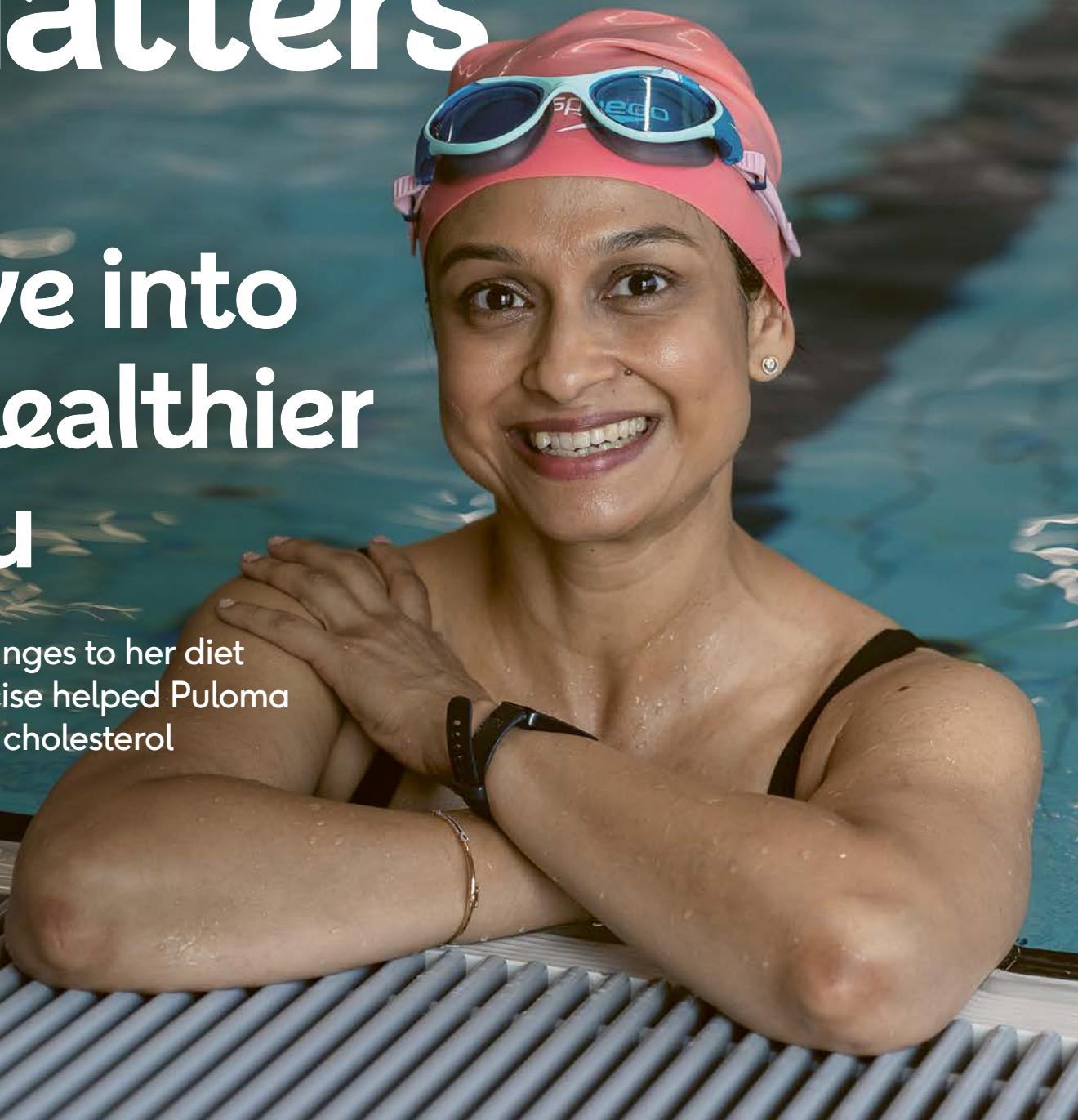


Heart Matters

Winter 2025

Dive into a healthier you

Small changes to her diet and exercise helped Puloma lower her cholesterol



7 key questions to ask your doctor
Tips to make the most of your appointment

Exercises to help weight loss
An expert shares a simple home workout



British Heart Foundation

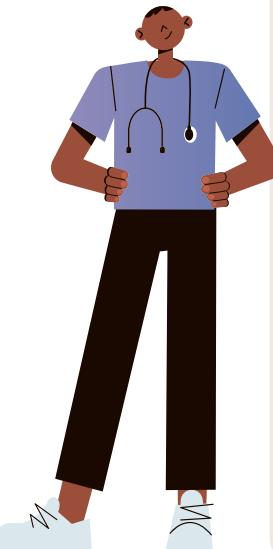
Welcome

Get information, inspiration and support

A magazine you can trust

We put together each issue of Heart Matters with the help of people with heart conditions and healthcare professionals including doctors, nurses and allied health specialists. Every article is triple-checked by our cardiac nurses and dietitians, as well as our research and statistics teams.

We also take pride in being editorially independent, meaning our information will never be influenced by British Heart Foundation (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.



Got a question or concern?

Contact our cardiac nurses for free on the BHF Heart Helpline:

- ▶ Call **0808 802 1234** weekdays 9am to 5pm (apart from bank holidays).
- ▶ Email hearthepline@bhf.org.uk
- ▶ Live chat on our website: bhf.org.uk/helpline

Connect with other people affected by heart conditions and circulatory diseases on our online community:

- ▶ HealthUnlocked: bhf.org.uk/healthunlocked

Find more heart health resources

We have lots of information about looking after your heart. You can read and order our booklets for free at bhf.org.uk/publications

Our heart health and lifestyle information is available in other formats too. Listen on the go, read our Braille or easy read booklets, and find health information in your language. Search bhf.org.uk/inf forall to find out more.





Editor's letter...

Winter's colder days can make it tempting to curl up somewhere warm and indulge in comfort food. But getting active and eating well can do wonders for your heart and health this season.

In this issue, you'll find our expert guide to staying motivated through the colder months (**page 34**), tips for making a healthy stew (**page 25**), and simple seated exercises you can do in your living room to help you manage your weight (**page 38**).

If lowering your cholesterol is a focus for you, turn to **page 10** for three inspiring stories of people who've done just that. Their experiences are part of our new BHF step-by-step email guide to lowering cholesterol. We'd love to see you taking part, so please scan the QR code on **page 13** to join in.

Wishing you a healthy, happy 2026.

Joanna Hartley, Acting Editor



Support us

Your generosity funds BHF's lifesaving research and helps us create this magazine.

► To donate, visit bhf.org.uk/HMdonate or send a cheque payable to British Heart Foundation to **BHF, 2300 The Crescent, Birmingham, B37 7YE.**

Meet our experts

We hear from some of this issue's trusted contributors

Dr Sameer Zaman, cardiology registrar

“Symptoms from beta blockers can sometimes be a trick of the mind,” says

Dr Zaman, a cardiology specialist registrar and clinical lecturer at Imperial College London, who explains BHF-funded research into beta-blocker side effects on **page 18**.



Dr Tai Ibitoye (PhD), dietitian

Dr Ibitoye specialises in dietary management of chronic health conditions, culturally inclusive nutrition and support for older people. On **page 25** she explains how to make stews healthier without losing flavour. She says: **“Stews are a staple across different cultures but can be high in salt and unhealthy fats.”**



Dr John Downey (PhD), behaviour change scientist

On **page 34**, Dr Downey shares tips for staying motivated through winter. He is Lecturer in Digital Health at University of Plymouth and has a background in cardiac rehabilitation. He explains: **“Nurturing motivation can make a real difference to staying in control of your heart health.”**



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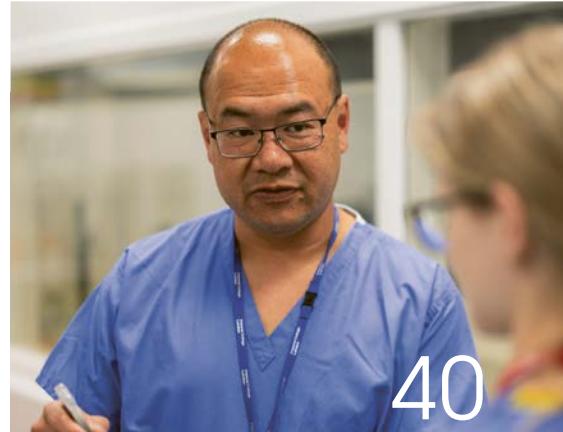
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Dark chocolate contains flavanols, natural chemicals that have been linked with blood pressure-lowering effects. See page 28.



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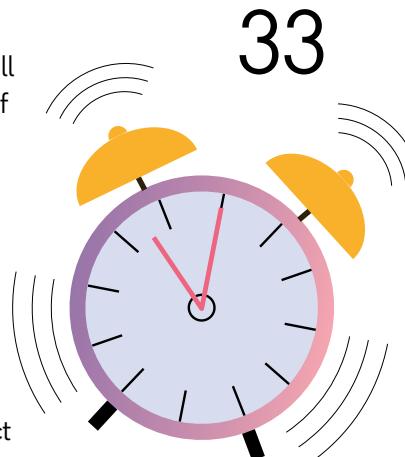
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We unpick news on ultra-processed foods and weight loss. Plus, could an electric zap help you exercise?

43 Science we're supporting

BHF-funded research on a 'super stethoscope', a cheek swab to detect a dangerous disorder, and how pollution raises heart failure risk



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Your say

We love to read your emails, letters and tips, so please write to us



A vitamin D dilemma

You mention mushrooms can contain vitamin D when grown in daylight or ultraviolet (UV) light (Summer 2025, page 25, [bhf.org.uk/are-mushrooms-good-for-you](https://www.bhf.org.uk/are-mushrooms-good-for-you)). But the mushroom-kit stall at my local farmers' market says to grow them in a dark place. Which growing conditions do mushrooms need to contain vitamin D?

Jeanie Kenyon, Manchester

Tracy Parker, Senior Dietitian, BHF says:

Mushrooms contain a compound that's changed into vitamin D when exposed to sunlight or UV light. They grow best in a dark, humid place but they will not naturally produce much vitamin D, unless exposed to sunlight or UV light for 30 to 60 minutes after harvest.

Living life after open heart surgery

On my recent ERGC (early retired gentlemen's club) weekly walk we climbed Pen-y-ghent in the Yorkshire Dales. Even though we took the easier route, halfway up I contemplated peeling off. But that inner voice said: 'You can do this'. After the last scramble up, I made it to the top.

My 17-week-old titanium heart valve had held its own, passing the ultimate test, so after a spot of lunch we meandered down the other side and nine miles later stopped for a well-deserved pint.

Yes, there is life even after two rounds of open heart surgery.

Philip Shaw, West Yorkshire

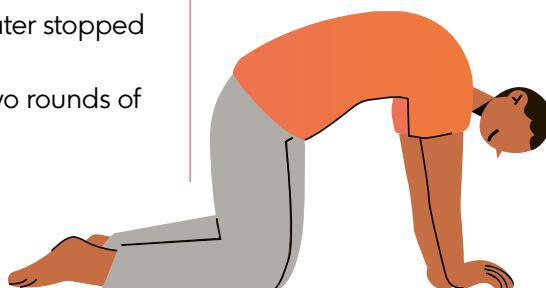
Home workouts so helpful

I have found the exercises you print really helpful—being guided through them with pictures and written instructions makes them so easy to follow. Thank you.

Heather Howman, Norfolk

Joanna Hartley, Editor, Heart Matters, says:

I am so pleased our follow-along exercise routines are proving so helpful. We have home workouts for strength, balance, flexibility, lower back pain and more at [bhf.org.uk/activity](https://www.bhf.org.uk/activity). For exercises to help with weight loss go to page 38 in this issue.





Which fruit is best for diabetes?

I worry about the sugar spikes that bananas, mangos, pineapple and oranges can cause. Which fruit is better to help regulate blood sugar levels?

**Lesley Dyke,
Warwickshire**

Dell Stanford, Senior Dietitian, BHF says:

You're correct in saying that ripe tropical fruits (mango, banana, pineapple) along with dried fruit, tend to contain more sugar and can contribute to

spikes in blood sugar levels if you have diabetes. However, it's still important to include some fruit in your diet as it's high in fibre, vitamins and protective plant chemicals. Berries, cherries, apples, pears, oranges and plums are good examples of fruits that may not cause sugar spikes and can be eaten in moderation as part of a healthy balanced diet.

