Losing someone to heart disease
This booklet is intended to offer you help and support in coping with the loss of a loved one to heart disease.

It aims to help you understand the ways in which grief and bereavement might affect you, give you an insight into what can be a complex and sometimes almost overwhelming collection of emotions, and offer guidance on how you might handle these and adjust to life without your loved one.

The booklet also provides guidance on the legal procedures to follow in the event of the death of a loved one, and general advice on the practical and financial matters that you will have to deal with.

Finally it provides contact details of organisations that will be able to offer you support, both in coping with your loss, and in handling the various procedures that need to be followed when someone dies.

Two separate appendices provide explanations of how people die from heart disease, and of the terms you might find on post mortem reports and death certificates.
Bereavement is something that we all have to go through at some point in our lives. Until it happens to you, it is very hard to know what your reaction will be or how you will cope. It is an intensely personal experience, and although there are some common aspects of bereavement, there is no ‘normal’ reaction. Your feelings will be completely unique to you and so too will the ways you deal with them.

What is grief?

Grief is a natural reaction to losing someone who is dear to you. It is a process that you have to go through to come to terms with the loss and allows you to move forward. You will probably experience a wide range of emotions, which may change in nature and intensity without any sense of pattern. There is no right or wrong way of grieving. There is no set time for the grief itself to last; it could be weeks, months or years. You might think of it as a ball of wool that you have to unravel: you may not know where the end is, or where the knots are going to be, but you will get there eventually.

Even though the extreme emotions of grief will eventually subside, this does not mean that you will forget your loved one or the pain you have been through. You will just be able to cope better with your loss. It is very important that you acknowledge your grief, and understand that it will take time and support to heal.

Emotions

You may experience any of the following emotions with varying degrees of intensity, at different times and in any order. You may well experience all of them together or in quick succession, which can be shocking and frightening, but you must try to remember that these emotions will eventually pass. Although no two experiences of bereavement are the same, it may be of some comfort for you to know that many people go through similar feelings. Even if you are experiencing emotions that are not described here, they will still be perfectly natural.

“I feel the absolute devastation of my loss one moment and can be crying tears of laughter over some wonderful memory the next.”
The range of emotions triggered by grief is very wide – too wide to capture in a few pages. The emotions covered here are simply the most common.

**Denial and shock** To begin with, you may be in shock and may simply not be able to believe that your loved one has gone. This may mean that for a short time you feel numb and carry on as normal, with part of you believing that they are coming back.

You may not even realise that you are in this phase until you have come out of it. Even if you do understand what you are experiencing, it will soon pass, and you should just try to let things take their course and not battle against them.

**Sadness and depression** Once the realisation sets in that your loved one is really gone, it is natural to feel an overwhelming sense of sadness and despair. It can seem as if there is nothing worth living for anymore. Life might seem so bleak that it feels unbearable. After a while, however, you will begin to notice that these feelings are fading and being replaced with the kind of tender sadness that goes with loss and remembrance.

Such sadness and despair are not the same as depression. Depression is an illness which can be brought on by the loss of a loved one. Like any other illness, it is nothing to be ashamed of and it can be treated. If feelings of desolation and despair do not seem to be lifting and they are affecting your ability to cope with day to day life, then you might be depressed and you should go to your doctor for help.

Try talking to someone you trust about your feelings. If you do not feel that you want to talk to family or friends, then consult your doctor or consider seeing a counsellor.

“I have always tried to stay engaged with life. You just have to embrace a new phase. You don’t forget the one you’ve lost but you use your past experiences with that person to cope and make the future worthwhile.”
Loneliness

At times, you are likely to feel very lonely because you have lost someone you shared your life with. You might also feel lonely because it seems that no one understands what you are going through.

Keeping up social contact with your family and friends is vital to the healing process. It will help lighten your feelings of loneliness. Even if you don’t feel like it, try to make yourself see people and maintain your friendships.

Acceptance

Acceptance does not mean that you have forgotten the loved one who has gone. There will simply come a time when you will accept the loss and start adjusting to life without them.

Anniversaries, birthdays and other milestones in life can be particularly difficult. It might help a little if you can plan a special occasion with family or friends to honour your loved one.

Hope

You will eventually begin to feel more hopeful about the future. The memories you have of your loved one will cause you less pain and bring you more happiness. Try not to feel guilty about beginning to live your life without them. It does not mean that you love the person you have lost any less, it just means that you are beginning to heal. And remember, it is what they would have wanted for you.

