conditions. The forum is offering grants of up to US \$10 million over five years.

Learn about inequalities in heart care at [bhf.org.uk/heartattacksinwomen](http://bhf.org.uk/heartattacksinwomen)

## Our 'heart care crisis' campaign heads to 10 Downing Street

Almost 50,000 people have signed BHF's petition urging the UK Government to take action over what our Chief Executive says is "the worst heart care crisis in living memory".

Dr Charmaine Griffiths and BHF ambassadors former England footballer David Seaman and his wife Frankie delivered the petition to 10 Downing Street, where the Prime Minister lives, as part of BHF's Hearts Need More campaign. The campaign calls on the government to develop a dedicated Heart Disease Action Plan to cut waiting times, prevent disease and fund research.

Dr Griffiths said: "the number of people waiting far too long for lifesaving tests, treatments and surgery is at a near-record high, putting them at huge risk." David, who has an irregular heart rhythm condition, and Frankie, added: "it worries us how bad things are. We need to hear that the government is taking this heart crisis seriously."

## Thank you for your support

Our generous supporters helped BHF raise £180.4m for lifesaving research last year.

According to our latest annual report the money came from generous gifts left in wills, fundraising, and profits from donations to our shops and online sales.

These funds have helped us to put more money into research to turn cutting-edge science into better care for people with heart and circulatory conditions, with a total of £430m now invested in these projects.

BHF Chief Executive, Dr Charmaine Griffiths, said: "we stand on the cusp of advances in areas such as artificial intelligence, genomics, and regenerative medicine. It's now up to us to capitalise on these groundbreaking areas of science to make the breakthroughs millions of people desperately need. None of this would be possible without our dedicated supporters, fundraisers, volunteers, researchers, colleagues and partners."

Read the report: [bhf.org.uk/annualreport](http://bhf.org.uk/annualreport)



## Diary dates

### 18 May

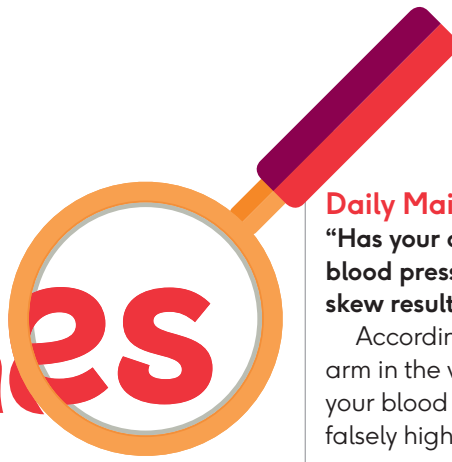
AJ Bell Great Manchester 10k Run. A party from start to finish, you'll experience high-energy at every turn. Sign up for Team BHF and make yourself proud. Go to [bhf.org.uk/greatmanchester](http://bhf.org.uk/greatmanchester) or call 0300 222 5719.

### 7-8 June

Lake District Ultra Challenge. Hike through the best of the English countryside and help fund groundbreaking research along the way. Choose the 50km, 25km or 10km event. Go to [bhf.org.uk/lakedistrict](http://bhf.org.uk/lakedistrict) or call 0300 222 5719.



# Behind the headlines



**The Telegraph, 24 July 2024**

**“Having fat arms ‘heightens risk of Alzheimer’s by nearly one fifth”**

Research showing that excess weight on the belly and arms raises the risk of diseases that damage the brain and nerves sparked a flurry of media stories.



According to the study in *Neurology*, having a high level of fat around the belly (abdomen) increases the chance of any kind of dementia, Alzheimer’s disease, and Parkinson’s disease by 13 per cent, compared to having low levels of fat around the waist. And having a high level of fat around the arms raises this risk by 18 per cent, compared to having low levels.

In contrast, the research found people with high muscle strength were

26 per cent less likely to develop these diseases than those with low levels of muscle strength.

It’s already known that obesity ups the risk of heart and circulatory diseases, which in turn can raise the risk of damage to the brain and nervous system and could lead to diseases like vascular dementia.

This new study by researchers in China, which used data from almost 413,000 people in the UK, is further evidence of this link.

For example, it found 35 per cent of those with a high amount of belly fat who developed one of these brain diseases also had a heart or circulatory disease, and for those with a high amount of arm fat it was 14 per cent.

Several UK media outlets including the *Daily Mail*, *The Times*, the *Daily Express*, *The Independent* and *The Telegraph* covered the research, mainly in a balanced way.

But some headlines suggested that extra fat around the belly or arms directly caused dementia, Alzheimer’s and Parkinson’s disease.

However, the study was observational and so could only conclude the two were linked, not that one caused the other.

**Daily Mail, 7 October 2024**

**“Has your doctor been taking your blood pressure wrong? Key mistakes skew results, experts discover”**

According to research, having your arm in the wrong position when having your blood pressure taken can lead to falsely high readings and this can lead some people to be wrongly diagnosed with high blood pressure (hypertension) and unnecessarily treated for it.

The study in *JAMA Internal Medicine*, reported that people’s blood pressure readings were higher when their arm hung by their side or rested on their lap, compared to when it rested on a table at the same level as their heart.

Findings showed that systolic blood pressure was 6.5mmHg higher and diastolic blood pressure was 4.4mmHg higher when the arm hung by the side compared to when it rested on a desk.

The research was reported by *The Times*, *The Telegraph*, *Daily Mail*, *Daily Mirror* and *The Independent*. Some headlines were alarming, with the *Daily Mail* suggesting doctors were taking people’s blood pressure the wrong way.

However, they failed to highlight that *The British and Irish Hypertension Society (BIHS)* already recommends that blood pressure is taken with the arm “supported at the level of the heart”. This means the new study supports current best practice.

## OUR VERDICT

**Measuring blood pressure is one of the simplest ways to find out if you’re at risk of heart disease and stroke. This study reinforces why guidelines are very specific about how to measure it. If you’re monitoring your blood pressure at home, sit upright with your back against the back of a chair, feet flat on the floor, and arm resting on a table at the same height as your heart.**

- See page 20 for more on taking your blood pressure at home. ●

## OUR VERDICT

The link between obesity and brain diseases like dementia, Alzheimer’s and Parkinson’s disease is long-established. These new research findings confirm the link and pinpoint two possible danger areas: the belly and the arms.

However, it’s important to know that no matter where you carry excess fat, it can lead to an increased risk of heart problems, including coronary heart disease, heart attack, stroke and vascular dementia.

- Find help on losing weight at [bhf.org.uk/takingcontrol](https://bhf.org.uk/takingcontrol)

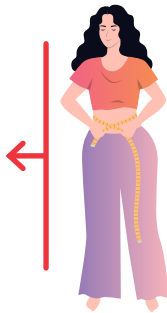
# What we've learned this issue



We learn something new with each issue of Heart Matters. Here are some of the highlights that caught our eye this time

Measuring your waist size is a simple check that takes seconds and can help you find out if you're at increased risk of type 2 diabetes, stroke or a heart condition.

**Why measuring your waist size matters, page 13**



Alcohol is a major risk factor for heart and circulatory diseases. Especially regular heavy drinking, which means more than four alcoholic drinks in one session.

**Does alcohol raise blood pressure? page 25**



'Silent heart attacks' have no symptoms but may be diagnosed later. They're estimated to make up a third of all heart attacks.

**What is a silent heart attack? page 16**



Revisiting meaningful past experiences through photos, videos and music can be therapeutic for someone with dementia.

**Supporting someone with dementia, page 30**



**If you do just one thing...**

Try volunteering for a cause or organisation you feel strongly about. Eight out of 10 people in a British Heart Foundation survey said volunteering boosted their overall happiness. It can be a great way to spend time in retirement.

**Tips for a happy retirement, page 38**

Most freshly-made cheeses count as processed foods. But some, including vegetarian and vegan cheeses, are considered ultra-processed foods.

**Is cheese ultra-processed? page 25**



Decongestants such as pseudoephedrine (Sudafed) can raise your blood pressure and heart rate. So, they are not recommended for people with high blood pressure or a heart or circulatory condition.

**Is it safe to take hay fever medicines if you have heart disease? page 16**



# “I got back to work after a stroke and heart failure”

When James Hall, 37, had a stroke he became partially sighted overnight. Also diagnosed with heart failure, he was determined to get back to the job he loves

“On the day of my stroke, I’d had a very busy day. I am a special educational needs coordinator and on the senior leadership team of a junior school in London. The job is full-on, and my wife Laura and I also have a busy family life, with two daughters.

It was 19 October 2022, and it was the Harvest Festival at school – I was running it, and the kids were performing songs and poems. When I came home, Laura and I ate a meal together and we sat on the sofa. All of a sudden, my eyesight went, and I started getting a really intense headache.

I now know we should have called an ambulance. But I didn’t realise what had happened to me.

## Pride in how my family coped

Laura stayed calm and I asked her to call my dad Chris. Like Laura and my mum Sue, he is my rock. I get very emotional remembering it now – not only the sadness about the stroke, but also my pride in Dad and how he helped me.

Dad drove me to our local hospital and stayed with me for over four hours. I had my phone and was trying to send a message to my boss to say, ‘I’m in hospital, so I’m not going to be in

tomorrow.’ But I couldn’t spell, and I couldn’t write. Dad was saying, ‘don’t worry about that now’, and he typed it out for me. I know most people wouldn’t do that at such a moment, but my job is very important to me.

## Would I forget my wife’s name?

Shortly after, I was transferred by ambulance to another hospital. There, a doctor explained to me, ‘we think you’ve had a stroke and we’re going to do some tests.’

On hearing that, I broke down. I couldn’t remember my own name, my date of birth, or where I was from. I started to panic that I would forget Laura and the girls.

So all I did was say my wife’s name and my girls’ names to myself over and over. I remember needing to be escorted to the toilet and nearly falling over because of the problems with my sight. It’s painful to remember, but it also makes me realise how far I’ve come in the two years since.

## Like a huge punch in the chest

In hospital I had a lot of scans and tests, including an echocardiogram to look at the way blood was flowing through my heart. After that came

another blow – the doctor told me I had heart failure. Hearing that was like a huge punch in the chest. I heard the words, ‘heart failure’, and was afraid I was going to die.

They said one of my valves wasn’t closing properly, which meant blood was struggling to flow through my heart. This put extra strain on the heart muscle and now my heart couldn’t pump as well as it should.

They also explained that because of the faulty valve, blood had probably pooled in my heart and formed a clot, which travelled to my brain and caused the stroke. The stroke was on the left side of my brain, and it left me partially sighted in both eyes.

## I grieved for my old life

I was in hospital for more than a week and coming home was overwhelming. I was not in a very good state emotionally, and physically I was just completely and utterly drained.

At first, I was back in the hospital several times a week for appointments. A doctor checked my sight and showed me how to adapt and manoeuvre myself around. I also had lots of help from the occupational therapy team coming to our home. Jenny and Jessy ▶



Photography by Tim Bekir



from the team were fantastic. I wanted to go back to work straight away, and they helped me understand that I wasn't ready. Jenny said, 'you need to understand this time after your stroke as a new life.' It's something I'd never thought about before.