Reassuring recipes

My husband had a heart attack recently and it's been a difficult

Have an opinion?

We want to improve your experience of Heart Matters. Take our short survey to tell us what you think about this issue, and what you'd like to read. Go to bhf.org.uk/heartsurvey to take the survey. It will take about 10 minutes and we'll use your answers to shape future articles in the magazine.

Have your say by 1 March 2026.

time, leaving us worried about the food we eat. Tonight, I tried your chicken tikka masala, and added mushrooms as I love them in a curry (bhf.org.uk/chicken-tikka-masala). It was lovely and reassuring to know that with each mouthful it was okay to serve and eat. I am looking forward to trying another one of your recipes soon.

**Donna Pinkney,
Lincolnshire**

Spiced to perfection

Now I've got your recipe for chicken shish kebabs (bhf.org.uk/chicken-shish-kebabs) under my belt, I've

been experimenting with the level of spice to use. It's absolutely delicious.

Peter Mendoza, Surrey

Full facts about fats

Thank you for your article about fats (bhf.org.uk/fats-explained). It's given me a much better understanding of healthy and unhealthy foods for those with heart issues.

**Dennis Adams,
Tyne and Wear**



Tell us what you think

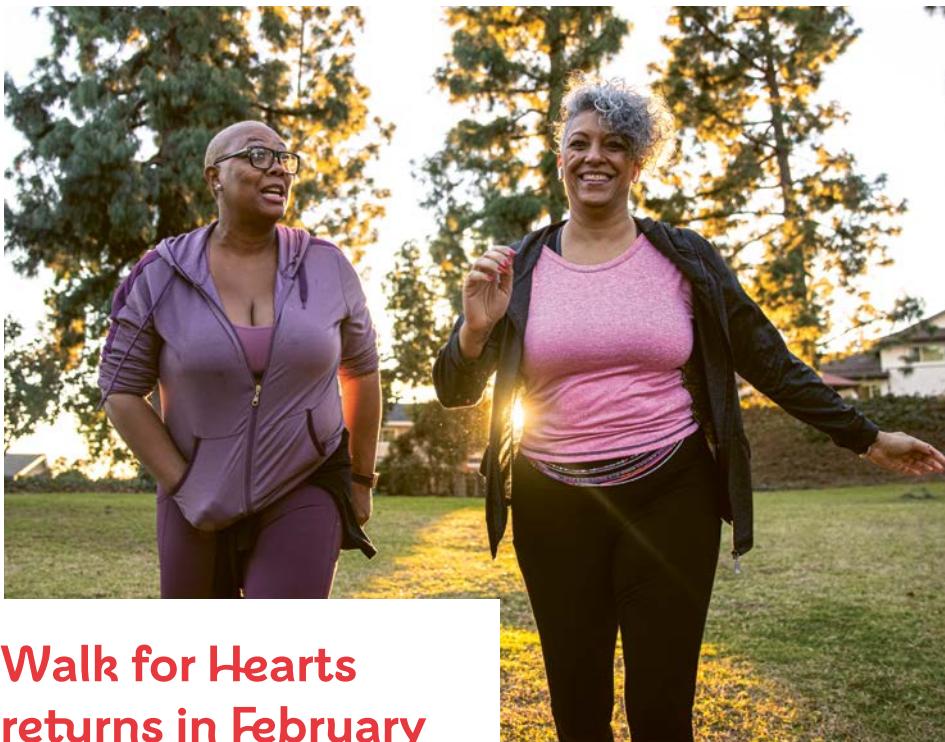
If you have tried a recipe, benefited from a tip, or learnt something that supports your health and wellbeing, please let us know.

► Email: hmeditor@bhf.org.uk

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

Get involved

Discover how BHF saves and improves lives, and help support our work through fundraising, campaigning, volunteering and fun events



Walk for Hearts returns in February

Lace up your boots for our popular Walk for Hearts challenge to raise money for lifesaving research into heart conditions.

This free challenge takes place in February as part of Heart Month and involves walking 28, 50 or 100 miles over the entire month.

Whether it's a short stroll in the park, a trip to the shops, or a longer walk with friends, every step counts.

It's your challenge, so you choose when and where you get your miles in—tracking your distance as you go using your phone, smart watch or

other device. Everyone who signs up for the challenge gets support from British Heart Foundation (BHF) throughout the process.

You will also be able to access our warm and supportive community in the Walk for Hearts Facebook group.

On top of helping BHF fund lifesaving research, walking is great for your physical and mental health, too. Find out more or register your interest at bhf.org.uk/walkforhearts

Talk to blood pressure experts

Do you want to know how to lower high blood pressure (hypertension)?

Join the next Heart Matters Live event, taking place online from 7 to 8pm on Monday 9 February 2026.

Get expert answers on what high blood pressure is and how to lower it. You can put your questions to:

- ▶ BHF Chief Medical and Scientific Officer, Professor Bryan Williams
- ▶ a leading BHF-funded scientist who researches high blood pressure
- ▶ someone who has successfully lowered their blood pressure.

It's free to take part. Sign up at bhf.org.uk/heartmatterslive





Arthur's a smashing volunteer

Arthur Wood began volunteering as a local fundraiser for BHF in Leeds after he survived a cardiac arrest at his local park in 2016.

Quick CPR and a portable defibrillator carried by the local park run club saved his life, followed by a triple heart bypass.

“Thanks to the quick actions of those nearby, I’m here to tell that tale,” he says. “I’m incredibly grateful to the people who knew CPR and used the defib, and to BHF for all its investment into research. Without BHF, this could be a very different story.”

Now celebrating five years with the Leeds Fundraising Group, Arthur helps run their popular crockery smashing stand at local events – raising over £12,000 so far. “We always have a queue!” he adds.

Join, or even start, a local fundraising group by going to bhf.org.uk/fundraise-groups

Kick off 2026 with purpose

Why not start your new year by signing up for one of BHF's events? These cover activities for all fitness levels, from virtual walks to runs, cycles and swims.

It could be your chance to:

- ▶ Try a new challenge that gets your blood pumping.
- ▶ Boost your physical and mental health with exercise.
- ▶ Raise vital funds for groundbreaking research.
- ▶ Help save and improve lives.

Search bhf.org.uk/events or see the column to the right.

Take part in an event

All year round

AJ Bell Great Run Series

From 5ks to the Great North Run, these events bring together communities.

bhf.org.uk/hmgreatrunseries

21 June 2026

London to Brighton Bike Ride

Take in the sights on a mostly traffic-free route from city to coast on our iconic 54-mile bike ride. bhf.org.uk/l2b

27 June 2026

Bournemouth Pier to Pier Swim

Take on the epic 1.4-mile open water swim from Boscombe Pier to Bournemouth Pier. Get a free expert training plan on sign up.

bhf.org.uk/hmpiertopier

19 September 2026

London to Brighton Off Road

Join over 2,000 mountain bikers for 61 miles of superb views and technical terrain. bhf.org.uk/hmoffroad

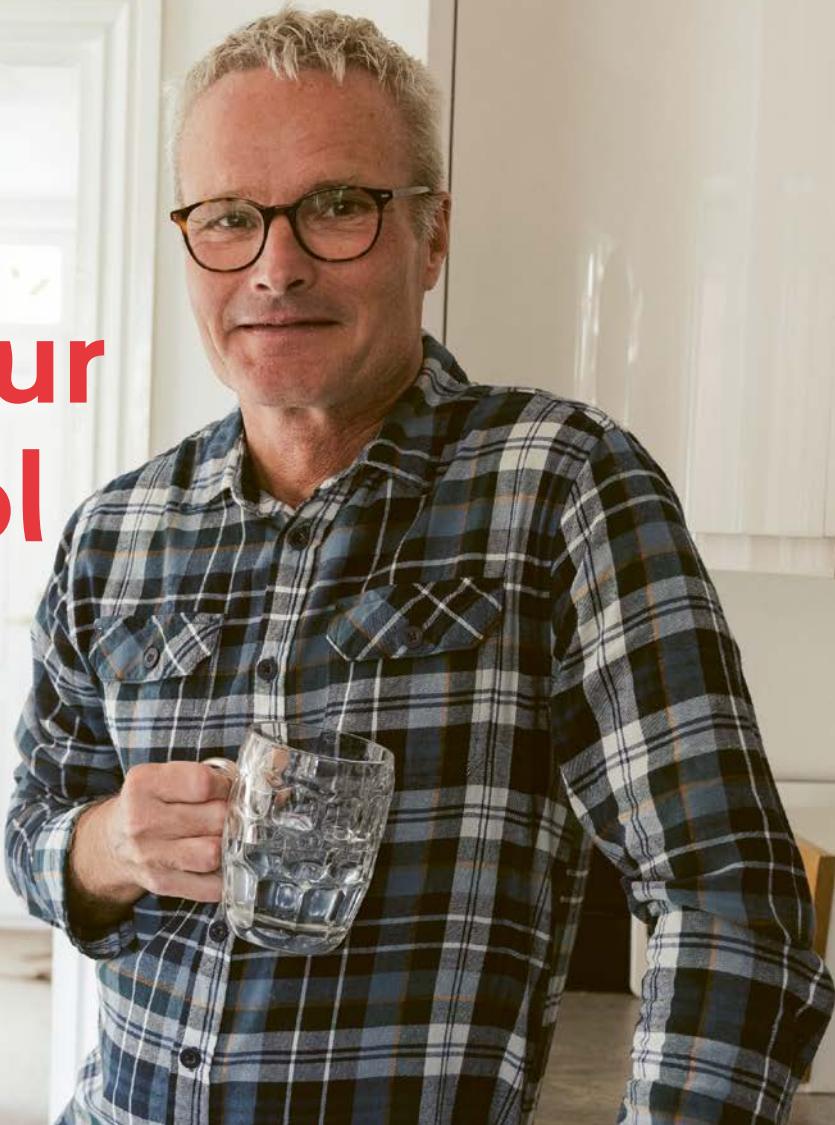


Find out more

▶ Call 0300 222 5721 (weekdays 9am to 5pm) for event information.

How we lowered our cholesterol

High cholesterol can raise the risk of heart attack and stroke, but the good news is there are things you can do to reduce it. We hear from three people who've done so with lifestyle changes and medicine



Nigel's story: "You have to be in it for the long run"

Nigel Street, 63, from Leeds in Yorkshire, halved his cholesterol levels gradually over two years.

"At a 2022 health check, I found out my cholesterol was too high. The doctor was blunt about my risk of having a heart attack in the next 10 years, which made me realise I needed to take this seriously.

I was prescribed a statin and a nurse from the clinic advised me on lifestyle changes I could make.

Rather than completely cut out all unhealthy food and alcohol, I've reduced how much I have. I still have red meat but less. I discovered vegetarian meals can be tasty and filling and I enjoy barbecued or grilled fish. I've switched from having pain au chocolat every day to having two pieces of fruit and sugar-free muesli for breakfast. Cake is now an occasional treat, not something I have daily.

I drink half as much alcohol as

I used to. It's quality over quantity and I'm saving money. If I visit the pub, I drink a pint or two of water first, to satisfy my initial thirst. Monday, Tuesday and Wednesday are my alcohol-free days.

My wife Christine and I took the challenge to get healthier together. At first, we had to think about everything. Now it's our normal.

I also started running again. I used to jog regularly but stopped around the time I was 50. When



I started again, I would run a bit, then walk a bit. Then I slowly reduced the walking part. I've also got back to watercolour painting and it helps me feel less stress.

When I had my health check in 2023, I was a little disappointed that, although it had come down, I still had high cholesterol. But I could see the progress and stuck with the medicine, exercise and diet changes. I realised lowering my cholesterol wasn't going to happen overnight – you have to be in it for the long run.

At my health check in 2024, my cholesterol was down to healthy levels. I'm so pleased with my progress. I feel I'm probably prolonging my life, so I'll get to spend more time with my grandson and future grandchildren. I will keep with the healthy changes going forward – these days I don't think about what I've cut back on, it's just my normal lifestyle."