Even though you may be feeling more positive about life try not to rush into any major changes such as moving house. A home which holds many memories may seem too painful to stay in at first but you may find it very comforting later on.

Anger

Anger is a common response to sudden loss and can be one of the hardest emotions to deal with. Your anger may be at the unfairness of your loss, at the loved one who has died for leaving you, or at the people around you for not understanding what you are going through.

Try not to keep your anger bottled up. Find an outlet for it that gives you a sense of release. It could be exercise, writing your feelings down on paper, or even going to the bottle bank and taking it out on the bottles.

Fear and anxiety

Losing someone close to you will cause a huge change to your life and can make the future seem very uncertain. It is natural to feel anxious or frightened about what the future will bring and how you are going to cope without your loved one’s support. You may also feel overwhelmed by the depth of your grief and the extreme emotions you are going through. This can bring a heightened awareness of your own mortality, which might intensify your fear of the future. Fear and anxiety can produce a range of physical symptoms such as a racing heart, sweating, and difficulty in sleeping.

Try to find something that helps you to relax. Experiment with things such as breathing exercises, going for a walk, or visualising a scene that makes you feel calm.

Guilt

Personal loss can also cause feelings of guilt. These can come in a number of forms. You might find yourself thinking ‘if only I had done this for them’ or ‘what if things had been different.’ You might also feel guilty if you are angry at the person for leaving you or, if they have suffered a long illness, for feeling relieved that it is finally over.

There is no shame in these feelings. Try to forgive yourself for them as your loved one would have done.
Physical reactions
Emotional distress can often trigger physical reactions. You may find that you experience some of the following symptoms:
- difficulty sleeping
- loss of appetite
- poor concentration
- lack of energy
- stomach upsets
- shortness of breath
- headaches
- loss of hair
- palpitations
- exhaustion
- lowered resistance to infections

These will usually be short-term problems and they should pass as you begin to come to terms with your loss and heal. If they cause you concern or if they persist, you should not hesitate to see your doctor. As lowered resistance to infections is common in times of distress, it is also important to seek medical help if you begin to feel unwell. Beyond all this, it is vital that you do everything you can to look after yourself. Your own wellbeing might be the furthest thing from your mind, but you need to stay strong and healthy. Eat well, including plenty of fresh fruit and vegetables in your diet, and try to take some exercise. Even a short walk can stimulate mood lifting bio-chemicals in the body. If you are having difficulty sleeping, you must still try to rest and not do too much while you are grieving. Keeping active is an important part of the healing process, but over-doing it can make you feel run down and more vulnerable to illness.

“At counselling I was forced to talk about myself and be myself. My counsellor helped me to learn to be vulnerable and accept help. She also helped me to see that I had been grieving for a long time before my husband died.”
What can help?

Grieving is a very personal experience. It is also a very gradual process and it is important that you find a way through it that is right for you. There are a number of things that you can and should try, but the ones that work best will be the ones that you feel most comfortable with.

Talking
Talking about your loss and your reaction to it is one of the most important elements in the grieving and healing process. If you don't feel comfortable sharing your feelings with family and friends then you may want to consider talking to a counsellor.

The British Heart Foundation's Heart HelpLine has set up a bereavement service to support people who need someone to talk to about the way they are feeling. The Heart HelpLine can also provide practical information on what to do following a death and contact details for a number of organisations that offer further help such as counselling or advice on benefits and finances. You can contact the Heart HelpLine at hearthelpoline@bhf.org.uk or on 08450 70 80 70.

Accept help
Some people find that they are completely unable to cope and that they need all the practical and emotional support possible. You may feel that you are coping well, and that being busy is a part of that, but you should still not feel ashamed to accept offers of help or ask for it if you need it.

Time off work
You should not feel that you have to carry on at work as though nothing has happened. You have been through a huge trauma and if you need time off – either after your loss or later around difficult dates such as birthdays and anniversaries – then take it.

Social contact
Even if you don't feel like talking, you may still enjoy seeing friends and keeping up your social life. Part of you might feel like hiding away from the world, but just being with other people can make an enormous difference.