But my old life is gone. I can't drive, and I have to take a cane with me when travelling on the London Underground. It took time to grieve for that, accept it, and move on.

### Brain training in supermarkets

Every day I would do physical and brain-training exercises. Laura and Jenny were my rocks. Laura was the one person who could push and pull at the right times. And Jenny had the expertise to get my health back.

She would take me to Sainsbury's and give me tasks where I would have to go round and find things in a certain order and bring them back. Every day I would get up and read, watch TV and write down what I watched. Laura would test me on what I remembered.

I would look at a picture of someone and memorise their name. I would try to remember phone numbers. I would go to the shop and buy three items, cheese, bread and milk, without writing it down. I had to get to the point where I could do that.

Sometimes I would get upset and frustrated, but one of my best friends, Pugs, would say, 'listen, I can't believe how well you're doing.' He would

remind me how far I'd come. It helped me build back my thinking abilities.

I also had to build back my body, going for walks every day and eating more healthily. I took medicine to support my heart to work better.

When I was first diagnosed, my heart's 'ejection fraction', which is the amount of blood squeezed out of the main chamber of your heart with each beat, was only 15 per cent. I recently had an appointment with my specialist

“  
I had to cope with the fatigue. It helped that I was allowed a gradual return to work

and it's now at 44 per cent. I've jumped up nearly 30 per cent in two years, which is just incredible.

### Best job in the world

I wanted to get back to the pupils I work with. They're the best. You can't help but love your job when you know you're helping them. I write education plans and coordinate the support they need. It's the best job in the world.

It took me roughly six months to return to work. It was a hard slog. There were new people on the staff and that was challenging. And I had to cope with the fatigue caused by my heart failure. It helped that my school allowed me a gradual return to work. I started by going in two days a week, and then three and four, until I could manage the whole week.

People say, 'you've done so well', but it's not just me. It was Laura, it was Jenny and Jessy, it was my mentor, Julian, my mum and dad, sister and my kids. I managed to do it in six months because I had them pushing me to get better. It's only been two years since my stroke and heart failure diagnosis. I do get tired and often I can't work in the evenings. But I used to walk around with a notepad everywhere. I don't need the notepad now.” ●



James with his dad Chris and (left to right) his wife Laura, daughters Autumn and Hope and mum Sue

# Why measuring your waist size matters

Carrying excess fat around your belly can raise your risk of heart and circulatory diseases. Here's our easy guide to working out your risk

Too much fat around your belly (abdomen) is linked to high cholesterol, high blood pressure and type 2 diabetes, which all increase the risk of a heart attack or stroke.

Some of this fat sits under the skin and is called subcutaneous fat. This is the fat you can feel. Another type of fat builds up around your organs, which is called visceral fat that you cannot feel.

Both can increase your waist size, which is why measuring it can help you work out if you're at increased risk of heart attack and stroke and other health conditions like diabetes.

Follow our three-step guide to work out your own risk:

## 1 Use the right calculation

The National Institute for Health and Care Excellence (NICE) recommends using a calculation called your 'waist to height ratio' to work out whether excess fat around your middle is increasing your risk of health problems.

The ratio compares the size of your waist (the circumference of your abdomen) to your height. The nearer this number is towards one, the greater your risk of health issues.

You just need a tape measure and a calculator to work out your waist to height ratio.

“  
**Waist ÷ height = waist to height ratio**

## 2 Measure yourself

Here's how to work out your ratio:

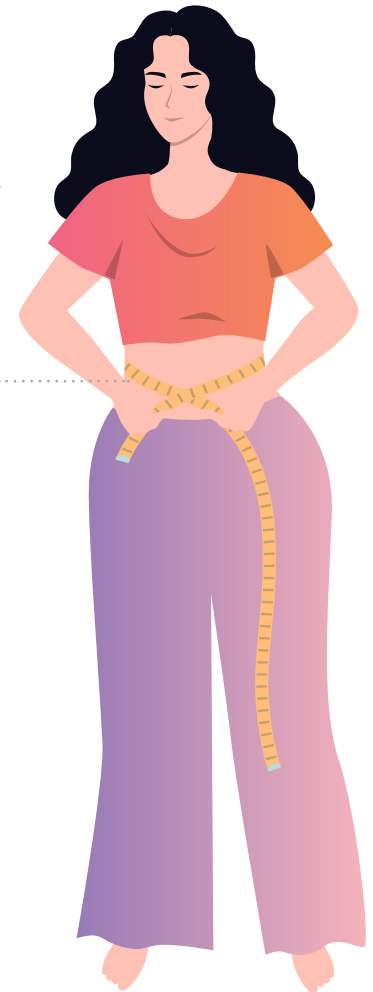
- Wrap a tape measure around your belly between the bottom of your ribs and the top of your hips, just above the belly button.
- Make sure it's pulled tight, but make sure it's not digging into your skin.
- Breathe out naturally and make a note of where the tape measure reaches all the way around.
- This can be in inches or centimetres.
- Then measure your height from your foot to the top of your head.
- Remember to use the same units as you used to measure your waist.
- Divide your waist size by your height measurement.
- For example, if your waist is 96.5cm and your height is 170cm, you need to divide 96.5cm by 170cm, which equals 0.57.
- This is your waist to height ratio.

## 3 Understand your result

The more excess fat you have around your belly, the higher your waist to height ratio will be, and the greater your risk of health problems.

If your ratio is 0.6 or above, you are at the highest risk of developing heart and circulatory diseases, and if it's between 0.5 and 0.59 you are at increased risk. In both cases you'll likely need to lose weight to reduce your risk.

If your ratio is 0.4 to 0.49 then you are in the healthy range. If you're worried about your waist size, speak to your nurse or GP.



### The 'string challenge'

No tape measure or calculator? Use a piece of string instead. Measure your height from your feet to the top of your head. Cut or mark the string at your height and fold it in half. Then wrap the folded string around your waist. If you cannot completely wrap it around your waist, you probably have too much fat around your middle. ●

# Beta blockers explained



Many people with heart and circulatory diseases are prescribed beta blockers. But how do they work, are they safe for everyone and do they have side effects?

Beta blockers are widely used medicines with more than 40,000 prescriptions issued in England in 2021 alone. They're most commonly used for heart and circulatory conditions.

They're prescribed to treat irregular heart rhythms, angina and to help lower blood pressure. People living with heart valve disease, heart failure, or who have had a heart attack, may be prescribed one too. Doctors also sometimes prescribe them for non-heart conditions such as anxiety.

## How do they work?

Beta blockers – whose full name is beta adrenergic blocking agents – mainly work by slowing down the heart rate.

This reduces the force at which

blood is pumped around your body. They do this by blocking the release of the stress hormones adrenaline and noradrenaline that push the heart to work harder and faster.

As well as relaxing the heart, some beta blockers relax blood vessels too, which helps to lower blood pressure.

Beta blockers can also block your kidneys from producing a hormone called angiotensin II, which can also help lower blood pressure.

## What do they treat?

### Angina

Clinical guidelines recommend beta blockers as a first-line treatment for everyone with angina, either on their own or with another medicine called

a calcium channel blocker. Beta blockers slow your heart rate, which reduces the amount of oxygen the heart needs to work. This in turn leads to fewer angina episodes.

### Heart failure

If you have a certain type of heart failure that's caused when the main pumping chamber of the heart is not working properly, beta blockers are known to improve your life expectancy.

This is why clinical guidelines recommend that everyone with 'heart failure with reduced ejection fraction' (HFrEF) take a beta blocker, regardless of how bad their symptoms are.

As well as a beta blocker, you will also likely be prescribed an angiotensin converting enzyme (ACE) inhibitor, such as ramipril.

If you have heart valve disease your doctor may prescribe you a beta blocker, with clinical guidelines recommending them for everyone with moderate to severe mitral stenosis who also has heart failure.

### Irregular heart rhythms

Because beta blockers help slow the heart rate and can help control irregular heart rhythms, they can be used to treat some irregular heart rhythm conditions like atrial fibrillation (AF). They can help to improve symptoms of AF, such as heart palpitations.

### Heart attack

If you've had a heart attack, clinical guidelines recommend that you are prescribed a beta blocker before being discharged from hospital. This is to help reduce your risk of having another heart attack. Treatment is usually continued for life.

### High blood pressure

Beta blockers are prescribed for people with high blood pressure (hypertension) that's hard to treat with other medicines. They're usually given as part of a treatment plan that may also include an ACE inhibitor and/or a calcium channel blocker.

### Anxiety

The beta blocker propranolol is commonly used as a short-term treatment for anxiety as it helps alleviate physical symptoms such as sweating, shaking and heart palpitations.

It does this by blocking the effects of the stress hormones adrenaline and noradrenaline, which are released as part of our body's natural response to perceived threats.

“

As well as relaxing the heart, some beta blockers relax blood vessels too

These hormones prepare us to either 'fight' or 'flight' (run away) from the threat, causing breathing and heart rates to rise and blood pressure to increase. Taking a beta blocker can help calm this response down, which in turn reduces anxiety symptoms.

### Are they safe for everyone?

Beta blockers are not recommended for some heart conditions. These include uncontrolled heart failure, very low blood pressure (hypotension), certain heart rhythm disorders and bradycardia (which is when you have a very slow heartbeat).

If you have an airways disease like asthma or chronic obstructive pulmonary disease (COPD), you will not normally be prescribed beta blockers either.

This is because they occasionally provoke severe asthma attacks. Your doctor will weigh up the benefits of having a beta blocker against the risk of having an asthma attack when deciding to prescribe it or not.

### What are the side effects?

Beta blockers are usually tolerated well without significant side effects.

However, they may cause cold hands and feet, particularly in older people, and may be associated with unusually vivid dreams.

Some people also feel tired – perhaps related to excessive slowing of the heart rate. And erectile dysfunction is occasionally a problem for some men who take beta blockers.

If you think you're experiencing side effects, do not stop taking your beta blocker without speaking to your doctor first. This is because stopping it suddenly could cause problems such as heart palpitations, a recurrence of angina pain, or a rise in blood pressure.

### What alternatives are there?

Side effects can often be managed by reducing the dose of the beta blocker you're taking, or switching to a different beta blocker.

However, if you continue to have problems, there are alternative drugs available. If you have angina or AF, for example, other drugs that slow the heart rate, such as diltiazem, verapamil or digoxin, may be used instead. A medicine called ivabradine also slows the heart rate and can be used to treat angina if beta blockers are not advised. ●

## Could you be taking a beta blocker?

There are many different beta blockers and each have a different brand name. This can be confusing and means you may be taking a beta blocker without knowing it. The names of the most common are:

- atenolol: brand names include Tenormin
- bisoprolol: brand names include Cardicor, Congescor
- carvedilol: brand names include Coreg
- metoprolol: brand names include Betaloc, Lopresor
- nebivolol: brand names include Nebilet
- propranolol: brand names include Inderal.

# Ask the expert

Send in your health questions

Email: [hearthelpline@bhf.org.uk](mailto:hearthelpline@bhf.org.uk)

Call our Heart Helpline: 0808 802 1234

Write to: **Heart Matters, British Heart Foundation, 180 Hampstead Road, London NW1 7AW**



**Ruth Goss**  
Senior Cardiac Nurse at British Heart Foundation

## Q When should I worry about a low heart rate?

**A Ruth Goss says:**

A normal heart rate is anything between 60 and 100 beats per minute (bpm). Anything that falls below 60bpm is considered a low heart rate, or pulse rate, which doctors call 'bradycardia'.