Puloma's story: "My diagnosis felt rotten"

After the initial shock, Puloma Kundu, 43, from Wokingham in Berkshire, brought her cholesterol levels down through exercise and diet changes.

"I signed up for the Our Future Health study in November 2023 but I wasn't expecting anything to come of it.

When the results showed my cholesterol was at an unhealthy level, I was stunned. I don't drink, I don't smoke, I was within a healthy weight range and exercised

regularly. It felt rotten. I thought, 'Not me – I'm doing everything right.'

It was particularly frustrating because my husband's cholesterol was in the healthy range and his diet was not as healthy as mine. I had to realise our bodies can react differently – what matters is finding out what works for yours.

I read a lot of articles about bringing down cholesterol, especially from the British Heart Foundation's website, and started looking closely at my own diet.

I wasn't eating cakes or biscuits ►





regularly, and I didn't eat out much. But I did have more cheese than is recommended, so I cut back. And I switched from using ghee (clarified butter) to sunflower oil. I used to love ghee. It's a staple in Indian households and something I had every day. Giving it up was hard, but I don't miss it now. I've retrained my brain.

I read every food label and avoid anything high (or red) in unhealthy saturated fat and stopped eating ultra-processed foods.

I also made small changes to my exercise routine. I was already swimming three times a week for 30 minutes. I increased that to 40 minutes and added strength training at the gym.

My motivation came from fear and love. I have two boys, aged six and 12. I want to be around for them and set a good example.

Stress was another factor. Before,

“What matters is finding out what works for your body”

I was working full-time in a high-pressure job in clinical research. I left that job to retrain as a yoga teacher. It meant less money, but I got my health back. While yoga helps, it's swimming that I find most calming. It's my happy place. No phone, no distractions – just the sound of the water.

By April 2024, my cholesterol was back in the healthy range. I continue to get my cholesterol checked annually and encourage others to do the same. It's a silent condition. You don't know it's there until you test.

Don't give up. Even if you have a family history, there's so much you can do.”

Amir's story: “I feel healthier than ever”

Amir Hoosein, 54, from London, lowered his cholesterol after having a heart attack in December 2024.

“I'd known since around 2007 that I had high cholesterol, but because I was going to the gym a lot and was a healthy weight, I wasn't too concerned.

When I had a heart attack in December 2024, everything changed. It was a wake-up call.

My diet wasn't terrible, but I had a weakness for chocolate, biscuits, and cakes. I've cut those out almost completely now. I've also reduced how many takeaways and ultra-processed foods I eat.

I plan ahead my meals and go shopping with a list. My brother, who lives nearby, and I both enjoy cooking, and we often share meals together.

I now avoid butter and use olive oil instead. I've increased how much oily fish, nuts, seeds and vegetables I eat. I've swapped refined carbs for wholegrains and I keep to the recommended portions of different food groups.

Medicines have been key. I've been prescribed aspirin and ticagrelor to reduce the risk of a future heart attack, ramipril and bisoprolol for high blood pressure, and a statin to reduce cholesterol.

Within three months of starting the medicine, my cholesterol



dropped to healthy levels. Seeing those results was encouraging.

The time I spent at cardiac rehab helped a lot. They guided me through getting back to exercise, having a healthy diet, and stress management.

I really needed to address what was causing stress in my life. I run my own software business, so I don't have the security of a regular pay cheque. More challenging

was caring for my mum, who has advanced dementia. My dad struggles, and I was constantly being asked to help—shopping, errands, everything.

After the heart attack, I had to set boundaries. I told my dad I couldn't keep reacting to last-minute requests. We plan ahead how I can help. It's made a huge difference.

I used to bottle things up, now I talk to friends and family about how I'm feeling. My brother says I'm like a different person—more relaxed and more communicative.

Mindfulness has helped too. I do breathing exercises after workouts or in quiet moments at home. Just sitting for 10 minutes, focusing on my breath, helps me reset.

I used to think exercising was enough to protect me. Now I know I need a whole lifestyle approach. The small things add up and it's just a nicer way to live. ●

“I needed a whole lifestyle approach”

Free cholesterol-lowering guide

Want to lower your cholesterol? We've launched a 6-week, step-by-step email guide to help you steadily build up cholesterol-lowering habits. Sign up for free to get expert tips and encouragement straight to your inbox by visiting bhf.org.uk/lowercholesterol or scan the QR code above.



7 questions to ask your doctor



Regina Giblin,
Senior Cardiac
Nurse, British Heart
Foundation

Make the most of your next medical appointment by raising these key queries. The answers will help you feel more in control of your heart condition and care



1 Why am I having this test or treatment?

This helps you understand its purpose, whether it's for diagnosis, symptom relief, or preventing complications. Ask how it works, what it aims to achieve, how urgent it is and when you'll get the results.

There's often more than one way to manage heart or circulatory conditions: medicines, lifestyle changes, procedures, or watchful waiting. Ask about pros and cons, second opinions, clinical trials, and newer treatments.

You can also ask, what happens if I choose not to have treatment? Are there any viable alternatives? Can you point me to reliable sources or organisations for more information?



2 How can I support my health while waiting for care?

Be proactive on self-care by asking about safe everyday activities, healthy eating, exercise, managing stress and quitting smoking. You may be signposted to wellbeing services or cardiac rehab.

3 What should I do if my symptoms get worse?

Worsening symptoms might mean you need to be seen sooner or start treatment earlier. Your doctor may suggest keeping a symptom diary, adjusting your medicines, or contacting the hospital. In emergencies, call NHS 111 or 999.





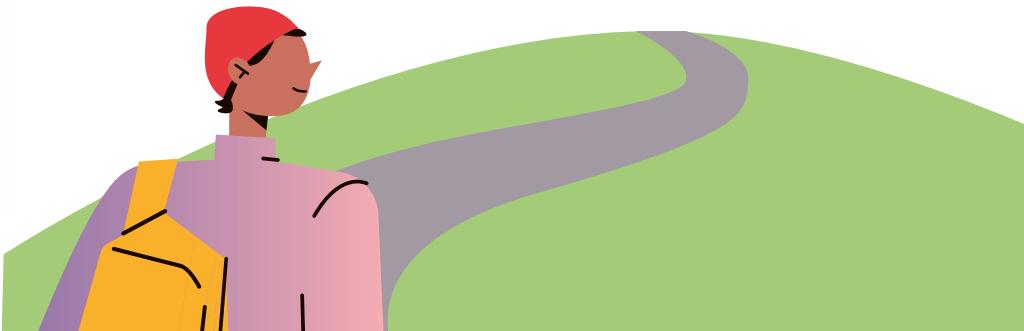
4 What should I do if my appointment, test, procedure or surgery is delayed?

It's important to understand your options and stay informed about your care pathway. Your doctor or nurse may be able to contact the hospital on your

behalf or escalate your case if symptoms worsen. They can also offer interim support such as changes to your medicines or monitoring you while you wait. NHS guidance says you should be offered a new date within 28 days if surgery is cancelled for a non-clinical reason.

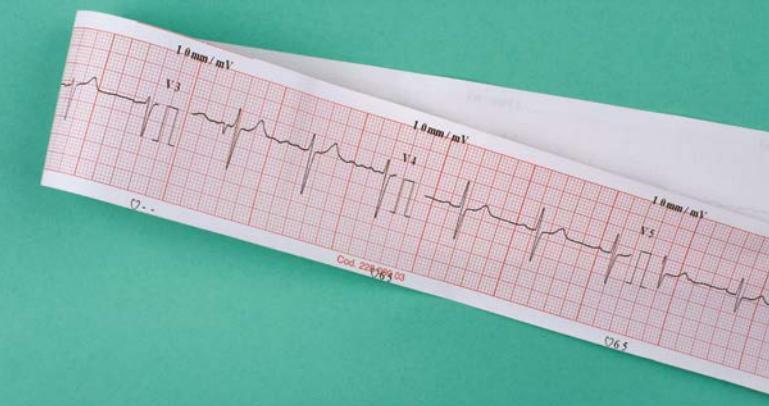
6 How will my heart condition affect my future lifestyle and work plans?

Whether it's travel, work, sport or pregnancy, ask what's safe and realistic to do. Your doctor can advise on insurance, physical limits, and emotional support, especially if you've had a device like an ICD (implantable cardioverter defibrillator) fitted, as you might need help adjusting to life with a new device.



5 What do my test results mean?

Ask if your results are normal, improving or worsening, and what they mean for your care. Do they confirm a diagnosis? Will you need more tests or a change in treatment? And find out what symptoms to watch for like fatigue, swelling, breathlessness, chest pain, palpitations, dizziness, or new signs. Your doctor may suggest tests like ECGs (electrocardiograms) or blood tests to track changes in your condition.



“Worsening symptoms might mean you need to be seen sooner”

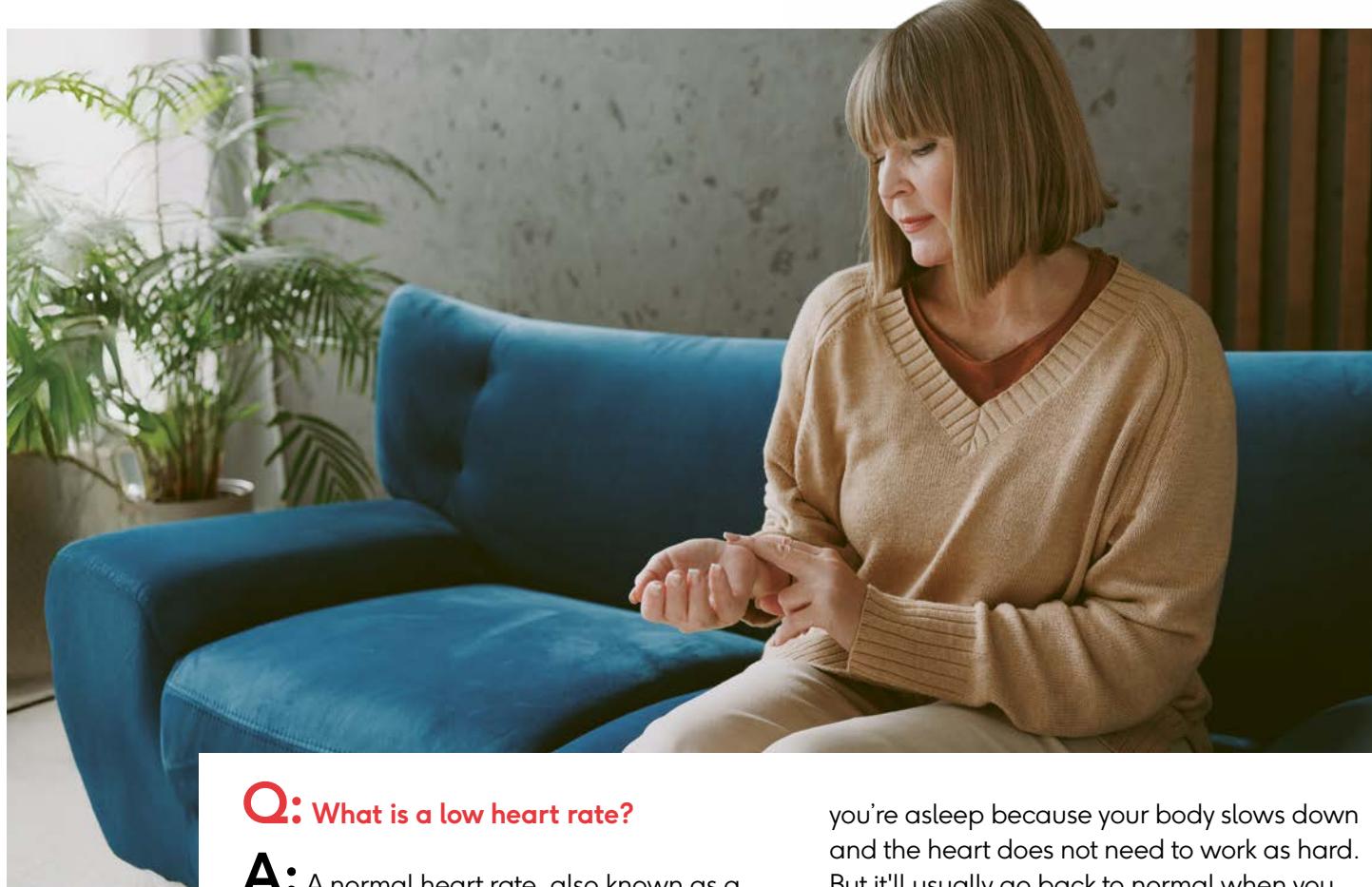
7 What happens next?