“I felt so angry sometimes that I just wanted to scream. When that happened I used to get the dog and walk and walk until I'd calmed down rather than sitting stewing in it. The dog couldn't believe his luck!”
Finding help

The Department of Work and Pensions produces a booklet which gives guidance on what needs to be done after a death. This booklet is helpful for dealing with practical concerns and arrangements. You can get copies from your local Jobcentre which will be listed in the phone directory or by going to www.dwp.gov.uk and typing ‘D4’ into the search box.

The Scottish Executive Justice Department produces a similar booklet with advice on what needs to be done after a death in Scotland. To get copies visit www.scotland.gov.uk/publications or call 0131 244 2193.

A ‘Lawpack Kit’ which contains contacts for official procedures, funeral arrangements, financial and legal services and other useful contacts can be obtained from Cruse Bereavement Care on 0844 477 9400.

How to register a death

By law, a death must be registered within five days, or eight days in Scotland.

The death must be registered by the registrar of births, marriages and deaths for the sub-district in which it occurred. You can find the address in the phone book under ‘Registration of Births, Deaths and Marriages’.

The registrar who registers the death will give you a certificate for burial or cremation and a certificate of registration of death.

What happens if someone dies abroad?

You should contact the local British Consul who will arrange for a record of the death to be sent to the General Register Office in the UK and advise you on local regulations for registering the death. If you want the body to be repatriated for a funeral you will need a translation of the foreign death certificate showing the cause of death.
If the body is to be cremated in England, Wales or Northern Ireland you should contact your local coroner whose details you can get from any funeral director. In Scotland contact the Scottish Executive Health Department on 0131 224 2501.

Financial worries As financial issues are different for each person, we suggest you contact the Bereavement Advice Centre on 0800 634 44. They will be able to advise you according to your personal circumstances.

Arranging a funeral It is for you to decide when to hold the funeral, whether to choose a burial or a cremation, and whether you would like the help of a funeral director to arrange it. To find your local funeral director, call the National Association of Funeral Directors on 0845 230 1343. Before employing a funeral director make sure that you know exactly which services they are providing and what the cost will be. It is a good idea to request a written quotation and you may wish to get several quotes before you make a final decision.

Your loved one may have made special requests or planned their own funeral in advance. If possible, involve other family members and friends in making arrangements, as they may wish to contribute ideas and participate in the service.

Some things that you may want to consider are:

• what type of ceremony to have – religious or non-religious, or a mixture of the two
• where the ceremony will be held
• how much to spend
• whether to have a gathering after the funeral and, if so, what form you would like it to take
• flowers or donations to a charity

“At first I just wanted to shut myself away and not see anyone, but I made myself go out with friends and, although I didn’t feel like joining in much to begin with, just being with them made me feel a hundred times better.”
If you wish to use a natural burial site, there are over 200 in the UK and a number of suppliers of environmentally friendly coffins. The Natural Death Centre (www.naturaldeath.org.uk) is able to provide advice and information.

**Dealing with the will**

Your loved one’s will lays out what they wanted to happen to their money, property and possessions. A will must be written in accordance with strict rules and you may need to seek legal advice to ensure that the document you have is valid.

**What to do if there is no will**

You will need to find out whether you are eligible to apply for a grant of letters of administration to administer the estate. Contact the Probate and Inheritance Tax helpline on 0845 302 0900.

In Scotland, your solicitor or the sheriff clerk will arrange for the court to appoint an executor called an ‘executor dative’ who is normally the surviving partner or spouse but can be another relative.

“You begin to put the sadness aside and look to the future, whilst taking pleasure in your memories. You are not continually trapped by painful feelings, but can choose when you want to reflect on your relationship with the dead person.”
Where to get help with practical matters

Bereavement Advice Centre
0800 634 9494
www.bereavementadvice.org
Offers support and advice on how to manage practical issues.

The Bereavement Register
0870 600 7222
www.the-bereavement-register.org.uk
A service that stops direct mail being sent to the deceased.

Citizens Advice Bureau
www.adviceguide.org.uk
Offers help and information on a wide range of topics such as benefits, housing and tax.

Cremation Society of Great Britain
01622 68 82 92
www.cremation.org.uk

Directgov
www.direct.gov.uk/en/rightsandresponsibilities
A good place to find all the relevant practical information, from obtaining the death certificate and arranging the funeral to finding financial assistance.

Jobcentre Plus
www.jobcentreplus.gov.uk
Financial and benefit information.

