Beating Heart Disease Together

Information for South Asians

Diabetes - and how it affects your heart
People with diabetes have a greater risk of developing coronary heart disease than those who do not have diabetes. Both diabetes and coronary heart disease are more common among South Asians living in the UK – Indians, Bangladeshis, Pakistanis and Sri-Lankans – than in the general UK population.

This booklet explains:

- what coronary heart disease is
- what diabetes is and how it affects your heart
- what routine checks you should have, and
- what you can do to help control your diabetes and reduce your risk of coronary heart disease.

The information in this booklet is not a substitute for the advice your doctor may give you based on his or her knowledge of your condition.

This booklet is available in **Bengali, Gujarati, Hindi, Punjabi** and **Urdu**. This English version has been produced to help relatives, carers and health professionals who do not read these languages.
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>5</td>
</tr>
<tr>
<td>What is coronary heart disease?</td>
<td>6</td>
</tr>
<tr>
<td>What causes coronary heart disease?</td>
<td>8</td>
</tr>
<tr>
<td>What are the symptoms of coronary heart disease?</td>
<td>9</td>
</tr>
<tr>
<td>What to do if you get chest pain or think you may be having a heart attack</td>
<td>10</td>
</tr>
<tr>
<td>What is diabetes?</td>
<td>14</td>
</tr>
<tr>
<td>What are the symptoms of diabetes?</td>
<td>16</td>
</tr>
<tr>
<td>How is diabetes diagnosed?</td>
<td>17</td>
</tr>
<tr>
<td>What treatment do you receive for diabetes?</td>
<td>18</td>
</tr>
<tr>
<td>Why does diabetes affect the heart?</td>
<td>20</td>
</tr>
<tr>
<td>What can I do to reduce my risk of coronary heart disease?</td>
<td>21</td>
</tr>
<tr>
<td>Be more physically active</td>
<td>22</td>
</tr>
<tr>
<td>If you smoke, stop smoking</td>
<td>25</td>
</tr>
<tr>
<td>Control your blood cholesterol and triglyceride levels</td>
<td>28</td>
</tr>
<tr>
<td>Eat healthily</td>
<td>29</td>
</tr>
<tr>
<td>Keep to a healthy weight and body shape</td>
<td>32</td>
</tr>
<tr>
<td>Control high blood pressure</td>
<td>33</td>
</tr>
<tr>
<td>Stress</td>
<td>35</td>
</tr>
<tr>
<td>Treatments for the heart for people who have both diabetes and coronary heart disease</td>
<td>36</td>
</tr>
<tr>
<td>The annual review</td>
<td>37</td>
</tr>
<tr>
<td>For more information</td>
<td>38</td>
</tr>
<tr>
<td>References</td>
<td>40</td>
</tr>
<tr>
<td>Technical terms</td>
<td>41</td>
</tr>
<tr>
<td>Index</td>
<td>42</td>
</tr>
</tbody>
</table>
Coronary heart disease is the UK’s single biggest killer. Almost one in every five men and one in every six women die from this disease.

People with diabetes are at greater risk of developing coronary heart disease than people who do not have diabetes. This is particularly important for people from South Asia living in the UK, as they are at least five times more likely to have diabetes than the general population.

Among those who have diabetes, women have a greater risk of developing coronary heart disease than men. Women who have diabetes are three to five times more likely to develop coronary heart disease than women without diabetes. Men who have diabetes are two to four times more likely to develop coronary heart disease than men without diabetes.

However, if you do have diabetes there is much you can do – in partnership with your diabetes care team – to avoid developing coronary heart disease, or to reduce its effects. This booklet explains what you can do.
**What is Coronary Heart Disease?**

**How the heart works**

Your heart is a muscle about the size of your fist. It beats about 70 times a minute, pumping blood around your body.

When the blood leaves the heart, it goes to your lungs where it picks up oxygen. The oxygen-rich blood returns to your heart and is then pumped through a system of arteries to provide oxygen to all the organs of your body. The blood then returns to the heart through the veins and is then pumped back to the lungs again. This is called the **circulation**.
The heart

Your heart muscle gets its own supply of blood from the coronary arteries. These are blood vessels on the surface of your heart.

**Coronary heart disease**

Over time, the walls of your arteries can slowly become furred up with a fatty material called atheroma. **Coronary heart disease** is when the coronary arteries become so narrow that the blood supply to your heart muscle is restricted. This can cause **angina** (chest discomfort). Or, if a coronary artery becomes completely blocked, it can cause a **heart attack**. We describe the symptoms of angina and heart attack on page 9.