Before the end of the consult, ask what the next steps are for your care. Whether it's booking a follow-up, accessing health information, or finding support, asking this will ensure you leave the appointment with a clear plan.

If you need support at anytime, you can speak to one of British Heart Foundation's cardiac nurses on 0808 802 1234. For more ways to contact us see **page 2**.

Ask our nurses

Cardiac care specialists answer your questions on living with a heart condition or a risk factor



Ruth Goss
Senior Cardiac
Nurse, British
Heart Foundation

Q: What is a low heart rate?

A: A normal heart rate, also known as a pulse rate, is anything between 60 and 100 beats per minute (bpm). If it falls below 60 bpm it's considered a low heart rate and is called 'bradycardia'.

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

you're asleep because your body slows down and the heart does not need to work as hard. But it'll 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 60 bpm.

But speak to your doctor if you notice new symptoms like: dizziness, palpitations, feeling more tired than usual, and feeling generally weaker or fainting.



Q: How long does it take to lower cholesterol?

A: Being told you have high cholesterol can be worrying, but there are ways to bring it down, sometimes within four weeks.

It's important to have healthy levels because high cholesterol can cause fatty build-up in your arteries, raising your risk of heart attack and stroke. There are two main ways to lower blood cholesterol: lifestyle changes and cholesterol-lowering medicines like statins.

Quitting smoking is one of the quickest ways to improve cholesterol levels. It can take just two to three weeks. Smoking makes bad cholesterol stickier and lowers good cholesterol, which speeds up artery damage. Eating less saturated fat, more fibre and following a Mediterranean-style diet can reduce cholesterol by up to 10 per cent in eight to 12 weeks. Losing weight can also help within a couple of months. And regular moderate exercise, like brisk walking, for 150 minutes a week may lower bad cholesterol by up to 20 per cent over a year.

If lifestyle changes are not enough, your doctor may prescribe statins, which usually start working in three to four weeks. It's important to keep taking them as prescribed. If statins are not suitable, other cholesterol-lowering medicines are available.

Get your questions answered

- ▶ Find more answers from our experts online at bhf.org.uk/ask-expert including: **What are the different types of heart attacks? Should palpitations stop me exercising?**
- ▶ Send your questions to hmeditor@bhf.org.uk
- ▶ Go to **page 7** for more ways to contact us.

Q: When should I worry about cold hands and feet in winter?

A: In cold weather, your body prioritises blood flow to vital organs like the brain and lungs, which can leave your hands and feet cold, pale, or tingly.

This is normal, but if you have poor circulation or heart problems, your extremities may feel even colder. Conditions like high or low blood pressure, peripheral arterial disease, heart failure, and some medicines (such as beta blockers) can also have an impact on circulation.

Non-heart-related issues like thyroid problems, diabetes, anaemia, Raynaud's disease, stress and anxiety may contribute too.

If your hands or feet stay cold even in warm surroundings, look pale or blue, or feel painful or numb, speak to your GP. It could signal an underlying condition that may need treatment.

To improve circulation: wear gloves and thick socks (but avoid direct heat) exercise, eat heart-healthy foods, quit smoking and manage stress, especially if you have Raynaud's disease. ●



Regina Giblin
Senior Cardiac
Nurse, British
Heart Foundation





Dr Sameer Zaman
Cardiology Specialist
Registrar, Imperial
College Healthcare
NHS Trust



Are beta-blocker side effects a trick of the mind?

Symptoms like dizziness and tiredness stop some people taking beta blockers. But what if they're being caused by something else?

Beta blockers are widely prescribed medicines often used to treat lots of different heart and circulatory conditions by slowing down your heart rate.

Most people do not have any side effects while taking beta blockers, but some experience symptoms such as dizziness, tiredness, or breathlessness.

Sometimes these symptoms are genuine side effects caused by the medicine. But they may also be a trick of the mind. This is because,

if you are expecting side effects, your mind may tell you that you are experiencing them when you're not. People who stop taking beta blockers as a result will miss out on their life-saving benefits.

Power of the 'nocebo effect'

You might be familiar with the term the 'placebo effect'. This is when your symptoms improve after you take a new treatment – even if it's not effective – because you believe it will work. The opposite of this is



"You may believe a medicine will cause side effects before you start taking it"

the 'nocebo effect'. This is when you experience negative symptoms after you start a new treatment because you expect it will cause them.

You might believe a certain medicine or treatment will cause side effects before you start taking it because of something you've read or been told.

And if you notice a symptom or feel unwell when you start a new treatment, you may be more likely to think it's being caused by the medicine.

Real side effects less common

To work out how often people taking beta blockers experience the nocebo effect, researchers compared 33 side effects reported by 15,000 people with heart failure taking either a real beta blocker or a dummy pill.

The 2013 study published in the International Journal of Cardiology found people taking the dummy pill were just as likely to experience 28 commonly reported side effects as those taking the beta blocker. This included headaches, fatigue, weight gain, low blood pressure and erectile dysfunction.

Only dizziness, low heart rate, muscle pain during physical activity, diarrhoea and high blood sugar were more common in people taking the real medicine.

The researchers estimated that for every 100 people who experienced dizziness while taking a beta blocker, 81 people taking a dummy pill had the same symptom.

This means dizziness was only caused by the beta blocker in 19 out of 100 cases.

Seek help for symptoms

If you experience symptoms, speak to your healthcare team before you stop taking beta blockers. Stopping suddenly can cause symptoms like palpitations or make your heart condition worse.

If you are unable to take beta blockers, your medical team can work with you to find another medicine that's suitable for you. ●

New science funded by BHF

At Imperial College London, our British Heart Foundation funded study is trialling a new way to discover if people with heart failure who previously stopped taking beta blockers were really experiencing side effects from the medicine.

During the nine week trial, called ENABLE-HF, people have weeks where they take a real beta blocker, weeks where they take an identical dummy pill, and weeks where they take no tablet at all.

They record their symptoms every day without knowing which pill they're taking. At the end of the trial, they can see how strongly they felt symptoms while taking the beta blocker compared to the dummy pill.

If ENABLE-HF is successful, the aim is to develop a clinical service your GP can refer you to if you experience symptoms while taking a beta blocker to work out if they're actually caused by the medicine.

Get more info and support

- ▶ Learn more about ENABLE-HF at enablehf.net or email enablehf@gmail.com if you're interested in taking part in the trial.
- ▶ Read more about heart medicines at bhf.org.uk/medicine



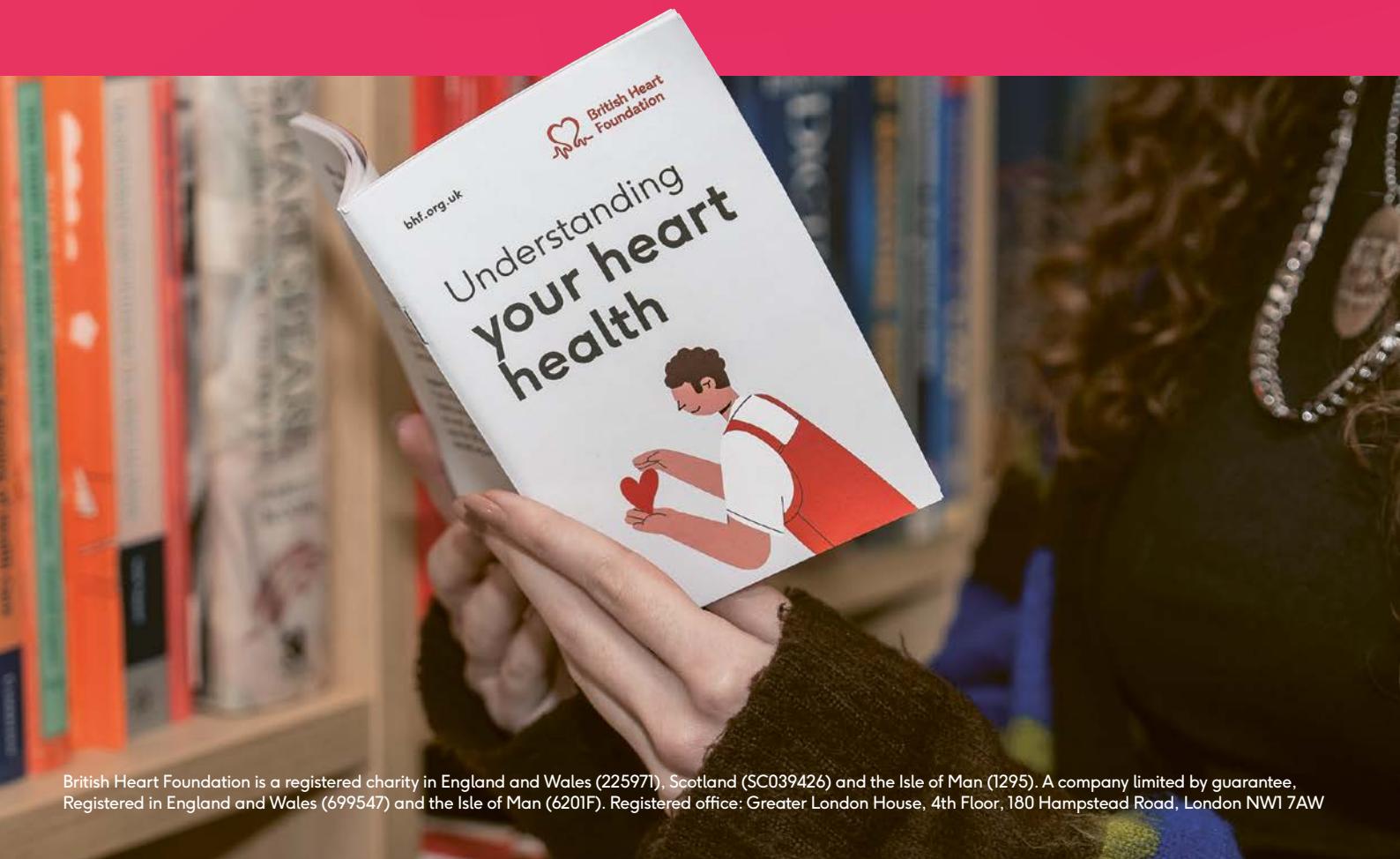
British Heart
Foundation

We have lots of information about looking after your heart



Scan the QR code
with the camera
on your phone for
more information

You can read and order our booklets for free at bhf.org.uk/publications
or scan the QR code with the camera on your phone.