It's normal for your heart rate to vary during the day. This is because it's affected by daily activities like exercise and the food you eat. As a result, your heart rate may drop below 60bpm at some points and then speed up again.

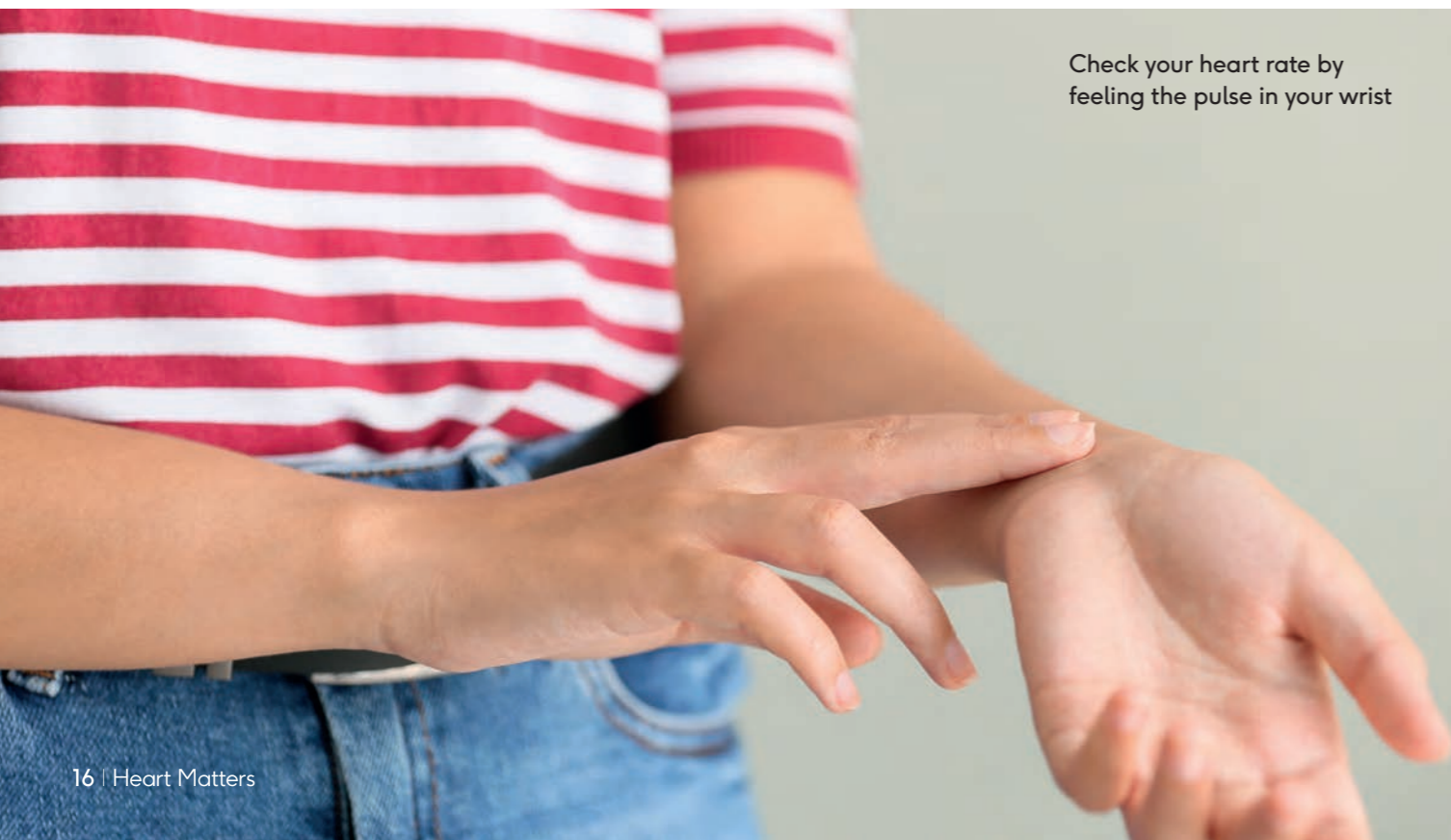
It's also common for your heart rate to drop below 60bpm when you're asleep. This is because your body processes slow down, meaning the heart does not need to work as hard. But it will usually go back to normal when you wake up.

Some people have a naturally low heart rate, or a health condition that affects their heart's ability to regulate its rhythm. A low heart rate can also develop as you age.

If you're usually fit and healthy, and you do not have any symptoms, then try not to worry if your heart rate drops below 60bpm.

But if you notice new symptoms that can be associated with bradycardia like dizziness, palpitations, feeling more tired than usual, generally feeling weaker and fainting, then speak to your doctor.

They will be able to discuss the need for any further tests, investigations or treatments you may need.



Check your heart rate by feeling the pulse in your wrist

## Q What is a silent heart attack?

**A Professor Tim Chico says:**

A 'silent heart attack' is a heart attack that has no symptoms. They're often only diagnosed weeks, months or years afterwards, during a routine check-up, or because of ongoing symptoms, like chest pain (angina) or breathlessness.

Silent heart attacks are common. They are estimated to make up around a third of all heart attacks. While some people cannot remember having symptoms, others will see a doctor because of toothache, back pain or generally feeling unwell. And, after investigations like ECGs (electrocardiograms) and blood tests, they're found to have had a 'silent' heart attack.

They're serious because not knowing you've had a heart attack means treatment is delayed. You miss out on treatments that reduce damage to the heart

and the risk of having another heart attack. The quicker you start these treatments, the more effective they are. Some people only discover they've had a silent heart attack after having another heart attack, which they may not have had if they'd got treatment the first time.

A silent heart attack can happen to anyone, but they're a bit more common in some people. This includes elderly people, possibly because they live with symptoms that may, or may not, be related to heart problems, and people with diabetes who may not feel chest pain because of nerve damage from their diabetes.

The key to preventing them is having a healthy lifestyle, and if you're at higher risk because of high cholesterol, high blood pressure or diabetes, talk to your doctor about treatment.



**Professor Tim Chico**  
Consultant Cardiologist at Sheffield Teaching Hospitals NHS Foundation Trust

## Q Is it safe to take hay fever medicines if you have heart disease?

**A Julie Ward says:**

As spring arrives, you might be wondering if it's safe to take over-the-counter medicines for hay fever if you have a heart or circulatory condition. The answer depends on which type of medicine you take, as some are safer than others.

Hay fever is when your body reacts to particles in the air like pollen or pollution, and is an allergy.

There are several types of medicines you can take to ease symptoms that include sneezing, coughing, a runny or blocked nose, and itchy red or watery eyes. The three main ones are steroid nasal sprays, antihistamines and decongestants.

Steroid nasal sprays containing drugs like beclomethasone (Beconase), budesonide (Benacort) and fluticasone (Pirinase) are often the first port of call for people suffering from hay fever.

They reduce inflammation in the nose and sinuses, and are considered safe for people with high blood pressure (hypertension) and heart and circulatory conditions. Make sure you stick to the recommended dose.

Antihistamines, like loratadine (Claritin) and cetirizine (Piriteze), are also widely used. They work by blocking chemicals in your blood called histamines that cause hay fever symptoms. They are generally

safe for people with high blood pressure and heart and circulatory diseases.

However, another type of antihistamine, called fexofenadine (Allevia or Telfast), can lead to a fast or irregular heartbeat and you should talk to your doctor or pharmacist before taking it.

Also, some older antihistamines, like chlorphenamine (Piriton), can cause drowsiness and so might not be the best choice if you already have fatigue from a heart condition.

When it comes to decongestants, you need to be even more cautious as some contain drugs like pseudoephedrine (Sudafed) that constrict blood vessels. This can raise your blood pressure and heart rate and cause palpitations. Because of this, the NHS does not recommend decongestants for anyone with high blood pressure or a heart or circulatory disease.

If you need a decongestant, talk to your doctor or pharmacist, and always read the medicine information leaflet before taking a hay fever medication as some combine antihistamines with decongestants.

If you experience heart palpitations, which feel like your heart is racing or skipping a beat, after taking a hay fever medicine, stop taking it and consult your doctor. ●



**Julie Ward**  
Senior Cardiac Nurse at British Heart Foundation

# Your guide to natural statin alternatives

Plenty of foods and supplements claim they can lower cholesterol. But do they really work as well as statins? We look at the evidence for five of the most common

**Part 2**  
Missed part 1? Go to our Winter 2024 issue or see [bhf.org.uk/statinalternatives](https://bhf.org.uk/statinalternatives) for more on medicines that lower cholesterol.



## Omega-3 supplements

While omega-3 fatty acids, found in oily fish and fish oil supplements, are touted as good for heart health, they do not lower cholesterol.

However, they are thought to reduce another type of fat in your blood called triglyceride. Like cholesterol, high levels of triglyceride can increase your risk of heart and circulatory diseases.

Research published in the Journal of the American Heart Association in 2023, which looked at 90 studies with 72,598 participants, found that taking supplements containing two types

of omega-3s each day for around 13 weeks led blood triglyceride levels to fall. The reduction was seen in people with high cholesterol and those without.

But, the study also found that although taking more than 2g of this type of omega-3 supplement a day lowered triglyceride levels, it also increased 'bad' (LDL) cholesterol levels.

The research looked specifically at supplements containing 2g of docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA) omega-3s. Both are found naturally in oily fish, like salmon, mackerel and anchovies.

Because the evidence behind taking omega-3 supplements to improve your heart health is mixed, doctors do not recommend them to lower cholesterol or prevent coronary heart disease.

For example, research published in the journal BMJ Medicine in 2024 suggested that fish oil supplements actually increased the risk of developing a heart condition, or having a stroke in people without heart disease, but reduced the risk for those who already had heart disease.

But, your GP may prescribe them to help lower high triglyceride levels.

## Plant sterols and stanols

You've probably seen margarines, milks and yogurts that say they actively lower cholesterol. These contain added plant sterols and stanols – also known as phytosterols – which are naturally occurring in some plant foods and have been shown to lower cholesterol.

One review of 124 studies in the British Journal of Nutrition in 2014 found that up to 3.3g of phytosterols a day gradually lowered 'bad' cholesterol by an average of 6 to 12 per cent after around four weeks. It's thought because plant sterols and stanols have a similar structure to cholesterol, they reduce the amount of cholesterol absorbed by the gut, lowering blood levels.

Phytosterols are also found in small amounts in plant-based foods like fruit, vegetables, vegetable oils, nuts and grains. However, this usually adds up to less than 600mg of phytosterols a day, which is much lower than the effective dose of 2g you can get from fortified products.

And, while plant sterols and stanols may lower your cholesterol, there have been no clinical trials that show they lower the risk of heart attack or stroke. Whereas, statins have been shown to reduce both your cholesterol levels and your risk of having a heart attack or stroke.