**What happens when fatty material builds up in the arteries**

When fatty material builds up in the arteries, the arteries become narrow and it is more difficult for the blood to flow through them.
These things can all increase the risk of getting coronary heart disease:

- not being physically active enough
- smoking
- abnormal blood cholesterol levels and triglyceride levels
- high blood pressure
- obesity (being very overweight)
- having a family history of coronary heart disease, and
- having diabetes.

For more on what you can do about these risk factors, see page 21. (A risk factor is something that increases your risk of getting the disease.)
**Angina**

Below we describe the symptoms that people often get with a typical angina attack. However, the symptoms can vary from person to person.

Angina is an uncomfortable feeling or pain in the chest. It usually feels like a heaviness or tightness in the centre of the chest, which may spread to the arms, neck, jaw, back or stomach. In some people, the pain or tightness may affect only the arm, neck, stomach or jaw. Some people describe angina as a dull, persistent ache. Symptoms usually fade within a few minutes. For some people the tightness is severe. For others it is not much more than mild discomfort.

**Heart attack**

The symptoms of a heart attack are sometimes quite similar to the symptoms of angina. Sometimes it can be difficult to tell if you are having an angina attack or a heart attack.

If you get a pain as described above (under Angina), and **if you haven’t had that sort of pain before**, you may be having a heart attack. You should call 999 immediately and ask for an ambulance.

**If you already have angina**, you may be having a heart attack if:

- the pain is different to the pain you normally have, or
- the pain gets worse or does not go away.

On the next page we explain what to do if you think you are having a heart attack.
The information below is for people who already have coronary heart disease and are being treated for it with GTN (glyceryl trinitrate) spray or tablets.

If you already have coronary heart disease, you may get chest pain or discomfort now and then. Sometimes this will be angina, which you will be able to manage at home with your GTN. However, it could also be the symptom of a heart attack. Below we explain what to do if you get:

- a crushing pain, or heaviness or tightness in your chest, or
- a pain in your arm, throat, neck, jaw, back or stomach.

You may also sweat, feel light-headed, sick or short of breath.

**This is what to do:**

<table>
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<th>1</th>
<th><strong>Stop</strong> what you are doing.</th>
</tr>
</thead>
<tbody>
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<td>2</td>
<td><strong>Sit down</strong> and rest.</td>
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<td>3</td>
<td><strong>Use your GTN spray or tablets.</strong> Take the GTN as your doctor or nurse has told you. The pain should ease within a few minutes. If it doesn’t, take your GTN again.</td>
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<tr>
<td>4</td>
<td>If the pain does not ease within a few minutes of taking the GTN the second time, <strong>call 999 immediately.</strong></td>
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<td>5</td>
<td>If you are not allergic to aspirin, chew an adult aspirin tablet (300mg) if there is one easily available. If you don’t have an aspirin next to you, or if you don’t know if you are allergic to aspirin, just stay resting until the ambulance arrives.</td>
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If you have symptoms that do not match the ones we have described on page 10 but you think that you are having a heart attack, call 999 immediately.

Having diabetes can make it more difficult to diagnose a heart attack. For example, having no pain but a general feeling of being unwell or sweating can be a symptom of a heart attack, but in people with diabetes these symptoms can be confused with the symptoms of a hypoglycaemic episode (sometimes called a ‘hypo’), making the diagnosis more difficult. (A hypo happens when the level of glucose in the blood falls too low. When this happens, the person may get symptoms such as sweating, feeling shaky, feeling his or her heart pounding, and confusion.)

If you have diabetes and you are not sure whether certain symptoms are due to hypoglycaemia or a heart attack, it is useful to do a blood glucose test.

- If the test shows that the level of glucose in the blood is less than 4 mmol/l, it means that you are having a hypoglycaemic attack. You should treat this in the normal way by taking quick-acting carbohydrate either as a drink or food, followed by a longer-acting carbohydrate such as a sandwich or a bowl of cereal.

- If the test gives a reading higher than 4 mmol/l, it means that you are not hypoglycaemic and so you may be having a heart attack. So you should call 999 for an ambulance, or someone should call for an ambulance for you.
What is Diabetes?

Diabetes happens when the level of glucose (sugar) in the blood is too high.

The body produces glucose when it digests starchy foods such as bread, rice, potatoes, and sugar and other sweet foods. The liver also makes glucose. The blood carries glucose to all the cells of the body. A hormone called insulin helps the glucose to enter the cells, and the glucose is used as a fuel by the body. Insulin is made in the pancreas – a large gland that lies behind the stomach. As the insulin lets the cells take glucose out of the blood, the amount of glucose left in the blood goes down.

In people with diabetes, the cells become starved of glucose because they cannot obtain it from the blood. At the same time, because the glucose cannot get into the cells, the level of glucose in the blood goes up.