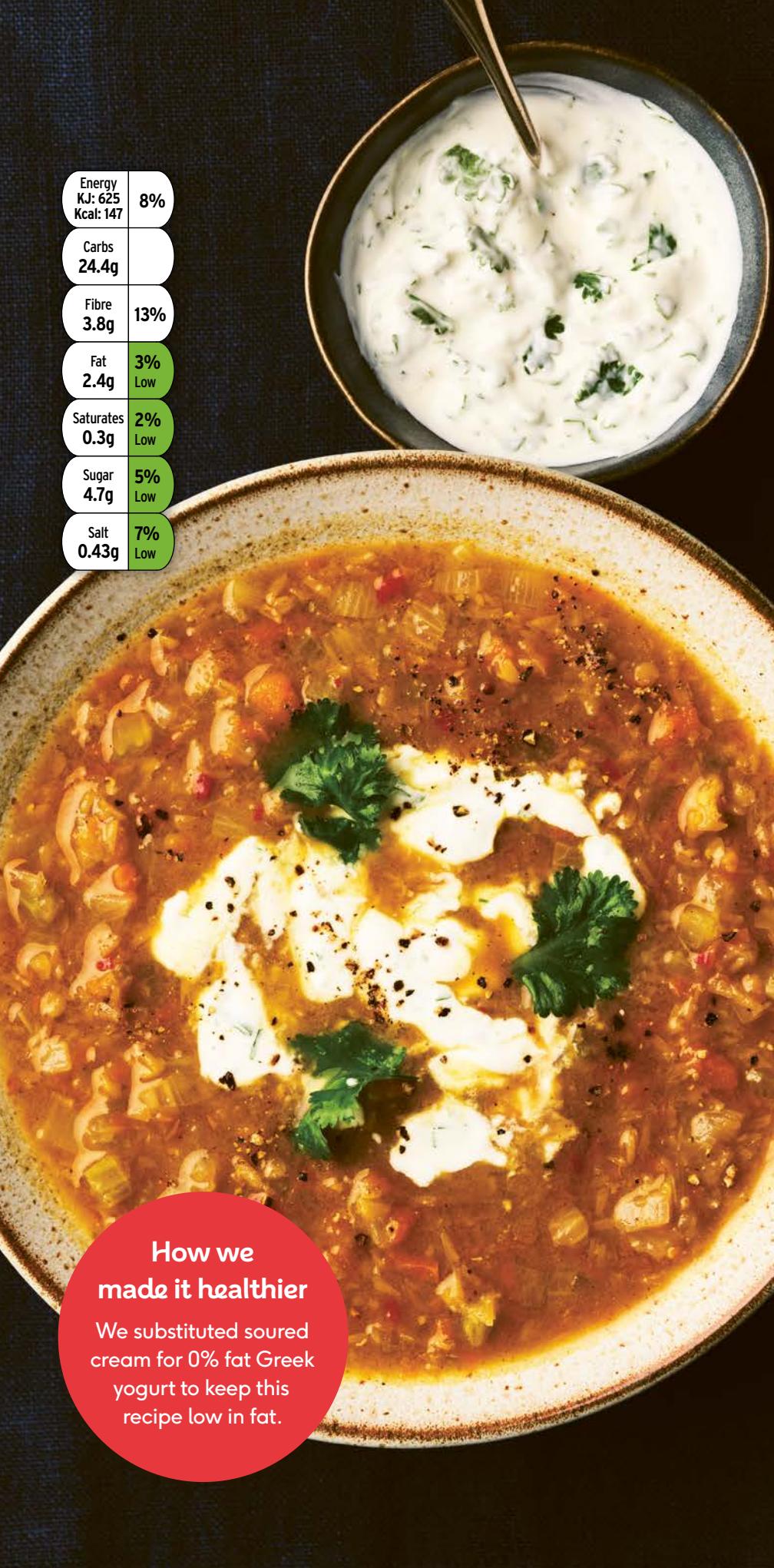
eatwell

PHOTOGRAPHY: STEVEN JOYCE



Inside:

- ▶ Winter soup recipes
- ▶ Tips for healthier stews
- ▶ Dietitian on dark chocolate
- ▶ Oily fish – what counts?



Energy kJ: 625 Kcal: 147	8%
Carbs 24.4g	
Fibre 3.8g	13%
Fat 2.4g	3% Low
Saturates 0.3g	2% Low
Sugar 4.7g	5% Low
Salt 0.43g	7% Low

How we made it healthier

We substituted soured cream for 0% fat Greek yogurt to keep this recipe low in fat.

Curried lentil soup with yogurt drizzle

A hearty, warming, spicy soup that's both healthy and tantalising for your tastebuds.

Preparation time: 15 minutes

Cooking time: 30 minutes

Serves 4 | Suitable for freezing

Ingredients

2 tsp vegetable oil
1 medium onion, peeled and diced
1 carrot, coarsely grated
1 stick celery, finely diced
1 tsp fresh ginger, grated
2 cloves garlic, crushed
1 pinch dried red chilli flakes
½ tsp ground cumin
½ tsp ground coriander
1 tsp garam masala
1 tsp ground turmeric
125g (5oz) dried red lentils
2 reduced-salt veg stock cubes or
reduced-salt gluten-free stock cubes
1 litre water

How to read the nutrition labels

- **g** = the grams of each nutrient in one portion
- **%** = proportion of an adult's recommended daily intake per portion
- **traffic light colours:** show if a food is low (green), medium (amber) or high (red) in fat, saturated fat, sugars or salt in 100g of the recipe

To serve

4 tbsp 0% fat Greek yogurt or non-dairy alternative

A little chopped coriander

- 1 Heat the oil in a large pan. Add the onions, carrot and celery and cook over a medium heat until the onions are tender. Add the ginger, garlic and chilli and cook for 1-2 minutes, then add all the spices, continue to stir and cook for a further 1 minute.
- 2 Add the lentils, the stock cubes and 1 litre water. Then bring to the boil and simmer for 20-30 minutes until the lentils are tender.
- 3 Serve in bowls with a spoonful of yogurt and a sprinkle of chopped fresh coriander.

Pearl barley, kale and winter veg

This is pure comfort in a bowl, with pearl barley and a healthy kick of kale. You could add peas or chopped broccoli instead of kale.

Preparation time: 15 minutes

Cooking time: 60 minutes

Serves 4 | Suitable for freezing

Ingredients

2 tsp vegetable oil
1 onion, peeled and finely chopped
1 carrot, diced
1 stick celery, finely diced
100g (3½ oz) pearl barley
1 tsp dried mixed herbs
1½ litres water
2 reduced-salt veg stock cubes or reduced-salt gluten-free stock cubes

2 handfuls of spinach or kale

Juice of ½ lemon

To serve

Crusty wholemeal bread (optional)

- 1 Heat the oil in a medium pan and fry the onion, carrot and celery on a low heat for 10 minutes until tender. Add the barley, herbs, water and stock cubes and bring to the boil.
- 2 Cover with a lid and simmer. Cook for 45 minutes or until the barley is tender.
- 3 Stir in the spinach or kale and boil until wilted. Add the lemon juice and serve with crusty wholemeal bread, if liked.



Tomato, cabbage and cannellini bean soup

This hearty and filling soup is packed with vegetables and makes a complete meal, perfect for cosy winter evenings.

Preparation time: 10 minutes

Cooking time: 30 minutes

Serves 4 generously | **Suitable for freezing**

Ingredients

2 tsp vegetable oil

1 carrot, finely diced

1 stick celery, finely diced

1 medium onion, peeled and finely diced

2 cloves garlic, crushed

1 sprig rosemary, finely chopped

½ tsp sweet smoked paprika

400g (14oz) can chopped tomatoes

400g (14oz) can cannellini beans, drained
2 reduced-salt vegetable stock cubes or reduced-salt gluten-free stock
500ml water
½ sweetheart cabbage, shredded

- 1 Heat the oil in a large saucepan and fry the carrot, celery and onion over a medium heat for 10 minutes until softened. Add the garlic, rosemary and paprika and cook for 1 minute.
- 2 Add the chopped tomatoes, cannellini beans, stock cubes and water. Bring to the boil, then simmer for 10 minutes. Add the cabbage and cook for a further 5 minutes before serving hot.

Cook's tip

We used sweetheart cabbage, but savoy cabbage would also work. Use the remaining cabbage for another meal – it will keep well in the fridge. This soup can be frozen for up to three months. ●



Tell us what you think

We'd love to hear your thoughts on our recipes, and any tweaks you made to them.

► Email us with photos of your dishes to hmeditor@bhf.org.uk

► Go to **page 7** for more ways to contact us.

Want more healthy soups?

Get 11 recipes for soups you can freeze at bhf.org.uk/healthysoups



How to make healthy stews



Dr Tai Ibitoye (PhD)

Dietitian, Senior Lecturer in Public Health, University of Hertfordshire

Get a dietitian's easy tips to make tasty winter warmers that are also nutritious



From West African peanut stew and Caribbean brown stew chicken to French beef bourguignon, stews are a staple across cultures, but can be high in salt and unhealthy fats. Here are some simple ways to make these warming dishes healthier.

Go for lean proteins

Many people use meat as the base of their stew. However, beef, lamb and pork can be high in saturated fat, which can raise your cholesterol levels.

To reduce the amount of fat, go for leaner meats like goat, chicken or turkey breast. You can also cut off some of the fat or go for leaner cuts when doing your food shop.

Another way to reduce saturated fat is to choose alternative proteins. Oily fish are high in healthy omega-3 fats, which help to maintain healthy cholesterol levels.

Beans, lentils and other pulses are good sources of fibre as well as protein. You could even mix many types together, as is sometimes done in traditional Ghanaian Red Red, a stew made with black-eyed peas, or the classic Jamaican gungo pea soup.



Bulk up the veggies

Vegetables are always a nutritious addition to any meal and they also give extra texture and flavour. Why not experiment with a range of vegetables in your stews? Some options you can try include carrots, okra, spinach, pumpkin, celery, and corn.

A great hack for saving time and money is a bag of mixed frozen vegetables. They taste just as good and are as healthy as fresh ones.

Watch that oil

Browning the meat when making a stew gives it a richer flavour but can increase the fat, especially if it is deep-fried. Instead of deep frying, shallow fry in a teaspoon of oil.

You can also try rendering the fat that is already on the meat. Do this by adding it to a pan on a low heat and let it cook for a few minutes. Some people even choose to steam instead, which requires no extra oil.

It is just as important to use the right type of oil. Instead of options like palm and coconut

oil, try using olive oil or vegetable oil, which are lower in saturated fat.

Cut back on salt

Eating too much salt increases your risk of high blood pressure. If using salted meat or fish, rinse it to wash off some of the salt.

Using herbs or umami-rich ingredients such as mushrooms adds flavour to food, reducing the need to add salt or salty liquid seasonings like soy sauce.

When serving, try squeezing lemon or lime juice onto your stew instead of sprinkling salt. You might realise it tastes just as good.

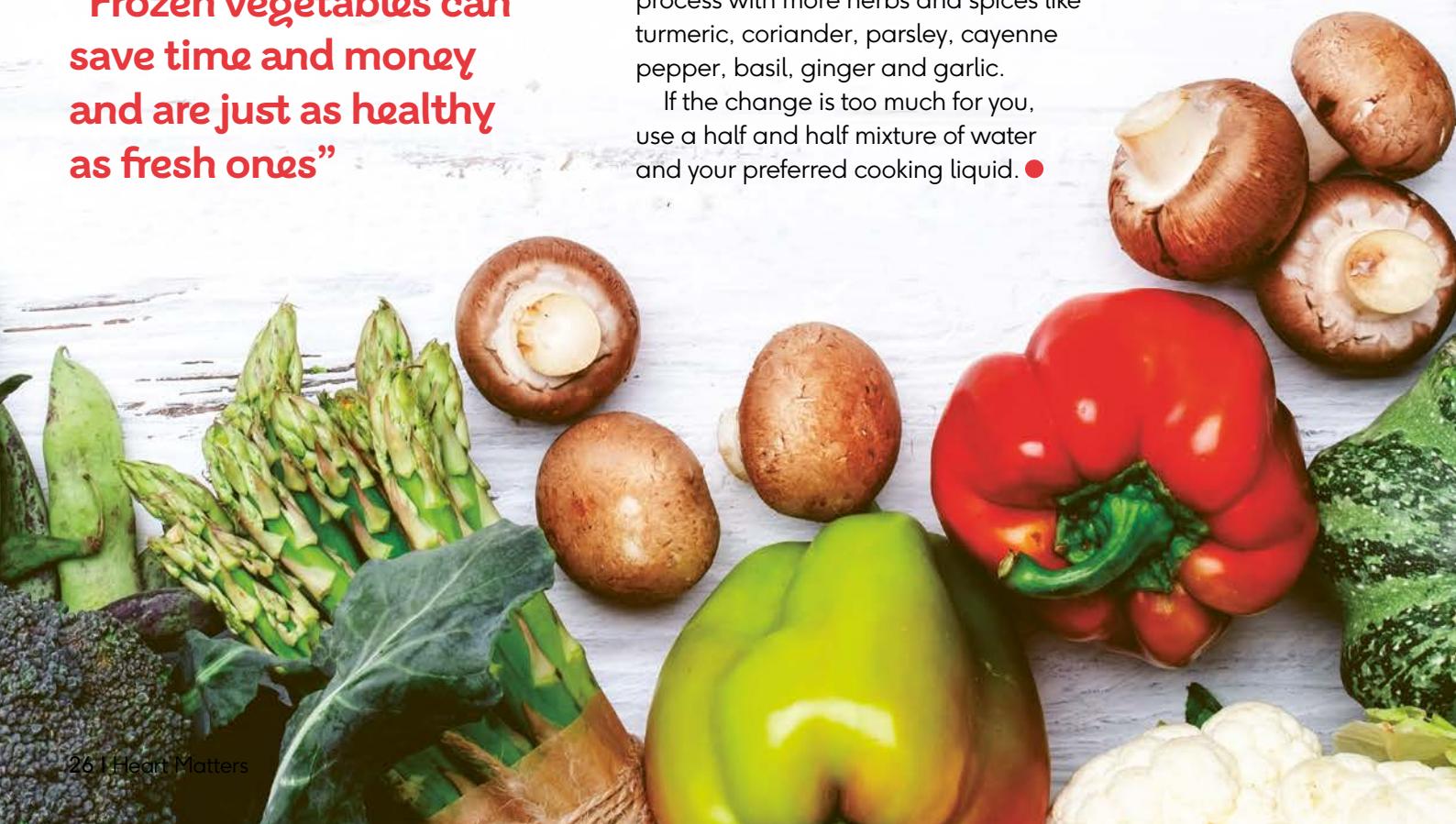
Check your liquids

Your cooking liquid matters too. Wine adds calories and alcohol to your stew, while clam juice and stock can be high in salt. You could try making your own stock at home by boiling vegetables, meat or fish bones with spices and herbs, or buy low-salt stock. You might also find that using water gets the job done.