## Garlic

There have been claims that a chemical in garlic called allicin can lower cholesterol and blood pressure, but research has been mixed.

One small study in the International Journal of Preventative Medicine in 2016 found that people with high cholesterol who had 20g of raw garlic (around four cloves), plus one tablespoon of lemon juice each day for eight weeks, experienced a larger decrease in their 'bad' cholesterol levels than those who took just one or neither ingredient.

But a trial in the Archives of Internal Medicine in 2007 found that taking raw garlic, or garlic supplements, almost daily for six months had no effect on 'bad' cholesterol levels in people with high cholesterol.



## Oats

Oats and barley contain a type of soluble fibre (which means it can dissolve in water), called beta-glucan. Soluble fibres form a gel in your gut, which can bind with cholesterol and stop it from being absorbed into the body.

Research suggests that 3g of oat beta-glucans daily can help lower your cholesterol by a modest amount if you include them as part of a healthy diet. A 40g serving of porridge oats contains 2g of beta-glucan, while a 250ml glass of oat milk contains 1g of beta-glucans. A review of 58 controlled trials in the British Journal of Nutrition in 2016 found that middle-aged people's 'bad' cholesterol fell by 4.2 per cent when they had 3.5g of beta-glucan from oat products each day for between three to 12 weeks, compared to those who did not. But no research has linked oats to a lower risk of heart attack or stroke.



## Red yeast rice extract

Red yeast rice extract (RYRE) comes from fermentation of a type of yeast found in rice and is sold as a supplement. It contains monacolin K, which lowers 'bad' cholesterol and is already used in a statin medicine called lovastatin.

A 2015 study in the journal Atherosclerosis found that those taking RYRE had about the same decrease in 'bad' cholesterol levels as those taking a statin. The finding was for 10.4g of monacolin K supplement a day.

But, unlike statins, the amount of active ingredient in RYRE supplements varies due to lack of regulation. There is also little research into whether the extract is safe long term, so it's not recommended. ●



See more information on statins at [bhf.org.uk/statins](https://bhf.org.uk/statins)

# Measuring your blood pressure at home

Whether your doctor has asked you to, or you just want to keep track of your readings, here's our guide to checking your blood pressure and understanding the results

High blood pressure (hypertension) can increase the risk of a heart attack or stroke. However, it usually has no symptoms, which is why knowing your blood pressure is so important.

It's common to feel stressed when a doctor or nurse checks your blood pressure. This feeling of stress can temporarily increase your blood pressure – it's known as 'white coat syndrome'. Because of this, if your doctor or nurse finds your blood pressure is too high, they may ask you to measure it at home where you should be more relaxed.

And if you've been diagnosed with high blood pressure, then measuring it at home can help you to see the effect of any treatment or lifestyle changes you've made without waiting for your next medical check-up.

You can use our chart on the opposite page to see whether your blood pressure is in the high or healthy range.

## When to take a reading

If your doctor or nurse has advised you to measure your blood pressure at home, they will ask you to do this twice a day – once in the morning and once in the evening – for four to seven days.

Every time you check it, take two measurements at least one minute apart. The British and Irish Hypertension Society (BIHS) recommends taking a third reading if the first two are very different.

“**There is no need to check your blood pressure more than once a week**

You can then share your results with your medical team, who can work out your average blood pressure reading to decide if it's too high and if you need treatment. After this, you can measure your blood pressure once

a week to help you keep track of any changes over time.

Again, take two measurements every time you check your blood pressure, and a third if the first two are very different. There is no need to check your blood pressure more than once a week, unless your doctor or nurse has asked you to.

## What the numbers mean

The machine that records your blood pressure will show two numbers in mmHg (millimetres of mercury).

- The first number is your systolic blood pressure, which is measured as your heart contracts to pump blood around the body. It is the top number on the monitor screen.
- The second number is your diastolic blood pressure, which is measured as your heart rests between beats, and should be lower than your systolic blood pressure. It is the bottom number on the monitor screen.

## Keep a record of your readings

Make sure you note down your blood pressure readings with a pen and paper, or on your phone or computer.

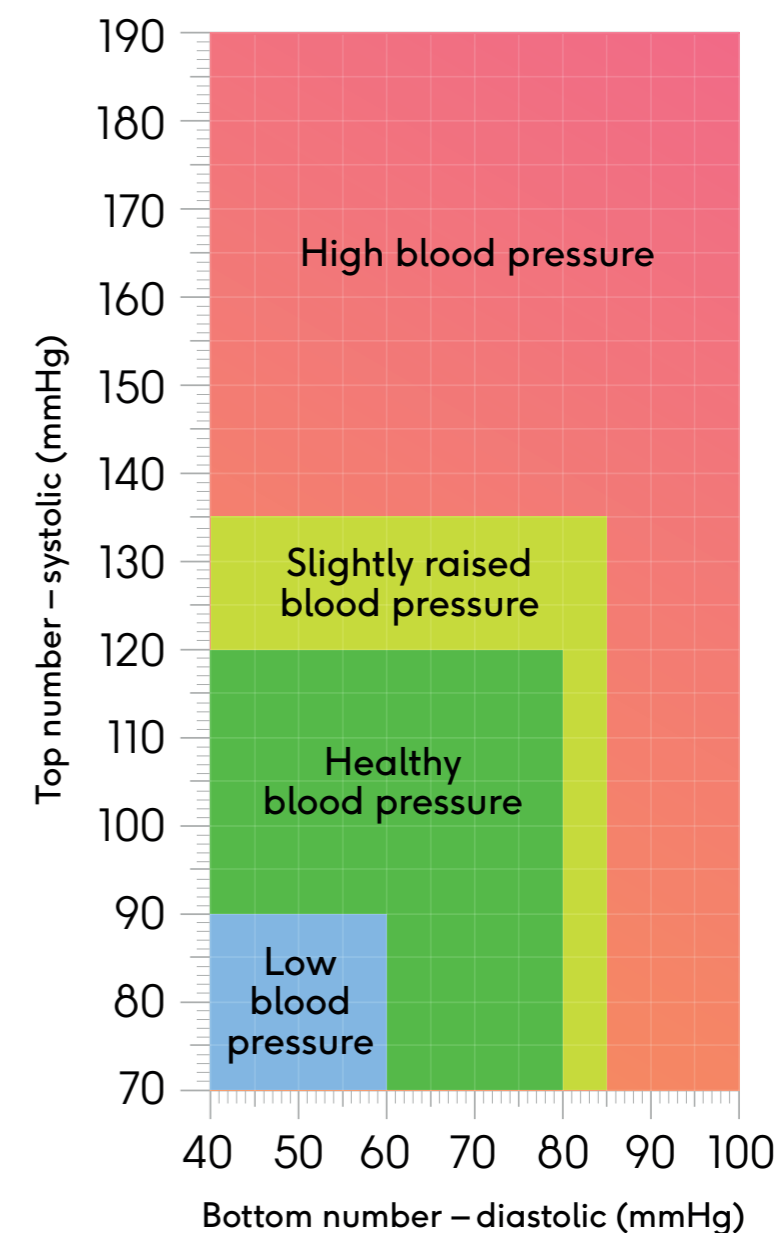
We've developed a simple, printable blood pressure chart and diary to help you keep track of readings. Go to [bhf.org.uk/bloodpressurediary](http://bhf.org.uk/bloodpressurediary) to download and fill it in.

## 8 steps to an accurate reading

- 1 Make sure you're feeling calm and not anxious or stressed.
- 2 Sit upright with your back against the back of the chair and feet flat on the floor. Do not cross your legs.
- 3 Rest your arm on a table at the level of your heart and relax your hand. Do not clench your fist.
- 4 Place the cuff over your upper arm with the tubing leading down the centre, or slightly to the right, of your arm.
- 5 Tighten the cuff around your arm, making sure you can still fit two fingers underneath it.
- 6 Press the 'On' button on your monitor, and then press the 'Start' button. Do not talk and try to relax.
- 7 You'll feel the cuff inflate automatically, quite quickly, and then deflate again. It may feel a bit tender or uncomfortable, but this will only be for a short period of time. If it's too uncomfortable, you can press the 'Stop' button and the cuff will instantly deflate.
- 8 Once you get your reading, make a note of both numbers, and take your blood pressure again in two to three minutes to double check that the reading is accurate. ●

## Know your numbers

On the chart below, trace lines across from the top number of your reading and up from the bottom number to see where they meet.



## How to choose a blood pressure monitor


Here are a few tips to make sure your home blood pressure monitor is accurate and reliable:

- **Use an upper arm cuff:** Choose a monitor that measures blood pressure at your upper arm. If you cannot use one on your upper arm, you can use a cuff that wraps around your wrist instead.
- **Get the right-sized cuff:** The cuff should wrap snugly around your upper arm, with just enough space to slide two fingers underneath it. Most home blood pressure monitors will come with a medium-sized cuff. If your upper arm is much larger or smaller than average, you may need to buy a different sized cuff separately.
- **Check it's approved:** Choose a monitor that has been validated by the BIHS. This means it has gone through a series of tests to make sure it gives results you can trust.



Buy an approved machine at [bhf.org.uk/buy-bp-monitor](http://bhf.org.uk/buy-bp-monitor)

## Smashed avocado and poached eggs

 **Preparation time:** 5 mins  
**Cooking time:** 5 mins  
**Serves:** 2  
**Not suitable for home freezing**

Each portion contains

Energy 741kj 177kcal 9%	Carbo- hydrate 16.9g 18%	Fibre 5.3g 18%	Sugars 3.8g Low 4%	Fat 10.7g Med 15%	Saturates 2.5g Low 13%	Salt 0.33g Low 6%
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% = of an adult's reference intake (traffic light colours are based on per 100g)

### Ingredients

- 1 avocado
- 2 tomatoes, diced
- Pinch of chilli flakes (optional)
- Juice of ½ lime
- 2 eggs
- 2 slices wholemeal toast
- Rocket salad leaves

### Method

- 1** Cut the avocado in half, remove the stone and mash the flesh with a fork. Add the tomatoes, chilli flakes and lime juice. Season with ground black pepper and set aside.
- 2** To poach the eggs, heat a small pan of boiling water. Carefully break in the eggs and leave to poach for 2 to 3 minutes until the whites are cooked but the yolks are still runny.


- 3** Spoon the avocado mixture onto the toast and top each with a poached egg. Season with black pepper and serve with the rocket.



**How we made it healthier**  
 The avocado, tomatoes and rocket all count towards your 5-a-day. The lime juice, chilli and black pepper add flavour without the need for salt.