Law Society
020 7242 1222
www.lawsociety.org.uk

Where to get support

The British Association for Counselling and Psychotherapy
01455 88 33 00
www.bacp.co.uk
Provides a list of approved counsellors in Britain (please note that you will need to contact individual counsellors to find out their fees).

Child Death Helpline
0800 282 986
www.childdeathhelpline.org.uk
Offers support and befriending for those affected by child death.

National Association of Funeral Directors
0845 230 1349
www.nafld.org.uk
Funeral directors are available 24 hours a day, 365 days of the year to help people make funeral arrangements.

Natural Death Centre
0871 288 2098
www.naturaldeath.org.uk
Provides independent funeral advice and information on all types of funeral choices.

Probate and Inheritance Tax Helpline
0845 302 0900
www.hmrcourts-service.gov.uk

Where to get help with practical matters

Compassionate Friends
0845 123 2304
www.tcf.org.uk
For parents who have lost a child of any age, including adult children.

Cruse Bereavement Care
0844 477 4000
Email: helpline@cruse.org.uk
www.cruse.org.uk
Promotes the wellbeing of bereaved people and helps them to understand their grief and cope with their loss. Provides support, information and advice.

Cry (Cardiac Risk in the Young)
01737 36 32 22
www.c-r-y.org.uk
offers help, support and counselling to families who have lost an apparently fit and healthy young person to sudden cardiac death.

If I Should Die
0845 203 04 05
www.ifishoulddie.co.uk
General information on bereavement that is not linked to a particular religion or philosophy.

Lesbian and Gay Bereavement Helpline
020 7403 56
(open Tuesdays 7.30-10pm)
www.londonfriend.org.uk
offers support and practical information (London based but with a large database of services and charities throughout the UK).

Lesbian and Gay Bereavement Helpline
020 7403 56
Email: info@nawidows.org.uk
www.nawidows.org.uk
Offers support, friendship and understanding to men and women who have lost their partners through bereavement with the help of people who know how you feel – other widows and widowers.

The Ruby Care Foundation
0870 794 5353
www.rubycare.org
A charity dedicated to the care of the terminally ill, companionship for the dying, and support and counselling for the bereaved.

WAY Foundation
0870 011 3450
www.wayfoundation.org.uk
self-help, social and support network for men and women under 50 who have been widowed.

Winston’s Wish
08452 03 04 05
www.winstonswish.org.uk
Practical support and guidance for children and young people who have been bereaved, and their families.
Understanding how people die from heart disease

You may want to know more about the disease that led to your loved one’s death, and understanding exactly what happened might be an important part of the grieving process for you.

Appendix 1

Types of heart disease

There are five types of heart disease:
1. coronary heart disease (narrowed arteries of the heart)
2. disease of the heart valves (the gates in and out of the heart chambers)
3. congenital heart disease (present since birth)
4. arrhythmias (electrical faults)
5. cardiomyopathy (disease of the heart muscle)

Heart failure is a complex syndrome which can be associated with any of the above types of heart disease. The British Heart Foundation has produced booklets on all of these conditions. To order any of our resources please visit bhf.org.uk/publications or call 0870 600 6566.

Heart attack and cardiac arrest

Coronary heart disease is the most common cause of death in the UK. Coronary heart disease means that the inside walls of the main arteries to the heart (coronary arteries) have become narrowed with a build up of fatty material called atheroma.

Glossary

Administrator
Person appointed to administer an estate where there is no valid will, or where the executor is unable, or unwilling, to act.

Beneficiary
Person entitled to receive funds or property under a will or intestacy.

Codicil
A written amendment to a will.

Deed of variation
Enables the beneficiaries of the deceased’s estate to alter the distribution of that estate in order to reduce an immediate or future liability to inheritance tax.

Estate
An individual’s money, property and possessions, taken as a whole.

Executor
The person, named in a will, who is to carry out the wishes contained in that will.

Grant of representation
Authorises the personal representative to make and receive payments from the estate.

Inheritance tax
The tax paid to the state from the deceased’s estate.

Intestacy
The absence of a legal will.

Letters of administration
Grants the same powers as a grant of representation and is issued to the administrator.

Personal representative
Person responsible for dealing with the estate of a person who has died.

Probate
The official process of proving that a will is authentic and valid.

Probate registry
Public body responsible for issuing grants of representation and letters of administration (there are local probate registries around the UK).

Probate loan
A short-term loan offered to executors or administrators to pay off the inheritance tax due, after which the grant of probate can be issued.