Replace the lost flavour during your cooking process with more herbs and spices like turmeric, coriander, parsley, cayenne pepper, basil, ginger and garlic.

If the change is too much for you, use a half and half mixture of water and your preferred cooking liquid. ●

“Frozen vegetables can save time and money and are just as healthy as fresh ones”



Simple swaps for healthier stews

Try these tweaks to make any recipe better for your heart

Instead of...



Coconut
or palm oil

Try...



Olive or
vegetable oil



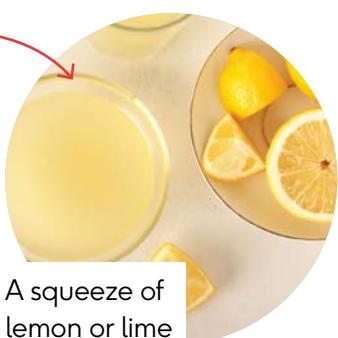
Fatty red meat



Lean chicken, turkey,
goat, lentils or beans



Salt to serve



A squeeze of
lemon or lime



Salty liquid seasonings
like soy sauce



Fresh or dry herbs

Ask our dietitians

Our experts answer your questions on eating and drinking for a healthy heart



Dell Stanford
Senior Dietitian,
British Heart
Foundation

A dark chocolate bar is shown diagonally across the frame, with some碎 chocolate pieces scattered around it on a pink background.

Q: Is dark chocolate good for my heart?

A: Chocolate contains flavanols and theobromine, natural chemicals that have been linked with heart-health benefits, including lowering blood pressure and making blood vessels more flexible.

We know that dark chocolate contains more flavanols than milk chocolate, and that white chocolate contains no flavanols. But it's not possible to know from the labels of individual chocolate products how much flavanols they contain.

Like other types of chocolate, dark chocolate is high in fat, saturated fat, sugar and calories. Eating too much can contribute to high cholesterol and weight gain.

Depending on the brand, two 10g squares of dark chocolate will give you about:

- 115 kcal
- 8g fat
- 5g saturated fat
- 6g sugar

So, it's best to think of dark chocolate as an occasional treat that may be beneficial to your health, rather than a 'health food' you should eat lots of.

A dark chocolate with high cocoa solids (such as 70 per cent) is likely to contain more flavanols and less sugar than dark chocolate with lower cocoa solids. It's also likely to be more bitter, which may help you to eat a smaller portion of it.

Q: Should I take CoQ10 supplements?

A: CoQ10 (also known as Co-enzyme Q10 or ubiquinone), is a vitamin-like substance found in every cell of your body. Small amounts of CoQ10 are also found in foods like meat, fish and nuts. It helps your cells produce energy and may also act as an antioxidant, meaning it can help reduce inflammation and keep your blood vessels healthy.

Under certain circumstances, such as ageing, taking statins and heart failure, your body's production of CoQ10 may slow down, and the amount in a normal diet may not be enough to provide what you need. As a result, CoQ10 has become widely available as an over-the-counter nutritional supplement.

However, current evidence from studies is not strong enough to recommend using CoQ10 supplements to treat statin-attributed muscle pain, heart failure symptoms or for other heart-health benefits.

The National Institute for Health and Care Excellence (NICE), the body that produces guidance for health professionals, does not recommend using them, and as supplements are not regulated in the same way as medicines in the UK it's hard to know how much CoQ10 you're getting in each tablet.

CoQ10 supplements may also interact with blood pressure medicines and the blood thinning medicine warfarin. Always talk to your GP or cardiologist before taking any supplements.



Q: How much oily fish should I have a week and what counts?

A: Oily fish are high in healthy omega-3 fats and eating them regularly has been linked to a lower risk of heart disease. Aim to eat at least one portion of oily fish (around 140g when cooked) a week. Because oily fish can contain pollutants, women who are pregnant, breastfeeding, or planning to become pregnant and girls aged 11 and above should limit themselves to no more than two portions a week.

Oily fish varieties include mackerel, salmon, sardines, herring, trout, whitebait, carp, eel and anchovies. Enjoy them fresh, frozen, or tinned – they all count. However, smoked, salted or cured fish can be high in salt. So, choose fresh or frozen fish, or tinned versions in spring water or tomato sauce rather than brine.

Tuna and sea bass are not oily fish but are healthy proteins. If you cannot eat oily fish, you can get some omega-3 from plant-based foods, including flaxseeds, vegetable oil, walnuts, soya beans, tofu and dark greens. ●



Tracy Parker
Senior Dietitian,
British Heart
Foundation

Get your questions answered

- Find more answers from our experts online at bhf.org.uk/ask-dietitian including: **Does alcohol raise blood pressure?**
- **Which foods are high in vitamin D?**
- Send your questions to hmeditor@bhf.org.uk
- Go to **page 2** for more ways to contact us.

“I didn’t think a heart attack would happen to someone like me”

Allison Lawson had a heart attack out of the blue aged 51, caused by a condition called spontaneous coronary artery dissection (SCAD)



“Heart attacks were something I associated with older people or those with risk factors like high blood pressure or high cholesterol – not someone like me.

So, when I had one, totally out of the blue at 51, it came as a complete shock.

Before it happened, I was living a full, active life. I worked hard, stayed fit, and loved spending time

outdoors. I didn’t smoke, wasn’t overweight, and had no family history of heart problems.

Discomfort in my chest

It happened in September 2024. I’d been at a neighbour’s house having coffee. I felt a bit tired, but nothing unusual. As I left, I started to feel a strange discomfort in the middle of my chest. At home, things

got worse. I felt clammy. The pain travelled down my left arm and up into my jaw. I called 111 and I was blue-lighted to Lincoln County Hospital, thinking, ‘This cannot be happening to me.’

At the hospital, I was diagnosed with SCAD. It’s where a tear forms in one of the arteries supplying blood to the heart. Blood flows between the layers of the artery

wall, creating a blockage in the artery that stops blood flowing.

Doctors performed a coronary angioplasty, by inserting a tiny balloon inside the narrowed artery in the heart, via my wrist.

SCAD ‘just happens’

I spent three days in the cardiac intensive care unit. Then I was moved to the coronary care unit for another six days. The staff were incredible, but I still felt like I was watching someone else’s life unfold. It was scary to be so out of control of my body.

My doctors explained that SCAD is not caused by the usual heart attack risk factors like an unhealthy lifestyle, carrying excess weight, high blood pressure or cholesterol. It just happens. It mostly affects people in their 40s and 50s, and as many as 90 per cent of those affected are women.

I found that hard to accept: the idea that there was nothing I could have done.

Rehab helped the long recovery

When I was discharged, I thought I’d bounce back quickly. I was wrong. I was off work for two months, and even simple tasks were exhausting.

I’d walk around the village and need a nap afterwards. I couldn’t concentrate. I felt like my body had betrayed me.

That’s when I started cardiac rehab, and it was a turning point.



Allison loves taking her motorbike out for a spin (right) and planning her global travels (below)



“Cardiac rehab was a turning point – I didn’t feel so alone”

Ongoing care is key

SCAD can recur, although it’s rare. That’s why monitoring and follow-up care are so important. I’ve had echocardiograms to check my heart’s function and blood tests to track recovery. It’s reassuring to see progress, even if it’s slow.

The emotional impact has been huge, and suddenly having to take lots of medicines has also been tough. I’m now on aspirin for life, plus ramipril to treat high

Allison's dream is simple: to live without fear

blood pressure, lansoprazole for acid reflux, and bisoprolol, which is a beta blocker. The beta blocker makes my hands, feet, nose and ears feel really cold.

And I've gained weight that I can't seem to shift. Other SCAD patients say it's common, but it's still something I find frustrating.

Strong community of survivors

Support has made all the difference. Cardiac rehab was brilliant, but I've also found comfort in online groups and charities like Beat SCAD and British Heart Foundation.

There's a growing community of SCAD survivors who support one another. It really helps to know I'm not alone.

My dream now is simple: to live without fear. I want to go for walks, watch Formula 1, cross stitch, ride my motorbike, plan trips abroad, and enjoy time with my partner Matt and our cat Penny without worrying.

I'm learning to live with SCAD, while not being defined by it. Most people who have SCAD don't fit the usual heart disease profile.

If sharing my story helps even one person feel seen or get diagnosed sooner, then it's worth it. ●



What we know about SCAD

1 Heart attacks are usually caused by blocked arteries, but SCAD-related heart attacks involve a spontaneous tear or bleed in the artery wall. This distinction is crucial for diagnosis and treatment.

2 SCAD is a less common cause of heart attack. It's estimated to account for four heart attacks a day in the UK. As many as 90 per cent of those affected are women, usually in their 40s and 50s. It's one of the most common causes of heart attacks in women, after the delivery of a baby.

3 At least 10 per cent of those who've had SCAD will have another episode in their lifetime. While this can be worrying, better understanding of the condition means doctors can support patients with long-term care and reassurance.

4 The Leicester Biomedical Research Centre has uncovered genetic links to SCAD, suggesting that some people may be biologically at more risk. This helps explain why it can affect healthy individuals without warning. The exact causes of SCAD still remain unclear.

Get more info and support

- ▶ Read more about the symptoms, causes, tests and treatments for SCAD at bhf.org.uk/scad
- ▶ Visit beatscad.org.uk for information and support groups.

4 tips for a better night's sleep

Good quality sleep is key to keeping your heart healthy.

Here are four hacks to get better rest



Make your day sleep friendly

Getting outside first thing in the morning and being active, if you can, helps kickstart your body's internal clock. What you eat during the day makes a difference, too. Choose a diet rich in fruit, veg, wholegrains and oily fish, and low in saturated fat, salt and added sugars, to help avoid energy spikes and slumps. Proteins like eggs and chicken contain tryptophan – an amino acid that also aids sleep.

Cut back on alcohol and caffeine

Alcohol and caffeine interfere with your sleep cycle, especially when drunk close to bedtime. The odd glass of wine with dinner is fine, but if you're relying on alcohol to fall asleep, it's time to rethink your habits. The NHS recommends no more than 14 units of alcohol a week: about six pints of 4 per cent beer or six 175ml glasses of 13 per cent wine. If you are affected by caffeine, 2pm is a good stop time.

Say 'no' to screens

Screens are another big sleep-stealing culprit. It's not just the blue light that keeps you awake; it's the mental stimulation. Scrolling social media, news alerts and endless WhatsApp chats all keep your brain wired when it should be winding down. Once you're in the bedroom, do not pick up your phone again. You'll lose 40 minutes before you know it, and your brain will need to calm down all over again.