## One-pot lamb and orzo

 **Preparation time:** 10 mins  
**Cooking time:** 1 hour 15 mins  
**Serves:** 2  
**Suitable for home freezing for up to 2 months**

Each portion contains

Energy 2128kj 506kcal 25%	Carbo- hydrate 49.6g 22%	Fibre 6.5g 22%	Sugars 12.5g Low 14%	Fat 14.9g Low 21%	Saturates 4.4g Low 22%	Salt 0.41g Low 7%
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% = of an adult's reference intake (traffic light colours are based on per 100g)

### Ingredients

- 275g (10oz) diced lean leg of lamb
- 2 tsp vegetable oil
- 1 small onion, sliced
- 1 stick celery, chopped
- 1 clove garlic, crushed
- ½ red pepper, diced
- 1 tsp dried oregano or mixed herbs
- Pinch of ground cinnamon
- ½ tsp smoked paprika
- ½ tsp cumin
- 1 tbsp sundried tomato puree
- 400g (14oz) can chopped tomatoes
- 1 courgette, chopped
- 100g (3.5oz) orzo

### Method

- 1** Cut the lamb into 2cm chunks and trim off any fat. Heat the oil in a medium pan and fry the meat for 5 minutes. Remove from the pan with a slotted spoon and fry the onions and celery for 5 minutes until golden brown.
- 2** Add the garlic, red pepper, herbs and spices and fry for 1 minute, then add the tomato puree and the can of tomatoes. Fill the can half

full with water and add to the pan. Return the lamb to the pan, bring to the boil, then reduce the heat. Cover with a lid and simmer for 45 minutes, or until the meat is tender.


- 3** Stir in the courgette and orzo. Simmer for another 15 minutes, or until the orzo is cooked, stirring occasionally and adding more water if necessary. ▶



### How we made it healthier

Lamb dishes can be high in saturated fat. By using a lean cut of lamb we ensure the fat content is low.

## Mediterranean vegetable frittata

 Preparation time: 5 mins  
 Cooking time: 15 mins  
 Serves: 2  
 Not suitable for home freezing

### Each portion contains

Energy 1056kJ 252kcal 13%	Carbo- hydrate 23.2g 15%	Fibre 4.4g 7%	Sugars 6.1g Low 7%	Fat 11.6g Med 17%	Saturates 2.6g Low 13%	Salt 0.35g Low 6%
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% = of an adult's reference intake (traffic light colours are based on per 100g)

### Ingredients

- 2 tsp vegetable oil

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- ½ onion, thinly sliced

---

- 1 red pepper, sliced

---

- 1 small courgette, sliced

---

- 200g (7oz) cold, cooked potatoes, sliced

---

- 3 eggs

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- Crushed black pepper

---

- Dried mixed herbs

---

- 1 tbsp finely grated Parmesan cheese (optional)

---

- 1 tbsp fresh parsley, chopped

---

- 1 tsp fresh chives, chopped

### Method

- 1** Heat the oil in a small non-stick frying pan. Fry the onion and red pepper for 2 to 3 minutes, until tender. Add the courgettes and potatoes and cook for a further 3 to 5 minutes until they are cooked through and the potatoes are hot.
  
- 2** Beat the eggs with the black pepper and dried herbs and pour over the vegetables. As the egg sets, lift the mixture from the base of the pan so the uncooked egg goes underneath. Cover with a lid



  
**How we made it healthier**  
 This dish is full of healthy vegetables, and you can use whatever vegetables you like. Try cooked broccoli, peas, asparagus or sweet potato.

and cook for 2 to 3 minutes, then place a plate on top of the pan and turn the pan upside down so the frittata falls onto the plate.

- 3** Slide the frittata back into the pan and cook for a further 2 minutes or

until the egg is set. Sprinkle with Parmesan cheese, parsley and chives. Serve at room temperature, or cold the next day, with a salad. ●



### Tried this at home?

We'd love to hear what you thought of our recipes, and any tweaks you made to them. Email your thoughts and photos to [hmeditor@bhf.org.uk](mailto:hmeditor@bhf.org.uk) or write to the address on page four.

# Ask the expert

## Send in your health questions

Email: [hearthelpline@bhf.org.uk](mailto:hearthelpline@bhf.org.uk)

Call our Heart Helpline: **0808 802 1234**

Write to: **Heart Matters, British Heart Foundation, 180 Hampstead Road, London NW1 7AW**

## Q Does alcohol raise blood pressure?

**A** Alcohol's effect on blood pressure depends on how much and how often you drink.

Having more than three alcoholic drinks in one sitting can cause a temporary rise. This is because alcohol stimulates the nervous system, which increases the heart rate and narrows blood vessels, leading to a short term rise in blood pressure.

However, regularly having more than four alcoholic drinks in one sitting can have a lasting effect on your health.

It can impair the brain's ability

to regulate blood pressure, which can lead to long-term high blood pressure (hypertension).

You may have read that some alcoholic drinks, like red wine, are better for your health than others. But too much of any type of alcohol will negatively affect your blood pressure.

Alcohol is also high in calories and can lead to weight gain, which is another risk factor for high blood pressure.

To lessen the health risks, NHS guidelines recommend drinking no more than 14 units of alcohol

a week. That's the same as six pints of beer or six small glasses of wine. They also recommend avoiding binge drinking.

Sticking to these limits is especially important if you're at risk of, or already have, high blood pressure. You may consider drinking less or no alcohol.

Cutting back or quitting alcohol has been shown to lower blood pressure. Staying physically active, eating a healthy diet, having a healthy weight and avoiding smoking will also help keep your blood pressure healthy.



**Tracy Parker**  
Senior Dietitian  
at British Heart  
Foundation

## Q Is cheese ultra-processed?

**A** Research has linked ultra-processed foods to an increased risk of heart and circulatory conditions and the risk factors for them, such as obesity and type 2 diabetes.

As cheese is a processed food, you may be wondering whether it's ultra-processed. So, what's the difference between the two?

Processed foods have been altered from their original form. This includes methods like pasteurisation, fermentation or ageing, which is what happens when cheese is made.

Most freshly-made dairy cheeses like Cheddar, Brie,

mozzarella and Edam fall into the processed food category.

Foods that are ultra-processed have been industrially processed and typically contain added fats, sugars and salt. They also have ingredients we do not have at home, such as preservatives, sweeteners and emulsifiers.

Cheeses that fall into this category include cheese slices, spreads, some shredded cheeses, and flavoured cheeses. Vegetarian and vegan cheeses can also be ultra-processed because of the ingredients and additives used to make them taste and feel like dairy cheese.

Cheese is a good source of calcium and protein and, in moderation, can be a healthy part of your diet.

To avoid ultra-processed foods, stick to traditional cheeses. For example, buying Cheddar in a large block and slicing it yourself is cheaper and healthier than buying pre-sliced options.

But keep in mind that cheese can be high in salt and saturated fat, so aim for a matchbox-sized portion (around 30g) per day to keep your intake in check. ●



# 10 easy and healthy snacks

Hungry before your next meal? Here's how to fill the gap with nutritious nibbles

When hunger strikes between meals, it's tempting to grab highly processed snacks. Often high in salt, sugar and unhealthy saturated fat, these quick fixes can leave you feeling sluggish and unsatisfied. They also raise the risk of heart and circulatory conditions.

Instead, look for healthier snacks that include whole foods like fresh fruits, nuts and wholegrains. Here are some tasty, easy-to-prepare sweet and savoury options that are good for your health, and will help keep you full until your next meal.

## What our food symbols mean:

- Low-calorie** 100kcal or less per portion
- Low-salt** Less than 0.3g salt per 100g
- Low-fat** Less than 3g fat per 100g
- Low-carb** Less than 20g carbs per portion

- High-protein** More than 20% of energy comes from protein
- High-fibre** More than 3g fibre per 100kcal
- Vegan** Vegan
- Gluten-free** Gluten-free



## 1 Healthier flapjack

Enjoy a small square for a sweet treat that's low in added sugar:

- Heat oven to 180°C/160°C fan/gas mark 4. Line an 18cm (7in) shallow square cake tin with baking paper.
- Place 7 medium bananas and 125g (4½ oz) stoned dates into a food processor and blend until smooth.
- Add 70g (2oz) low-fat sunflower spread and 1 tsp vanilla extract. Blend until smooth, then stir in 250g (9oz) oats.
- Spread mixture into tin and press down with the back of a spoon.
- Bake for 20 minutes or until golden around the edges. Allow to cool completely, then cut into 16 squares.

- Low-calorie** **Low-salt** **Low-carb** **Gluten-free**

Photography by RGB Digital



## 2 Creamy yogurt bark

A no-cook snack that will satisfy a sweet craving:

- Spread 500g (17½ oz) 0% Greek yogurt or thick kefir onto a greaseproof paper-lined tray.
- Scatter over 150g (5oz) of frozen or fresh berries and a pinch of cinnamon. Freeze for 2 hours, until solid.
- Peel off the paper and break into shards to enjoy. Divide equally to make six servings.

- Low-calorie** **Low-salt** **Low-fat** **High-protein**
- Gluten-free**

## 3 Energy-boosting trail mix

Shop-bought mixes of nuts, seeds and fruit (often called 'trail mix') can be expensive and have added salt or sugar. Make your own, tailored to your tastes:

- Combine your choice of nuts, seeds and dried fruit in a bowl. Choose options without added salt or sugar.
- Store in a zip lock bag, Tupperware container or jar.

**Cook's tip:** A portion size is a small handful (around 1 semi-dried apricot and 6 almonds).

- Low-salt** **Low-carb** **High-fibre** **Vegan**
- Gluten-free**



## 4 Cinnamon popcorn

This moreish snack provides a healthy dose of fibre:

- Place 50g (2oz) popping corn, 2 tsp rapeseed oil and ½ tsp cinnamon in a pan.
- Cover with a tight-fitting lid. Shake the pan vigorously and place on a medium heat on the hob.
- Cook for 4 to 5 minutes until the popping noise subsides.
- Share with someone or save half in an air-tight container. ▶

- Low-calorie** **Low-salt** **Low-carb** **High-fibre**
- Vegan** **Gluten-free**



### 5 Loaded rice cakes

An easy-to-prepare snack that's low in calories but high in protein:

- Top one rice cake with 2 heaped tbsp low-fat cottage cheese, 6 halved cherry tomatoes, and a few basil leaves.

**Cook's tip:** If you do not like cottage cheese, you could switch it out for 30g low-fat mozzarella. Try sprinkling with seeds for added crunch and nutritional value.

Low-calorie Low-salt Low-fat Low-carb  
High-protein Gluten-free



### 8 Crunchy chickpeas

A protein-packed vegan snack that you can enjoy on the go:

- Preheat oven to 200°C/180°C fan/gas mark 6.
- Drain a 400g (14oz) can of chickpeas. Toss with 1 tsp rapeseed oil, 1 tsp paprika, 2 tsp ground cumin and 2 tsp ground coriander.
- Spread on a baking tray and roast for 35 mins. Shake the tray halfway through. Enjoy 2 tbsp per portion.

Low-calorie Low-salt Low-carb High-protein  
High-fibre Vegan Gluten-free

### 6 Curried eggs

Jazz up a protein-packed hard-boiled egg with a delicious dip:

- Hard boil an egg.
- Mix 1 tbsp 0% Greek yogurt, ¼ tsp curry powder, ⅛ tsp garlic powder, ½ tsp lemon juice and ½ tsp mint together in a small dish.
- Dip the egg, whole or sliced into the mixture and enjoy.

Low-calorie Low-salt Low-carb High-protein  
Gluten-free



### 9 Beetroot hummus

This fibre-filled combo of hummus and crudites adds towards your 5-a-day:

- Put 85g (3oz) drained canned chickpeas, 1 small, cooked beetroot, 2 tsp olive oil, 4-5 tsp lemon juice, and black pepper to taste, into a food processor.
- Blend until a coarse paste is formed.