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People with coronary heart disease are at risk of having a heart attack. A heart attack occurs when one of the fatty plaques ruptures and a blood clot forms around it. The blood clot completely blocks the artery depriving some of the heart muscle of blood and oxygen. This is a medical emergency requiring urgent treatment. The longer the heart muscle is without a supply of blood and oxygen the greater the risk of permanent damage to the heart and of death.

Some people who have a heart attack will have either been treated for or will have experienced angina (chest pain) beforehand. However, many people who have a heart attack will not have experienced any symptoms of heart disease prior to the event.

We do not know for sure why a heart attack occurs at the moment it does. Some people associate it with intense emotional distress. In reality, even if emotional distress triggered the heart attack, the disease (coronary heart disease) was already there and the heart attack could have occurred at any time.

Approximately one in three of those who have a heart attack die before they arrive at hospital. This is because they suffered a cardiac arrest. A cardiac arrest is caused by an abnormality of the heart’s electrical system which means that the heart is no longer beating appropriately. A cardiac arrest can happen during a heart attack because the loss of blood supply to part of the heart muscle makes the electrical currents that regulate the heartbeat unstable.
When someone has a cardiac arrest they will suddenly become unconscious. They will not have a pulse and will not be breathing. Without immediate resuscitation the person will die within minutes. It is not unusual for witnesses of a cardiac arrest to blame themselves if the person dies. However, survival rates from a cardiac arrest are very low, even in hospital where expert resuscitation is quickly available. They are even lower if the cardiac arrest occurs outside hospital. It is hard to for anyone in this situation to deliver effective resuscitation. It is particularly difficult if the victim is a loved one, as the distress at seeing them collapsed and unconscious can be overwhelming. Even if you remain calm and are skilled in resuscitation, death from a cardiac arrest outside a hospital is still highly likely.

If the cardiac arrest happens in hospital an emergency team of doctors and nurses will attempt to (a) maintain adequate circulation by using cardiopulmonary resuscitation (CPR) and (b) restore a normal heart rhythm with a machine called a defibrillator which is applied to the chest to shock the heart and restore normal rhythm. Even with this expert treatment immediately to hand, survival rates are still very low.

### Other causes of a cardiac arrest

Most cardiac arrests occur as a result of a reduced blood supply to the heart because of coronary artery disease. There are, however, a few rare heart conditions in which there is an inherent instability of the electrical activation of the heartbeat.

These conditions can result in a cardiac arrest without any problems with the blood supply. People with these conditions can experience short lived, self-terminating episodes of electrical instability that cause them to faint or blackout before they experience a fatal cardiac arrest.

The most common causes of these are:
- **Cardiomyopathy**
  This is disease of the heart muscle. Some people with cardiomyopathy experience symptoms such as fainting or ‘blackouts’ before they have a cardiac arrest. This allows time for them to be diagnosed as being at risk of sudden death and to receive preventative treatment to reduce that risk. Cardiomyopathy will be found during a post mortem examination.
- **Sudden Arrhythmic Death Syndrome**
  This refers to the absence of electrical activity of the heart (asystole). The lay term for this is a ‘flat line’.
- **Abnormality of the electrical system**
  This is caused by a genetic mutation in a protein that regulates electrical activity of the heart and is known as Sudden Arrhythmic Death Syndrome or SADS. The heart will look normal during a post mortem examination and the pathologist will usually refer the case to a specialist pathologist who has more experience in this area. SADS is more likely to happen to people under the age of 45 years, though it can occur in later life. A loss through SADS can be particularly distressing for a family due to the sudden nature of the death, the difficulty in determining the cause of death, the relative youth of the victim, and the need for the immediate family to be assessed for abnormal heart beats. For more information and support on how to cope with bereavement due to SADS and where to go for assessment please visit www.c-r-y.org.uk or call 01737 36 32 22.
- **Imbalance of blood salts**
  This is usually caused by kidney failure or happens as a result of a drug overdose.

### Terminal heart disease

Some people who have heart disease will develop heart failure. This is a complex syndrome which is associated with coronary heart disease and heart attacks in particular, but can also occur with other types of heart disease. Heart failure means that the pumping function of the heart muscle is impaired and that it is therefore less efficient at pumping blood around the body. It is a chronic syndrome which is progressive and that it is therefore less efficient at pumping blood around the body. It is a chronic syndrome which is progressive and for which there is no cure, though some people can maintain a reasonable quality of life for many years. Some people with heart failure will die suddenly due to cardiac arrest even though their symptoms have been well controlled for some time.