Forgo the weekend lie-in

It might sound inviting to spend extra time in bed at the weekend to catch up on the sleep you've missed during the week, or to top up your 'sleep bank', but sleeping in can disrupt your body clock and lead to 'social jetlag'. Try to keep your wake-up time consistent, even on weekends or days off. It's one of the simplest ways to strengthen your body's internal clock and improve sleep quality. ●



Dr John Downey
(PhD) Lecturer in
Digital Health,
University of Plymouth

How to **not give up** on **health goals**

Find your motivation dips in the winter months? A behaviour change scientist explains why, and shares tips for sticking with healthy habits





Motivation matters because looking after your heart often means adopting healthy behaviours – like exercising, taking medicine, or eating well – and doing them over and over again until they stick.

These habits can be hard to keep to, especially if they're new or if you're trying to cope with other changes in your life at the same time. Without motivation, it's easy to slip back into old routines that might not support your wellbeing.

Motivation vs habits

Motivation is the energy or drive that helps us work towards a goal. It's not about willpower or being 'strong enough', it's about having a reason to do something that's meaningful to you and feeling ready to act on it.

Habits and motivation are connected but they are different things. Habits are things we do automatically, like washing our hands or brushing our teeth.

Once a habit is formed, it takes less energy and motivation to keep doing it. For example, the trigger of getting ready for bed is usually enough to prompt you to brush your teeth without needing much effort.

Motivation is what helps us to start new behaviours and pushes us to keep on doing them before they feel automatic.

Before motivation kicks in, we need something called intention – a decision that making a change is important to us.

For example, you might decide to start eating more healthily because

you want to manage your heart condition better and reduce the risk of it getting worse. That intention fuels your motivation, which helps you to take action the next time you choose what to eat.

Why do we often feel less motivated in winter?

There are many reasons why motivation dips at this time of year:

- **Weather:** Cold, wet, and dark days make outdoor activities less appealing. If you love walking or doing other outdoor activities, winter weather can feel like a real barrier to getting out.
- **Routine changes:** Holidays, family visits, and shorter daylight hours can throw off your usual schedule. Changes in opening hours of your local gym or swimming pool, for example, can also disrupt your plans for getting active.
- **Social habits:** Winter often comes with more eating, drinking, and resting – especially around Christmas. These cultural habits can make it harder to stick to healthy

routines. And it's harder to stick with any new healthy behaviours if the people around you are doing something different.

► **Mood and appetite:** Some people feel more tired or low in winter, and appetite can increase due to seasonal changes in light and vitamin D levels.

All these factors can make it harder to keep up with new healthy lifestyle changes, especially if you've only just started them.

Why is it important to stick with health goals?

Staying motivated is especially important for people with heart conditions or risk factors like high blood pressure or high cholesterol. This is because stopping healthy behaviours, even for a short time, can have a knock-on effect.

When it comes to diet, the odd packet of crisps or occasional piece of chocolate will not do much harm. But eating more unhealthy foods than usual for several days in a row can make it much harder to choose healthy foods later.

We can get used to the taste of food that's high in saturated fat, salt and sugar if we start eating it more often, and we tend to crave more comfort food in winter. This can mean healthier meals or snacks do not seem quite as satisfying and choosing them can feel like more of an effort.

We know that being active regularly is good for us and lowers the risk of heart disease. ►

“Sticking with health goals is important for managing your heart condition or reducing your risk of developing one”

But when facing the seasonal challenges of winter, it's easy to slip into the habit of spending more time indoors, sitting down. Once we get used to doing that, it then becomes more difficult to find the energy to push us to go for a walk or do a home workout.

Stopping some healthy behaviours can also have much higher risks. For example, if you have been prescribed medicine and stop taking it for a few days over the festive period, this can increase your risk of having serious health problems.

“Be kind to yourself. If you slip up, it does not mean you’ve failed”

Stopping healthy behaviours can affect your mood

When we stop doing healthy behaviours for a longer period, it can also start to affect mood, energy and sleep. This can all add up to making it harder to continue with our health goals.

Whether it's eating a balanced diet, stopping smoking, or being more active, sticking with these goals is important for managing your heart condition or reducing your risk of developing one.

Winter is also a time when people are more likely to experience stress, loneliness, and a lack of structure. These can all affect your motivation and make it harder to stick to routines. That's why it's helpful to think ahead and plan for the challenges winter might bring.

Remember that it's important to be kind to yourself. If you slip up, it does not mean you've failed. There's a big difference between a lapse (a small slip) and a relapse (going back to old habits completely).

Recognising that you've had a lapse and choosing to get back on track is a powerful way to keep yourself motivated.

10 tips for staying motivated in winter

Here are 10 practical tips, to help keep you on track during the colder months:

1 Reflect on your ‘why’

Take time to think about why you want to stay healthy. Is it to feel better, enjoy time with family, or manage a health condition? Writing down your personal reasons can help you stay focused when motivation dips.

2 Plan ahead for challenges

Think about what might get in the way of your goals. Will family visits disrupt your routine? Could bad weather stop you from walking? Planning ahead helps you stay in control and avoid surprises.

3 Make small swaps

If your usual healthy habits are harder in winter, try small changes. Swap a cold salad for a warm vegetable soup or do indoor stretches instead of outdoor walks.

“Planning ahead helps you stay in control and avoid surprises”



4 Recruit a buddy

Doing things with someone else can boost motivation. Whether it's a walk with a friend or a shared goal with a family member, having support makes it easier to stick to your plans.



5 Make a commitment

Make a commitment with someone you trust. It could be as simple as saying, "I'll take my medicine every day over Christmas." Sharing your goal makes it feel more official and helps with accountability.

6 Track your progress

Keep a simple diary or use an app to log your activity, meals, or medicine. Seeing your progress can boost confidence and help you stay on track.

7 Celebrate small wins

Reward yourself when you stick to your goals. It does not have to be big—maybe a relaxing bath or watching your favourite show. Just make sure the reward supports your health instead of working against it.

8 Stay connected

Winter can feel isolating, so make an effort to stay in touch with friends and family. Feeling part of a group, like a walking club or even an online community, can boost motivation and wellbeing.

9 Recognise improvements

Notice how your body and mind respond to healthy habits. Do you feel more energetic? Are your symptoms easing? These signs help reinforce your motivation and make the behaviour feel worthwhile.



10 Be kind to yourself

If you miss a workout one day or eat something less healthy, do not beat yourself up over it. Remember the difference between a lapse and a relapse. Acknowledge the slip and then get back to your routine when you can.

Winter might bring challenges, but with the right strategies you can stay motivated and keep looking after your health. Whether it's reflecting on your goals, planning ahead, or leaning on others for support, small steps can make a big difference. ●



Tell us what you think

Did you find any of these tips helpful? Do you have your own to suggest? Email your thoughts to hmeditor@bhf.org.uk or write to the address on page 2.

Expert-led exercises to help you lose weight

Try these compound exercises, designed to burn calories and build muscle, as part of a healthy approach to weight loss

Staying active comes with plenty of benefits for your heart—including helping with weight loss. To lose weight, you need to burn more energy (calories) than you consume. You can do this by eating a healthy diet that's lower in calories and doing more exercise.

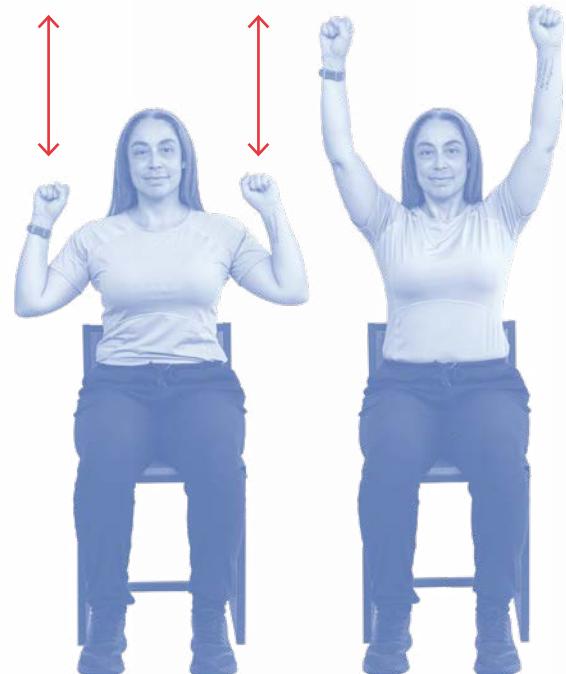
A compound exercise is a movement that uses lots of different muscles and joints at the same time. This means they use up more energy than exercises that only target a single muscle group. They can be an efficient way to burn calories and build muscle at the same time.

Get started with these three compound movements. As you get stronger, you can do them standing up or add weights.

Speak to a doctor before starting any new exercise if you have a heart or circulatory condition, high blood pressure or diabetes.



Hara Markos
Cardiac
Rehabilitation
Exercise
Practitioner, Royal
Free London NHS
Foundation Trust



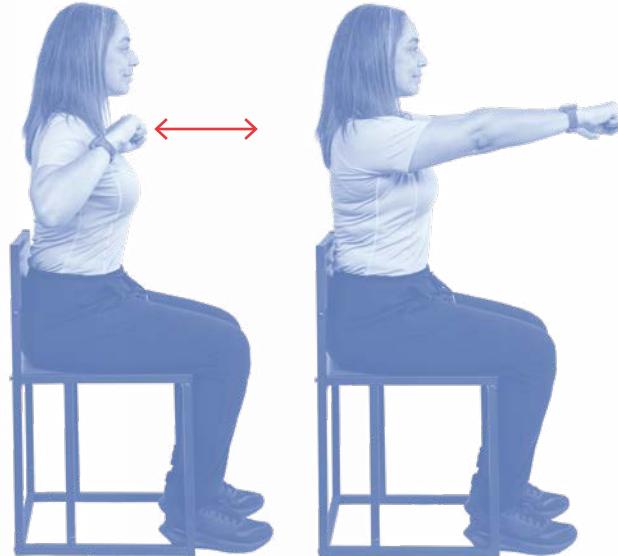
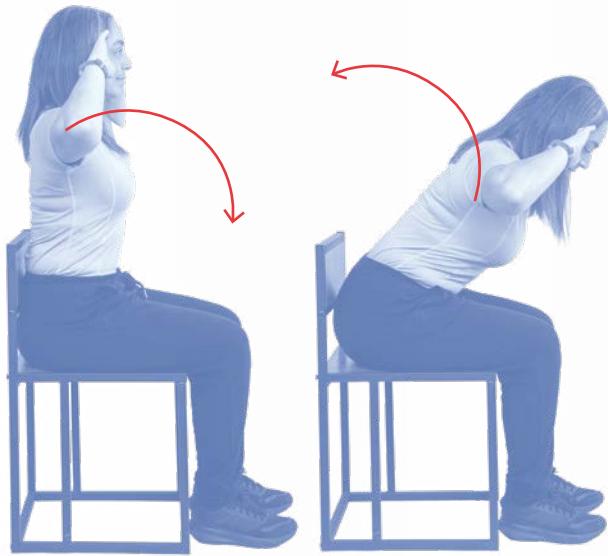
PHOTOGRAPHY: TIM BEKIR

Shoulder press

- 1 Sit with your feet hip-width apart, with your hands just above your shoulders and your elbows pointing down.
- 2 Push both arms straight into the air until they're fully extended above you.
- 3 Slowly lower your arms back to the starting position.
- 4 Repeat 12 to 16 times.

Next step: Hold a weight, such as a bottle of water, food can or dumbbell, in each hand.

Tip: Remember to warm up before you start exercising and cool down afterwards. Aim to do each exercise 12 to 16 times, rest for three minutes and then repeat two to three times. You can do this workout two to three times a week.



Deadlift

- 1 Sit with your legs wider than your hips and your back straight.
- 2 Put your hands by your temples.
- 3 Lean forward at the hips until you feel the muscles on the back of your legs being pulled. Keep your back straight.
- 4 Slowly sit back up, pushing your feet into the floor.
- 5 Repeat 12 to 16 times.

Next step: Perform the deadlift standing up, keeping your knees slightly bent.

Chest press

- 1 Sit with your feet hip-width apart.
- 2 Bring your elbows up and out to the sides with your knuckles facing forward.
- 3 Press your hands forward until your arms are nearly straight in front of you.
- 4 Slowly bring your arms back to the starting position.
- 5 Repeat 12 to 16 times.