**Cook's tip:** Have half a portion with a selection of fresh vegetables to dip in.

Low-calorie Low-salt Low-carb High-fibre  
Vegan Gluten-free



### 7 Scrummy salmon pate

Low in salt and full of healthy omega-3 fats, this pate makes a luxurious snack:

- Flake 225g (8oz) of cold poached salmon.
- Add 1 tbsp horseradish, 1 tsp each of lemon zest, parsley and chives, plus black pepper to taste. Mix well.
- For each portion, have a ¼ of the mix with a selection of fresh vegetable batons.

**Cook's tip:** You can switch poached for canned or left-over cooked salmon.

Low-salt Low-carb High-protein Gluten-free



### 10 Spicy edamame (soybeans)

These poppable pods deliver a savoury flavour hit, without the salt usually added in restaurant versions:

- Add 100g (3½ oz) fresh or frozen edamame pods to a pan of boiling water and cook for 5 minutes. Drain and transfer to a bowl.
- Toss the pods with ½ to 1 tsp chilli flakes and enjoy the whole bowl.

**Cook's tip:** No edamame pods? Use frozen soybeans instead.

Low-salt Low-carb High-protein High-fibre  
Vegan Gluten-free

# Supporting someone with vascular dementia

Dementia UK Admiral Nurse Kensa Morgan shares practical tips and emotional strategies to help as the condition progresses

If you care for someone with vascular dementia you might feel anxious and uncertain about the future. Taking time to plan how you will look after them, and your own needs, can help your loved one to live better with the condition and help you maintain a more positive relationship.

## Early stage

### Dealing with the diagnosis

Everyone's response to a dementia diagnosis will be different. Some will feel anger, fear, or grief. Others will be in denial and not want to talk about it.

While difficult, it can be helpful for family members to discuss the diagnosis and agree on approaches to cope.

You can gently encourage the person with dementia to speak about it, if they feel able to. Ask them openly what support they might need and let them know you'll be led by them.

### Informing yourself

Learn as much as you can about vascular dementia and how to manage the symptoms from a reliable source (see box on page 33). Informing yourself early on means you'll be better able to cope with future challenges.

### Planning for the future

Discussing a person's preferences can help them to feel a sense of control and make decisions about the future easier for the family. The person with dementia can think about a 'lasting power of attorney', which is a legal document that lets them appoint one person or more to take decisions on their behalf.

They can cover care, property and finances. But it must be done while the person still has the mental capacity to make their own decisions.

Less formally, it can be helpful to discuss how they'd like to be looked

after as the condition progresses. For example, they might want to stay in their own home as long as possible. This could be written down and regularly reviewed – search Dementia UK's website for 'Advance Care Plan'.

A dementia diagnosis can open up government financial benefits including Attendance Allowance and council tax discounts, so it's worth also checking on gov.uk.

### Focus on what they can do now

It can be easy to feel overwhelmed if you're anxious about the future. But try to make room for the here and now. Help the person with dementia to continue to do the things that they love.

A loss of confidence following a diagnosis can sometimes stop people going out. You could encourage them to keep up with friends or find new ones through a local support group. ▶

which may offer to give them a lift to their get-togethers if that's helpful.

If work was an important part of their life and they've had to give it up, perhaps they could look into volunteering or restarting a previously loved hobby like crafting, painting, doing puzzles, dancing or spending time with animals. These can all boost a person's mood and memory.

### Having a healthy lifestyle together

Vascular dementia is caused by problems with the blood supply to the brain. Healthy lifestyle changes that can help to slow the condition's progression include:

- eating less saturated fat, salt and sugar
- being physically active
- keeping to a healthy weight
- giving up smoking
- cutting back on alcohol.

It may be easier to make these changes together. For example, go for regular walks, or garden together, or switch to zero alcohol drinks.

It is important to keep high blood pressure, cholesterol and diabetes under control. If the person with dementia is struggling to keep up with their medicine, see if their GP or pharmacist can help.

### Middle stage Staying independent

As daily tasks become more difficult

for the person with dementia, families can sometimes rush to take over. It's better if you can help them to stay as independent as possible.

Simple changes to their home can help. For example, picture labels on cupboards and doors could show where spoons are kept, or where the bathroom is. Ask their GP for a referral for an occupational therapist to do an assessment and suggest changes.

Assistive technology, such as fall detectors and plugs that automatically open if taps are left running, can also help keep the person safe at home. If you're worried about them getting lost, a tracker in their bag or on their phone can help them to continue to go out on their own.

### Getting support

Your local authority's social services can do a 'needs assessment' if someone is struggling. This can take a few months. They will then create a care plan, which might mean daily visits from a care agency, a dementia day care centre, or respite care.

You may want to look to other sources of support. Some families create a rota or WhatsApp group on their phone so that friends and family can work together to provide support.

If someone offers help, try to accept it. Sharing the load will allow you to feel less tired and frustrated and able to keep supporting them. Dementia cafes,

dementia gardening or walking clubs can be good ways to meet others with the condition.

It's also a chance for loved ones to meet others in a caring role. Online forums, such as those run by the Alzheimer's Society, can be a useful place to share experiences and tips.

### Recording memories

Looking at old photos and videos, listening to music that was meaningful in their past, or even favourite scents, can be therapeutic for someone with dementia. It can also be a chance for their family to learn more about what is important to them.

You can think about capturing some of these memories by writing them down in a book or saving mementos in a box. This can be a source of comfort for the person with dementia to return to later. It can also help outside carers, who did not know the person before, to understand who they are and form a connection.

### Later stage

#### Easing communication problems

Communication can become challenging. It is important to use simple language, speak slowly, and use non-verbal cues like eye contact and touch.

Avoid open-ended questions. Instead ask a simple 'yes-no' question and give the person plenty of time to

respond. Using flashcards or pictures can help some people.

We often talk about 'compassionate communication'. This means focusing on the emotions behind what they're saying, as much as what they're saying. Put yourself in their shoes. For example, if someone says they want to "go home to mum", instead of saying "your mum has been dead for 20 years", think this is a sign they need comfort and reassurance. If you are constantly correcting someone, it can make them angry or withdrawn.

Try to anticipate their basic needs, as they might not be able to say what's wrong. Imagine if you were hot, cold, hungry, tired or just needed to go to the loo but you were not able to say that. Often, agitation and anger can be due to these simple things.

### Eating, drinking and incontinence

Keeping people with dementia hydrated and fed can be difficult in the condition's later stages. Families can support their loved ones by offering finger foods and providing high-calorie meals if weight loss is a concern.

Make drinks easily accessible by leaving brightly coloured, easy-to-hold cups around the house and offer fluid-filled foods such as cucumbers, soups and ice lollies.

If they have swallowing difficulties, you can get a referral through their GP to a speech and language therapist

“**Be kind to yourself, it's okay to feel frustrated at times**”

who will assess their eating and drinking needs.

If incontinence is an issue, families can access support from their local continence team through a GP referral.

These teams provide assessments and recommend products like pads or pull-up pants. Prompt the person to use the toilet regularly and address any underlying health issues, such as urinary tract infections.

### Looking after your own wellbeing

Caring for someone with dementia can be physically and emotionally draining. Be kind to yourself and recognise that it's okay to feel frustrated at times.

It's not possible to do it on your own, all day, every day. Help from friends, family, or professional carers can provide a much-needed break.

Whether you use that to read, listen to the radio, go for a walk, meet friends or even just catch up on sleep, you'll return to your caring responsibilities in a better mood, which will be better for the person you are caring for.

Families sometimes feel guilty about handing over care to agencies or a day centre, or if the person with dementia

needs to move into a care home.

But having someone else take over the practical tasks like washing or dressing can allow you to step back into your role of husband, wife, son or daughter, for example.

Even in the very late stages, it is possible to enjoy time with each other, whether it's sitting holding hands, listening to their favourite music, or simply watching the TV together.

### Information and support

- **Dementia UK's Helpline** is staffed by dementia specialist Admiral Nurses. Call for free on 0800 888 6678 (9am to 9pm, weekdays, or 9am to 5pm at the weekend) or email [helpline@dementiauk.org](mailto:helpline@dementiauk.org). You can book a free video or phone call at [dementiauk.org/appointment](http://dementiauk.org/appointment).
- Search '**Alzheimer's Society dementia support forum**' for an online community of people in a similar situation.
- The **Age UK** website ([ageuk.org.uk](http://ageuk.org.uk)) has advice on paying for care.
- **Together in Dementia Everyday** ([tide.uk.net](http://tide.uk.net)) has information for people caring for loved ones with dementia. ●

### Meet the expert

Kensa Morgan is a Helpline and Clinics Admiral Nurse for the charity Dementia UK. She has over 30 years' experience supporting people with dementia, including working in mental health teams and dementia assessment wards.



# “I’m a doctor – why didn’t I get my health checked?”

Surgeon Philip Hollows, 67, from Southwell in Nottinghamshire, had just retired when he had a heart attack and was diagnosed with type 2 diabetes on the same day. He now urges others to start having regular health checks from their 40s

“Seven months after I retired from my job as a surgeon, I had a heart attack. It was 29 July 2021, a glorious summer’s day. I was going fly fishing with my friend Rob – that was one of the things I’d planned to do more of in retirement – and we met at Rutland Water. We drove down to the reservoir and started to get the fishing tackle ready.

But then I started to feel as if I had indigestion. I felt a bit dizzy and not very well. When I started getting central chest pain, I realised it was something serious. I looked at Rob and said, ‘we’re not fishing today, I think I’m having a heart attack and I need to go to hospital.’

### My world crashed around me

In hospital the consultant came and said, ‘you’ve had a heart attack, and we need to transport you to Papworth Hospital for treatment.’ I was shocked, I couldn’t believe it because I had no history of heart

disease, and my parents were both fit and well in their 90s.

I was 63, I’d just retired, and I had so many plans. I was going to do some fishing, learn to play the piano and do some art courses. It all looked brilliant to me. And then my whole world crashed around me. That morning, I’d woken up early and taken my wife Linzi a cup of tea, said goodbye and I love you. I was so glad I had, because now I thought I might not see her and our kids again.

### Double trouble for my health

Tests found I had a complete blockage in one of my coronary arteries, the vessels supplying the heart muscle with blood. I was treated with a stent to open up the blocked artery, and the doctor said it had restored a good blood supply to my heart.

By the time I was back on a ward, I thought, I’m lucky to be alive, and I felt so relieved. But while I was in hospital, they tested my blood sugar and found it

was high. A diabetic specialist nurse came to see me and told me I had type 2 diabetes.

That was a further shock. But when I had time to reflect, I realised I’d been losing weight and was going to the toilet more often, which can be symptoms of diabetes.

Linzi, who is also a doctor, had wanted me to see my GP, but I was busy, and I didn’t get checked.

I do look back and think a lot of my lifestyle was not very healthy. I sometimes ate badly and neglected myself.

My job was mainly doing head and neck cancer surgeries, which is one of the more stressful branches of my specialty. I would be on the ward at 7.30am. I would then go to the canteen and have a big fried breakfast to get me through the day.