End stage heart failure means that the person’s condition has deteriorated significantly. Many people with end stage heart failure will slowly become more symptomatic and experience deterioration in their quality of life. It can be difficult to predict how long someone with end stage heart failure will survive and it is hard for their family to witness this slow decline. Vital organs such as the heart, lungs and kidneys start shutting down and in the end the person will have multi-organ failure. Death itself will be due to a cardiac arrest, but loss of consciousness may have occurred several hours or days beforehand. In these circumstances the death certificate is likely to list heart failure at the cause of death and not cardiac arrest.

### Appendix 2

**Commonly used terms on post mortem reports and death certificates**

- **Aortic dissection**
  Aortic dissection means that there has been a split or a tear in the aorta (biggest artery in the body which arises directly from the left side of the heart).

- **Atherosclerosis**
  Atherosclerosis is the process by which fatty plaques (atheroma) are laid down in the lining of the wall in the artery. The plaques build up gradually over time, eventually reducing the blood flow through the artery.

- **Asystole**
  This refers to the absence of electrical activity of the heart on an electrocardiogram (tracing of the heartbeat). The lay term for this is a ‘flat line’.
About the British Heart Foundation

The British Heart Foundation (BHF) is the nation's heart charity and we are committed to preventing people's lives being affected by heart disease. We do this through our pioneering research, by supporting and caring for heart patients and by providing vital information so that people can take care of their own heart health.

We rely on your donations of time and money to continue our vital work. If you would like to make a donation to the British Heart Foundation, please call 0870 606 33, visit our website at bhf.org.uk/donate or send it to us at the address on the back cover.

You may like to set up a BHF Gift of Hope Heart Fund which is a special way to remember a loved one, while helping us to continue the fight against heart disease.

All donations, at the funeral, on anniversaries or birthdays, or at any other time, will be added to the Fund as an ongoing tribute. You can specify which of the BHF's essential activities the donations will support, and create a dedicated page online, which can feature photographs and personal messages.

You can quickly and easily set up a Fund by visiting bhf.org.uk/hope or for further information contact us at hope@bhf.org.uk or call 0844 847 2787.

To find out more about the BHF please visit bhf.org.uk

Cardiomyopathy
Hypertrophic cardiomyopathy: thickening of the heart muscle, usually genetic in cause.
Dilated cardiomyopathy: weakness and thinning of the heart muscle, often caused by a viral infection or alcoholism.
Ischaemic cardiomyopathy: damage to the heart muscle caused by insufficient blood supply, usually due to coronary artery disease. This term is more commonly used in the US rather than the UK.

Congestive cardiac failure
This occurs when the heart is not pumping blood properly causing fluid to build up in the lungs.

Coronary thrombosis
This means a blood clot in a coronary artery. It is the most common cause of a heart attack.

Electromechanical dissociation
This means that the heart muscle is not pumping in response to the heart's electrical activity.

Heart failure
The term used when the pumping function of the heart muscle is no longer efficient. Heart failure can either be chronic (there for a long time) or acute (sudden).

Ischaemic heart disease
This is caused by the heart muscle receiving an inadequate blood supply. The lay term for this is coronary heart disease.

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Hypertrophic cardiomyopathy: thickening of the heart muscle, usually genetic in cause.
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Ischaemic heart disease
This is caused by the heart muscle receiving an inadequate blood supply. The lay term for this is coronary heart disease.

Left ventricular failure
This refers to failure of the left ventricle, the heart's main pumping chamber, to pump efficiently.

Myocardial infarction
Myocardial refers to the heart muscle - the myocardium. An infarct is an area of damage caused by a sudden lack of blood supply. The lay term for this is a heart attack.

Pulmonary oedema
This refers to a build up of abnormally large amounts of fluid in the lungs.

Ventricular fibrillation
The ventricles are the lower chambers of the heart. Ventricular fibrillation is a chaotic heart rhythm which causes the heart muscle to quiver instead of contracting and pumping. It is life threatening and requires emergency medical attention, but even with this the risk of death is very high.

If a term appears on your loved one's post mortem report or death certificate which has not been included in this list, please call the Heart HelpLine on 08450 70 80 70.