Next step: Sit or stand a few feet away from a wall with your hands at chest height. Slowly lean forwards to perform a wall press up. ●



Get more compound exercises

► For the full workout and a follow-along video, scan the QR code on the left with your phone or visit bhf.org.uk/compound



Find our workouts on YouTube

► Go to YouTube to try all our simple, living room workouts. Scan the QR code or go to tinyurl.com/BHFworkouts

A professional portrait of Professor Fu Siong Ng. He is a middle-aged man with short dark hair and glasses, wearing a dark blue suit jacket over a light blue striped shirt. He is smiling and looking directly at the camera. The background is a blurred indoor setting with red and white structural elements.

Q&A

What's next in ... AI healthcare

Imperial College London's **Professor Fu Siong Ng** specialises in applying artificial intelligence (AI) to heart tests. He reveals how it could revolutionise medicine

Q: How is AI currently used in healthcare?

A: AI is when computers do tasks that normally require human intelligence. While many AI tools are still in development, some are already being used in clinical settings.

For example, tools that summarise conversations between doctors and patients save time on tasks like writing letters to

GPs. All the information remains confidential and is checked for accuracy by the doctor.

But more advanced applications – such as using AI to detect heart conditions or predict future health risks – are still a few years away from routine use.

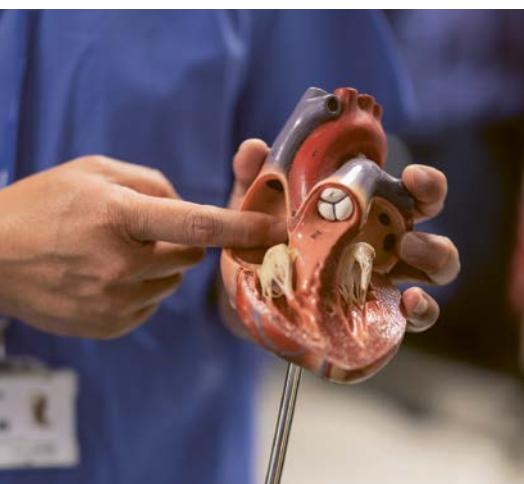
Q: Can it improve diagnosis?

A: AI could help make earlier diagnoses – hopefully before

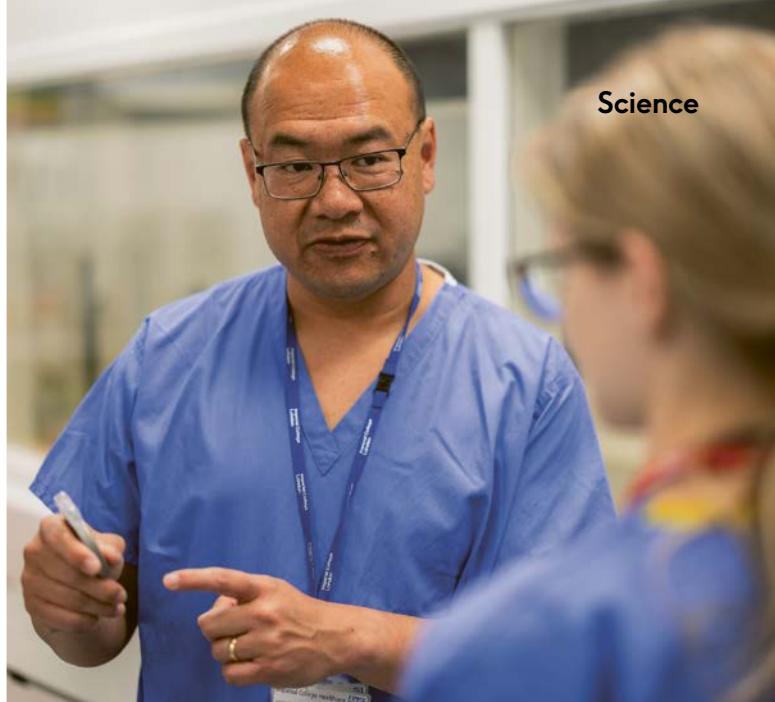
people get really ill.

For example, my research group, funded by British Heart Foundation, has developed an AI model to analyse ECGs (electrocardiograms).

Traditionally ECGs diagnose only a handful of conditions, such as heart attacks and irregular heart rhythms (arrhythmias), which show up in obvious ways on the test. But AI can pull far more information from the same test, picking up



Professor Ng, a consultant cardiologist, teaches students about the anatomy of the heart and abnormal heart rhythm treatments



subtle signals that humans cannot.

The AI model we've developed, trained on millions of ECGs from around the world, can now detect over a dozen different conditions, including heart failure, valve disease and diabetes.

It means a simple, cheap test can be used to pick up a wide range of issues, often earlier than we could before. We've developed the technology and we're starting to test it in NHS hospitals.

Q: What about prevention?

A: AI can be applied to almost any type of health information, from GP records and blood tests to imaging scans and even genetics.

For example, some of my colleagues are using AI to analyse CT scans to show which arteries are most likely to become blocked in future. This means

“AI won't replace doctors but help us be better doctors”

action could be taken to prevent a heart attack before it happens.

Others are using AI to screen GP records to identify people who are at higher risk of atrial fibrillation (AF) and who might benefit from further testing.

Q: Can AI guide treatment too?

A: Yes, for example, to treat AF, doctors like me do a procedure called catheter ablation, which destroys small areas of heart tissue thought to be causing the irregular rhythm.

Right now, we use a one-size-fits-all approach for AF ablations, which is only successful about 50 per cent of the time. AI could help us personalise treatment by pinpointing exactly where in each individual's heart to treat.

In the future, AI might even help us to discover new medicines by

analysing genetic data and proteins to identify new treatment targets.

Q: What are the concerns around AI?

A: AI will only be useful if patients accept its use. That's why, when developing AI models, we set up a public and patient involvement group.

In my experience, one common concern is bias. If your training information is not diverse—for example, only using data from White British men—the model might not work well for everyone.

The way to address this is to do the science properly. That's why we made sure our datasets include people from different ethnic backgrounds and genders.

Q: Will AI replace doctors?

A: AI won't replace doctors but help us be better doctors. It can help make earlier diagnoses, choose the right treatments, and save time on administrative tasks. That means we can focus more on what really matters—caring for our patients. ●

Fact or fiction?

We fact-check media reports on heart health so you have the full story

Do ultra-processed foods make it harder to lose weight?

Stories about how ultra-processed foods (UPFs), which contain ingredients not typically found in home kitchens, affect weight loss hit the headlines earlier this year.

They were sparked by a UK study in the journal *Nature Medicine* that compared the effects of eating mostly UPFs, like shop-bought lasagne and snack bars, with a diet of mostly minimally processed foods (MPFs) like homemade lasagne.

It found people who ate mostly UPFs lost half as much weight as those eating MPFs. Both diets had the same calories, fat, sugar and fibre. The only difference was how the food was made.

The trial included 43 adults with excess weight whose regular diet was 50 per cent UPFs. Meals were delivered randomly with a recommendation to eat 2,000 calories a day in line with the NHS Eatwell Guide. But people also

received extra food and could eat as much as 4,000 calories per day.

On average, people weighed around two per cent less after eating the MPF diet for eight weeks than they did beforehand, while they weighed one per cent less after eating the UPF diet.

While this was a small amount of weight loss, researchers estimate that, over a year, men on the MPF diet could lose around 13 per cent of weight and women nine per cent, compared to just five per cent and four per cent for men and women on the UPF diet.

The researchers suggest it may be easier to overeat UPFs. They noted that people eating mostly UPFs ate more calories overall, whereas people eating MPFs reported fewer cravings and feeling fuller for longer.

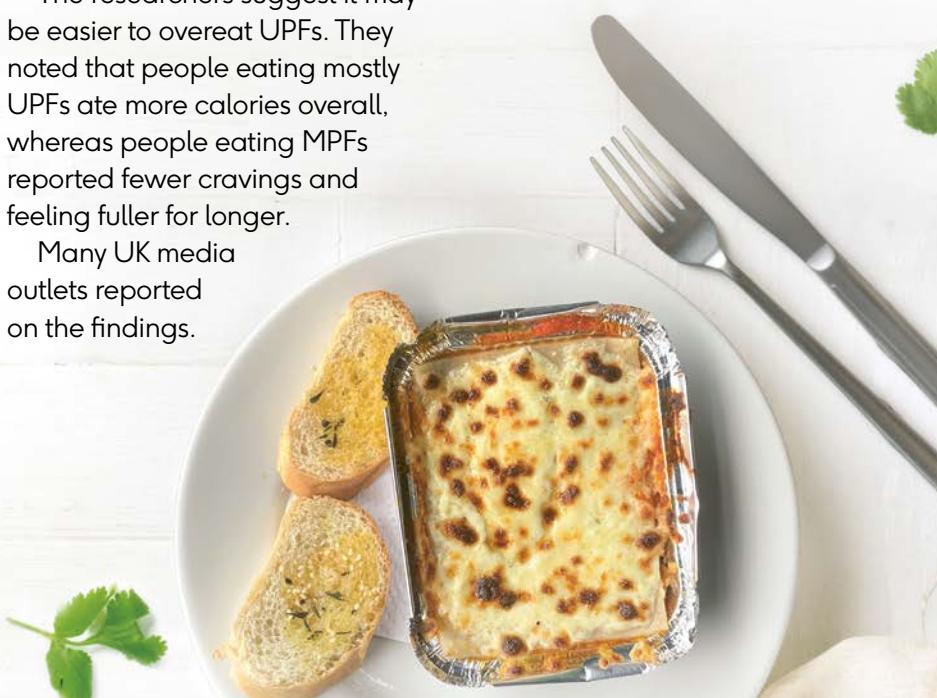
Many UK media outlets reported on the findings.

ITV's headline was overly dramatic as it said cutting out UPFs could "speed up weight loss", which the study did not investigate.

OUR VERDICT

This research adds to growing evidence that the way food is processed, not just its nutrients, matters when trying to keep to a healthy weight. But not all UPFs are equal. Some, like fortified yogurts and wholegrain cereals, can be part of a balanced diet.

"It may be easier to overeat ultra-processed foods... like shop-bought lasagne"





Could an electric shock improve your ability to exercise?

Want to enjoy the benefits of staying active but find exercising difficult? New research suggests stimulating a large nerve called the vagus nerve could help.

The study in the European Heart Journal asked people to wear a device on their ears, which sent a small electrical current to increase the nerve's activity, for 30 minutes a day for a week.

Afterwards, the researchers found the participants' VO₂ max—the maximum amount of oxygen the body can use during intense exercise—was 3.8 per cent higher on average than it was before using the device. A higher VO₂ max means your body is using oxygen more efficiently.

There was no change in VO₂ max when they wore a dummy device with no electrical current for a week.

The researchers say the device could potentially help people with heart conditions that make it harder to exercise, such as heart failure or chest pain (angina), stay active and look after their heart.

However, the study included just 28 people aged 34 on average without any health conditions that could lower their ability to exercise, so the results cannot be applied to people with heart disease.

The study was covered widely in the UK media. Most of the reporting was accurate, but the Daily Mail's headline—"Zapping the brain with a tiny device on the ear could boost fitness"—was inaccurate. The device stimulated the vagus nerve, not the brain.

OUR VERDICT

Although the study is small, it suggests that vagus nerve stimulation could make it easier to exercise. However, more research is needed in people with heart disease to find out if it can help them stay active too. ●

Find more online

► Other fact-checks include: **Seed oils: why they're good for your heart.** Go to bhf.org.uk/factcheck

Science news

Discover the lifesaving research BHF is funding

AI supercharges stethoscopes

A stethoscope enabled with artificial intelligence (AI) can help doctors pick up heart failure, heart valve disease and atrial fibrillation (AF) in just 15 seconds, according to the results of a real-world trial by researchers at Imperial College London that British Heart Foundation part-funded.



IMAGE: IMPERIAL COLLEGE LONDON

Test detects dangerous disorder

Researchers at City St George's, University of London and Great Ormond Street Hospital have developed a simple cheek-swab test to help identify children with arrhythmogenic cardiomyopathy. The typically genetic condition is responsible for more than 10 per cent of sudden cardiac deaths in children.

Pollution ups heart failure risk

People living in the most polluted areas of the UK could be 27 per cent more likely to develop heart failure than people living in the least polluted areas, report researchers at Queen Mary University of London.



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