I used to do long operations that could take 10 to 12 hours. I would come home and raid the fridge for anything that was in there. ▶

But because I've always been slim, I didn't realise the potential for slowly developing diabetes, or feel at risk.

### Tears turned to thankfulness

On the first night in hospital, I felt tearful in the middle of the night, because I could not believe what had happened.

Thankfully, I was able to go home after a couple of days. I got cards and messages from friends, family and from doctors I'd trained, and that was really life-affirming. It helped me get through my recovery at home.

At first it was a struggle, and I couldn't walk far at all. I did several sessions at a cardiac rehab class at my local hospital and later found a class in a local leisure centre, which was excellent. Twice weekly we did an hour of gym, steps and weights. I really enjoyed it, and the classes were an opportunity to have a chat with other people who'd had heart problems.

Exercising made a big difference to me. Slowly but surely my energy and fitness dramatically recovered. Linzi and I have been to the Yorkshire Dales, and I've walked up all the three peaks. One of them is a nine-mile round trip. I couldn't even climb the stairs when I first came home from hospital, so it's a massive improvement.

I was put on a medicine for my diabetes, metformin, but I didn't get on with it. So I decided to tackle my blood sugar by improving my diet. Although not particularly overweight, I lost two stone, so I'm now the weight I was at university. And my blood sugar level came back to the normal range.

### I'm enjoying my retirement now

After a heart attack it really does play on your mind, and I've struggled a little bit with worry about my heart.

I'm sure it's been just as bad for my wife in a different way. I had some counselling, and I found it was most helpful talking to friends, who often put things in perspective.

It's important to do things you enjoy. I've been back fly fishing with Rob. I'm learning to play the piano and have been painting and drawing.

I regularly meet my friends who have also retired, and I've met many new people in the art classes I've started. I feel I'm now in a position to enjoy my retirement as planned.

### Get your health checked

I do look back and think why didn't I get checked? I'm a doctor, and it was shocking to realise I didn't make the

time for it. If my high blood sugar levels had been diagnosed five years earlier, I might not have become diabetic.

From your 40s onwards you can get your blood pressure, your cholesterol and your blood sugar checked. Since my heart attack I've been encouraging my friends, family and colleagues to do so. One family member found he has high cholesterol, and a former colleague and friend found he has type 2 diabetes. So, if you get checked, you might find something crucial."

- See page 38 for more on retirement.



Philip's wife Linzi and daughter Catriona have supported him since his heart attack

### How do you get an NHS health check?

In England, if you're aged 40 to 74 without certain pre-existing conditions, you are likely to be invited to a free checkup of your overall health every five years.

The check includes measuring your height and weight, a blood pressure check, and a cholesterol test. If you have a family history of type 2 diabetes or symptoms you will be offered a blood sugar test. You'll be given a score which describes your risk of developing heart disease, stroke or type 2 diabetes over the next 10 years.

If you want to reduce your risk, you may be referred to local services that can support you. These include stop smoking or physical activity services, or the NHS Diabetes Prevention Programme known as Healthier You.

There are different approaches in Scotland, Northern Ireland and Wales – check online or via your GP surgery. ●

# Health is wealth

As title sponsor of the Great Run Series, we're proud to have nominated British Heart Foundation as our official charity partner to protect more hearts throughout the nation.

Together, we are committed to creating more heart-healthy communities and raising money to fund lifesaving research.

In 2024, we raised **£859,945**.

This amazing total will fund lifesaving research into heart and circulatory diseases.



## AJ Bell Great Run Series

The AJ Bell Great Run Series is made up of six incredible events based across the UK, including the iconic AJ Bell Great North Run.

Last year BHF ambassador and footballer Fraser Franks marked the one-year anniversary of his lifesaving heart surgery by taking part in the event.

Fancy joining us in 2025 and running for BHF? Sign up now at [bhf.org.uk/AJBellGreatRuns](https://bhf.org.uk/AJBellGreatRuns) or scan the QR code below.



## More about AJ Bell

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[ajbell.co.uk](https://ajbell.co.uk)



# Tips for a happy retirement

Psychologist Gregory Fitzgibbon shares his expertise on how to make the post-work stage of life as enjoyable and fulfilling as possible

Retirement marks a significant transition in life, offering a new-found freedom that can be both exciting and daunting.

While finances are important in retirement, maintaining your wellbeing is equally crucial to fully enjoy this new chapter in your life. Here are five tips to help you navigate the psychological aspects of retirement.

## 1 Approach it like a new job

Retirement is a difficult time for some people because they have an unrealistic view of what it will be like.

Sitting around all day watching TV might be fine for a while, but you need structure in your day to maintain your mental wellbeing. We tend to get bored without things to stimulate us and this can lead to depression and anxiety.

To help prevent this, it can be helpful

to approach retirement like a new job, which means actively planning your retirement beforehand.

Write down what activities you'd like to do. These may be things you've always wanted to do but, because of work, you have not been able to.

Or perhaps there are aspects of your work that you love and would like to continue to do. Or maybe you want to give back to your community, or support a cause you're passionate about, by volunteering (see below box).

All of these are potential activities you can pursue in retirement. It can help to call these activities 'work' when you're retired, so other people do not assume you're not doing anything with your time.

It can also help you to build a new identity and prevent the sense of loss

people can feel when their career is no longer a core part of their identity.

## 2 Structure your days

Once you've decided on the activities you would like to do, you can start to structure your new 'working' life around them.

The benefit of retirement is that you can choose your working hours, so if you do not want to start work until midday then you do not have to.

But it's important to identify your working hours and stick to them, so when you're not working you're free to do other things and enjoy them as a reward for the work you've done.

## 3 Discuss your plans with family

Speak to your family about your retirement plans, so they do not have

unrealistic expectations of how much free time you'll have.

For example, if you have grandchildren, you may be asked to look after them more when you retire, so it's important your children know how much spare time you'll have.

You can then build looking after your grandchildren into your day or week. Also, by sharing your plans with your family and developing them together, you're more likely to get their agreement and support.

## 4 Build new social networks

You may not realise it until you retire, but workplaces offer important social structures.

If you enjoyed work and made good friends, you may want to keep up those relationships after you leave. But if you did not enjoy work, you may distance yourself from work colleagues when you retire. If this happens it can lead to social isolation and loneliness, which in turn carry a risk of depression.

Pursuing activities that you enjoy can

## 6 We all need social support and the more we have the better

help prevent this. Most activities require some form of social contact, even if it's only with a few people. So getting involved in an activity makes it easier to form and maintain social connections and build new friendships.

We all need social support, and the more we have the better.

## 5 Get healthy before you retire

It's important to be healthy in retirement so you can enjoy it to the full.

This means making time for your health before you retire, such as attending health checks for risk factors for heart and circulatory conditions, like high blood pressure and high cholesterol, and having regular dental, eye and hearing checks.

A healthy lifestyle, such as eating a

diet with lots of vegetables, fruits and wholegrains, maintaining a healthy weight, getting enough sleep and exercising regularly, is also essential.

Staying active is especially important as it offers social and mental health benefits as well as physical ones. It does not really matter what you do – join a dance club or go for a walk in nature.

Pets, like a dog that needs to be walked regularly, can be a great way to exercise and get together with friends at the same time.

- There are many different ways you can become a BHF volunteer and meet new people. Find out more by going to [bhf.org.uk/volunteer](http://bhf.org.uk/volunteer)

## Meet the expert



Gregory Fitzgibbon is an occupational psychologist and is an Associate Fellow of the British Psychological Society.



## The benefits of volunteering in retirement

A British Heart Foundation (BHF) survey of 770 volunteers shows volunteering can boost happiness and wellbeing, all while making a difference to a cause you feel passionate about. The survey found:

83%

said it added to their overall happiness



80%

said it helped them meet new people



68%

said it improved their mental health



58%

said it improved their physical health



52%

said it helped them overcome loneliness



# Resistance band exercises to do at home

Cardiac rehab exercise expert, Hara Markos, shares five resistance band exercises to help improve your body's strength and flexibility



Resistance bands are large elastic or fabric bands used for strength training and improving balance, flexibility and mobility in all areas of the body.

They can help build muscle, improve physical function and strengthen bones, without having to use heavy weights or signing up to an expensive gym membership.

Resistance band exercises can also improve your balance, which reduces the risk of falls and injury, and make everyday activities, like carrying something heavy or climbing up the stairs, easier.

## Choosing a resistance band

There are a few different types of resistance bands. They come in a variety of sizes and 'resistances', which means how hard they are to stretch.

Some are just long bands, while others form a loop or have handles at both ends. For the exercises set out in this article, you just need a long band, so most resistance bands should work.

Make sure the band you use has the right amount of resistance for you – it needs to be stretchy enough for you to complete the entire movement.

## How to get started

You can choose to perform all these exercises either standing up, sitting down or a combination of both.

Inhale as you begin each movement and exhale as you do the movement. And if you're finding the

exercise too difficult, swap your band for one with less resistance. Try to perform some or all of these exercises at least two times a week. Make sure to leave at least a day in between each session so your muscles can rest.

If you have a heart condition or high blood pressure, check with your GP or cardiac rehab team before you start.

You'll find more exercises at [bhf.org.uk/resistancebands](http://bhf.org.uk/resistancebands) with video guides too.

## Meet the expert



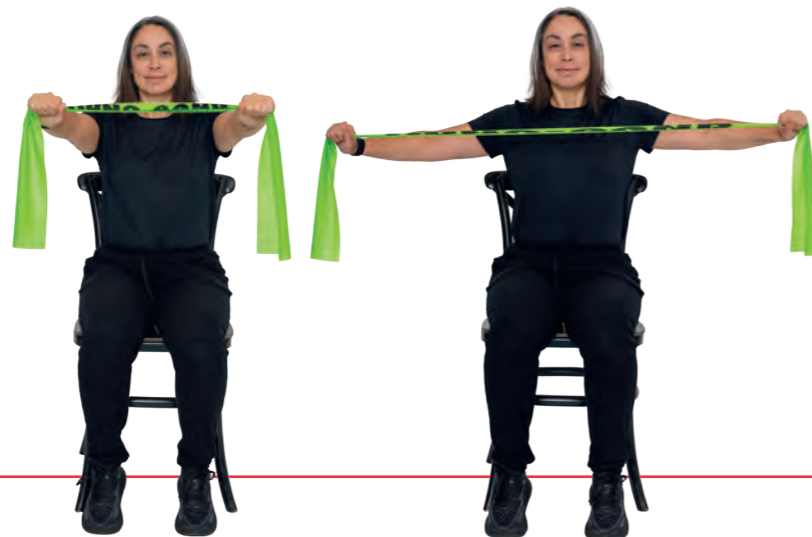
Hara Markos is a Cardiac Rehabilitation Exercise Physiologist at Broomfield Hospital in Chelmsford, Essex.

### Pull apart

This exercise targets your upper back muscles, which can help to improve posture.

- Stand or sit with your feet hip-width apart.
- Hold the band with both hands at shoulder level, shoulder-width apart, and your palms facing down.
- Keeping your arms straight, pull the band by moving your hands round to the side until your shoulder blades squeeze together.
- Slowly return to the starting position.
- Repeat the exercise 8 to 12 times.