There are two types of diabetes:

- People with **Type 1 diabetes** do not produce any insulin.
- People with **Type 2 diabetes** do not produce enough insulin, or their cells lose the ability to use the insulin.

**Who is at risk of developing diabetes?**

Almost 1.9 million people in the UK have diabetes, and there are over half a million more adults who have developed diabetes but don’t know it, because it hasn’t been diagnosed.
People of South Asian origin living in the UK are five to six times more likely to have diabetes than the overall UK population. People are more likely to develop Type 2 diabetes if they have some or all of the following risk factors:

- not being physically active enough
- being overweight
- having a family history of Type 2 diabetes
- previous diabetes in pregnancy.

The risk of developing Type 2 diabetes can be significantly reduced by two lifestyle changes – increasing physical activity and reducing body weight.

**Type 1 diabetes**
This type of diabetes is less common than Type 2 diabetes. It usually develops in children and young adults. Type 1 diabetes probably happens because the body’s own immune system (the cells that fight infection) attacks the pancreas and destroys its ability to make insulin. The cause of this is probably viruses or other infections, but no-one is really sure.

**Type 2 diabetes**
Most people with diabetes – about nine out of every ten – have Type 2 diabetes. This condition tends to develop gradually after the age of 40.

It is a worrying trend that, in recent years, Type 2 diabetes is being diagnosed more and more in younger people, and even in children. It seems that this is largely due to the fact that children these days lead less active lifestyles.
WHAT ARE THE SYMPTOMS OF DIABETES?

In Type 1 diabetes, the symptoms develop quickly over a few weeks. However, in Type 2 diabetes the symptoms often develop gradually over many years and so you might not think they are abnormal. Different people develop different combinations of symptoms.

The range of symptoms for both types of diabetes are:

- thirst
- passing more urine than usual, particularly at night
- tiredness
- unexplained weight loss
- blurred vision
- itching in the genital area (or regular episodes of thrush).

These symptoms are the direct result of having too much glucose in the blood and not enough in the cells. However, over many years, the high levels of glucose can also damage many different parts of the body. This damage can be:

- in the heart and blood vessels, causing coronary heart disease, strokes and peripheral arterial disease (disease of the arteries that carry blood to the different parts of the body such as the legs)
- in the eyes, causing reduced vision and sometimes leading to blindness
• in the kidneys, which gradually work less well
• in the feet, causing ulcers
• in the nerves, causing many symptoms such as loss of sensation especially in the feet and legs, pins and needles, and sexual impotence.

The good news is that you can prevent or delay or reduce these problems by lifestyle changes and good management of diabetes. Good management includes keeping good control of your blood glucose levels and your blood pressure, and going for an annual review. We explain more about the annual review on page 37.

HOW IS DIABETES DIAGNOSED?

If you have some of the risk factors for diabetes (see page 15), you should ask your doctor for a simple screening test to see whether you have diabetes. Remember, even if you don't have any symptoms, you may still have diabetes.

Your doctor may take a blood sample straight away. Or he or she may ask you to come back on another day, having not eaten anything since the night before. Your doctor will be able to measure the amount of glucose in your blood and, depending on the level, will be able to tell if you have diabetes.
You are likely to have diabetes if you have symptoms of diabetes (excessive urine and excessive thirst) and unexplained weight loss and your blood glucose level is:

- 11.1 mmol/l, or over, after eating
- 7 mmol/l, or over, after fasting, or
- 11.1 mmol/l or over, two hours after an oral glucose tolerance test.

If you don’t have any symptoms of diabetes, your doctor should not diagnose diabetes on the basis of just one blood glucose measurement, so he or she will ask you to go back for another glucose test on another day.

**WHAT TREATMENT DO YOU RECEIVE FOR DIABETES?**

If you have **Type 1 diabetes**, your doctor will need to start treating you with insulin straight away. He or she may also refer you to a hospital doctor.

If you have **Type 2 diabetes**, the first line of treatment is normally to try and lose weight, become more physically active and eat a more healthy diet. Your doctor or nurse will help you with this.

Some people may need to take medicines for their diabetes. There are different kinds of medicines which work in different ways. Your doctor will decide which are best for you. Many people with Type 2 diabetes will eventually need to have insulin injections to control their diabetes, but this is unlikely to happen when you are first diagnosed.
Why does diabetes affect the heart?

Diabetes seems to act in several ways to damage the heart.