**Next step:** Start the exercise with your hands closer together so the band is tighter to make it more challenging.



### Lateral raise

This exercise strengthens your shoulder muscles.

- Sit or stand up straight with your feet together.
- Place the middle of the band under one foot.
- Hold the ends of the band in each hand so it's tight.
- Start with your arms slightly bent by your sides with your palms facing towards you.
- Raise your arms straight out to the sides until they're at shoulder height.
- Slowly move your hands back down to your sides.
- Repeat 8 to 12 times.

**Tip:** Keep a slight bend to your elbow as you raise your arms if you find it difficult to completely straighten them.



### Bicep curl

This exercise strengthens your upper arms, which will help you carry the shopping home.

- Sit or stand with your feet hip-width apart.
- Place the middle of the band under one or both feet.
- Hold each end of the band by your sides with your arms straight down.
- Slowly curl your hands up to your shoulders with your palms facing upwards while keeping your elbows next to your sides and squeezing your upper arms.
- Slowly release your arms back down to your sides.
- Repeat 8 to 12 times.

**Next step:** Try a 'hammer grip', where your palms face inwards.



### Chest press

This exercise builds strength in the muscles in your chest, which can help with things like pushing open a door or lifting yourself up.

- Stand or sit with your feet hip-width apart.
- Put the band behind your back and hold the ends with both hands, bringing it forward under your arms.
- Bring your elbows up and out to the sides with your knuckles facing forward.
- Press your hands forward until your arms are nearly straight.
- Slowly bring your arms back to the starting position.
- Repeat 8 to 12 times.

**Next step:** To increase resistance, hold the band tighter across your back.



### Leg press

You'll get stronger leg muscles and more mobile hips and knees with this exercise.

- Sit with your feet hip-width apart and move your knee towards your chest.
- Place the middle of the band under the middle of one foot.
- Hold the ends of the band tight in front of you.
- Fully extend and straighten your leg out in front of you as far as you can.
- Slowly lift your knee back up, keeping the band under your foot.
- Repeat 12 to 16 times per leg.

**Tip:** Hold the ends of the bands lower and closer to your feet to make the exercise easier. ●



Photography by Tim Bekir



# What's next in... Angina

World-leading expert Dr Rasha Al-Lamee tells us how science will help improve treatment for chest pain

As an interventional cardiology consultant at Imperial College Healthcare NHS Trust in London, Dr Rasha Al-Lamee has treated thousands of people with angina.

Alongside seeing patients, she is funded by British Heart Foundation (BHF) as a research fellow at Imperial College London and is pioneering science that will lead to better treatment.

We speak to her about how research happening now will improve the lives of people with angina in years to come.

## Q: What's most exciting in angina research right now?

A: Angina is a symptom experienced when the blood vessels that supply the

heart, the coronary arteries, narrow and not enough blood gets to the heart muscle. Most people have a type called stable angina (see box) where the narrowing of arteries happens slowly over time.

Doctors previously focused on opening the arteries of people with stable angina in order to prevent heart attacks from happening.

Now we are placing more emphasis on people's symptoms. When you speak to people with angina, over a third will tell you it seriously affects their quality of life. Because of the chest pain and breathlessness they experience with angina, they are no longer able to pick up their grandchildren, or run for the bus, for example.

## What is angina?

Angina is the pain or discomfort you feel when the blood flow to your heart muscle is reduced and does not match the amount of blood the body needs. You usually feel it in your chest, but some people feel it in their arm, neck, stomach, back or jaw. You may also experience breathlessness, dizziness, sweating or fatigue. Types include:

- **Stable angina:** This usually happens because of a trigger, such as doing physical activity or going out in the cold. Symptoms get better with rest or with medicine, such as a GTN (glyceryl trinitrate) spray. It's mostly caused by coronary heart disease, where the blood vessels supplying your heart (coronary arteries) become narrowed because fatty material has built up.
- **Unstable angina:** This is unpredictable and can happen even when you are resting. It is also mostly caused by coronary heart disease.
- **Microvascular angina:** Also known as cardiac syndrome X, this is when problems in the smallest coronary arteries restrict blood flow.

Giving people with angina the right medication or procedure lets them get back to what they enjoy.

I've had patients tell me they've been able to get back to playing in a band because they can now lift their double bass, or even that they completed the National Three Peaks Climbing Challenge after having the right treatment. As a doctor and researcher, that's very rewarding.

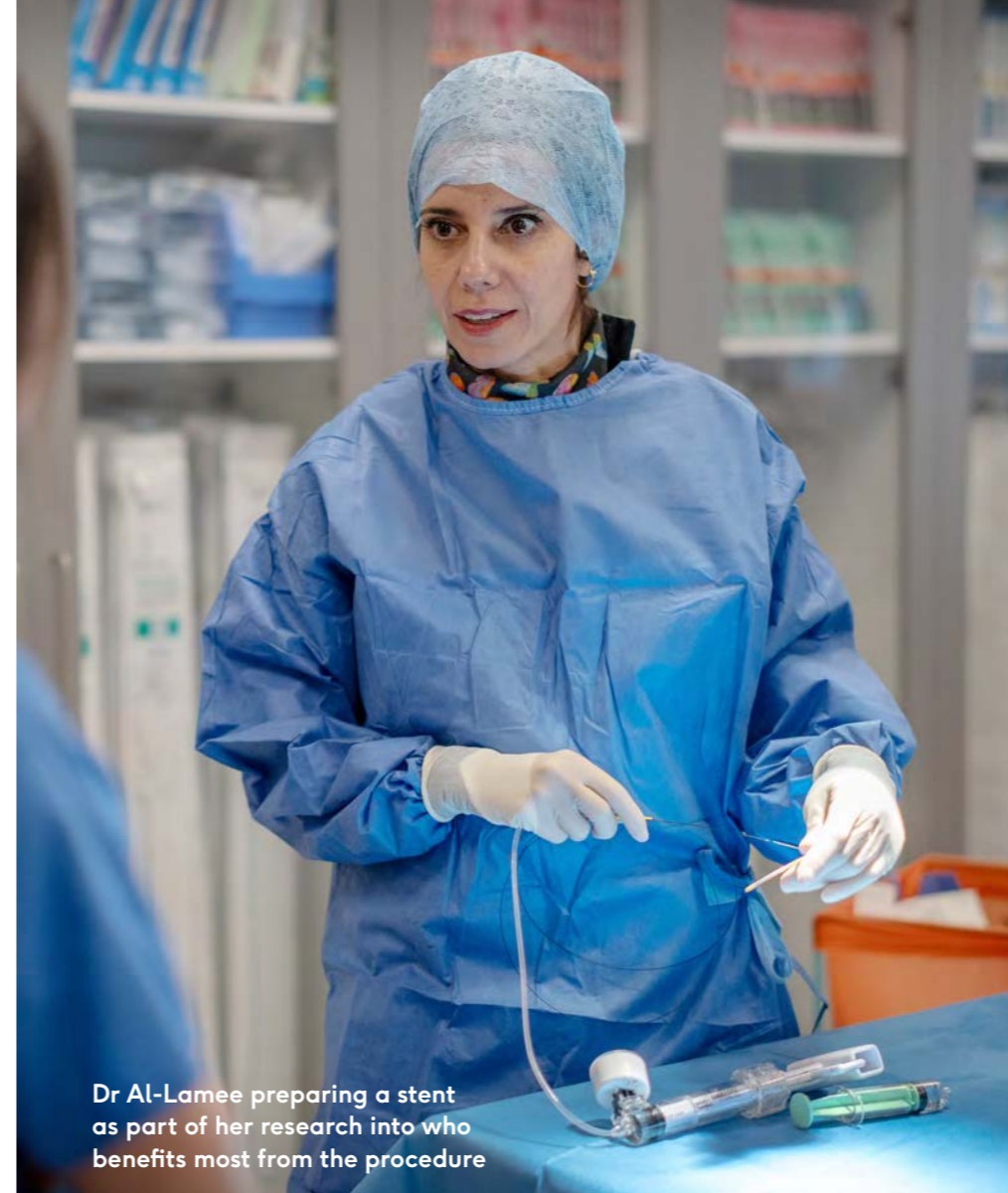
## Q: How will research change the way angina is treated?

A: I think the biggest difference is that in 20- or 30-years' time treatment will be more personalised. At the moment, treatment for stable angina tends to be one-size-fits-all, with most people put on the same pathway.

Clinical guidance tells us to try medicines first. Then, if that does not work, they are offered a procedure called angioplasty and stenting, where a small tube called a stent is used to reopen the arteries. But through trials I've conducted, called ORBITA and ORBITA-2, it seems some people would benefit from being offered a stent first.

This is particularly true of those who experience pain in the middle of the chest when they exert themselves, which goes away when they rest.

We've also learned that not everyone feels better with stenting. Somewhere between 30 to 60 per cent of people still feel symptoms after



Dr Al-Lamee preparing a stent as part of her research into who benefits most from the procedure

having a successful procedure. So BHF is now funding my work to find out how we can target stenting to the people who will experience the most benefit.

I am looking at the symptoms people experience, what imaging technology tells us about the narrowing of their arteries, how these and other factors are connected, and how they could be used to predict who stenting will help.

I'd like to get to the point where the number of people who are still living with angina symptoms, despite having multiple different treatments, is far smaller, and maybe even disappears.

## Q: Why is it important for BHF to fund research like this?

A: This is not the kind of research that the medical industry would fund.

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As a doctor and researcher, it's rewarding to help people get back to what they enjoy

This is because my research has found that expensive treatments are not always as useful as we might think.

Also, it might not happen in other countries, where clinical research is not so closely linked to the healthcare system, as it is in the UK.

Independent charities like BHF recognise the importance of research that investigates questions that matter to patients. Thanks to BHF funding,

science like this has the potential to shape best practice across the world.

## Q: What happens if anti-anginal medicines and stenting fail?

A: Some people with coronary heart disease have treatment, including heart medicines, stenting or a coronary artery bypass, to open their arteries but they still experience chest pain.

We call this refractory angina. It can really affect people's lives as they have no other options for treatment.

In one of our trials, ORBITA COSMIC, we tested the use of a new device called a coronary sinus reducer. In regular stenting a stent is used to widen the narrowed artery supplying the heart. By contrast, the hourglass-shaped coronary sinus reducer is used to narrow the heart muscle's main vein.

This helps blood flow to areas of the heart muscle not getting enough blood. Research may help this to become a regular treatment option in the future.

Microvascular angina (see box) is another growing area for research.

Most medicines have been developed to treat narrowing in the main arteries that supply the heart. They do not target the problems in the very smallest of arteries which happen with microvascular angina.

Now there are trials taking place, including one funded by BHF, to test out the coronary sinus reducer in people with microvascular angina.

Other researchers are using new imaging technologies to better understand what is happening in these micro vessels. Others are looking at the biological processes happening in the body in microvascular disease. With better understanding, we'll be able to develop new treatments. ●



To donate to BHF and support more important research go to [bhf.org.uk/hmdonate](https://bhf.org.uk/hmdonate) or scan this QR code.



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