- High glucose levels in the blood affect the walls of the arteries, making them more likely to develop atheroma (see page 7).
- Diabetes increases the damage done by the major risk factors of smoking, high blood pressure and high blood cholesterol.
- People with Type 2 diabetes often have higher triglyceride levels and lower levels of HDL cholesterol (the ‘protective’ type of cholesterol). We explain why this is important on page 28.
- People with diabetes are more likely to have high blood pressure (see page 33).
- Diabetes can affect the heart muscle itself, making it a less efficient pump.
- Diabetes can affect the nerves to the heart, so that the symptoms of heart disease are not felt in the usual way. This leads to delay and difficulties in diagnosis.
Your doctor will prescribe medicines to treat some of the risk factors that you may have. Diabetes alone is considered a significant risk factor for coronary heart disease so, if you have diabetes, you will probably be given medicines to reduce your risk of coronary heart disease.

Good control of blood glucose and blood pressure is essential for preventing the long-term problems of diabetes, such as damage to the eyes, kidneys and feet. However, this is not enough to prevent coronary heart disease. The major risk factors for coronary heart disease need to be controlled by a combination of effective treatment and the following lifestyle changes.

There are several things you can do:

- Be more physically active.
- If you smoke, stop smoking.
- Control your blood cholesterol and triglyceride levels.
- Eat healthily.
- Keep to a healthy weight and body shape.
- Control high blood pressure.

We explain more about all these things on the next pages.
Physical inactivity is not only a major risk factor for coronary heart disease. It is also a risk factor for developing diabetes. If you already have diabetes, physical activity may help to reduce the amount of tablets or insulin that you need to take.

The aim is to gradually increase your activity until you are doing 30 minutes’ moderate physical activity a day on at least five days a week. Moderate physical activity means activity that makes you feel warm and breathe slightly more heavily than usual.

Walking is one of the best forms of physical activity. It’s easy to do, you don’t need to wear any special clothes, and it’s easy to fit into your everyday life. Other good forms of physical activity include swimming, cycling, heavy housework, dancing and sports.

If your diabetes is treated with insulin or tablets, you may find that your blood glucose level falls quickly during or after exercise. It is important to monitor your blood glucose carefully as you start to build up your level of physical activity, as you may need to change the dose of your medication. Your doctor can advise you about this.

You should always have some form of fast-acting carbohydrate with you when you take exercise, such as glucose tablets or a sugary drink, in case your glucose level falls.
Sensible advice about physical activity

- If you have heart disease or high blood pressure, check with your GP before you increase your physical activity.
- When you are doing any physical activity or sport, begin slowly for the first few minutes and build up gradually. At the end, spend a couple of minutes slowing down gradually.
- Stop if you get any pain, or feel dizzy, sick or unwell, or very tired.
- Build up your activity level gradually.
- Dress warmly when doing any physical activity outdoors in very cold or windy weather.
You probably already know that smoking can increase the risk of getting lung cancer. Smoking also increases your risk of getting heart disease.

Stopping smoking is the single most important thing a smoker can do to live longer. If you have already tried to stop smoking but have gone back to smoking again, ask your doctor or pharmacist about NHS Stop Smoking services and about products to help you stop smoking. These include nicotine-based products, such as nicotine chewing gum, microtabs, lozenges and skin patches – or non-nicotine-based products, such as bupropion and varenicline (currently sold as Zyban and Champix). You can get these on prescription from your doctor.

**How does smoking affect my heart?**

The carbon monoxide in cigarette smoke reduces the amount of oxygen in your blood. So your heart has to work harder but is getting less oxygen. Smoking also speeds up the build-up of atheroma (fatty material) in the coronary arteries (see page 7).
Is shisha smoking harmful?

Yes, it is harmful. Recent research has shown that shisha smoke contains large quantities of the chemicals that can lead to heart disease, cancer, and addiction in cigarette smokers.¹

Shisha smoking has three extra health risks over smoking.

- Shisha smokers inhale up to 200 times more smoke in a one-hour shisha session than they would from smoking a cigarette.
- Flavoured tobacco is smoked over coals. The fumes from these coals add new toxins to the already dangerous smoke. (Some people use electrical shishas, which don’t use coals. But smoking using an electrical shisha is still harmful to health.)
- People who are at a shisha smoking session and who breathe in the shisha smoke inhale high levels of highly dangerous ‘second-hand smoke’, even if they don’t smoke shisha themselves.

So shisha smokers and those around them are put at greater risk.²

If you are used to meeting friends at a shisha session, why not go out for a walk with them instead?
**If you need extra help with stopping smoking**

If you need extra help, you can call Quitline® or the NHS Smoking Helpline.

**Quitline®**

- English: 0800 00 22 00
- Bengali: 0800 00 22 44. Mondays 1pm to 9pm
- Gujarati: 0800 00 22 55. Tuesdays 1pm to 9pm
- Hindi: 0800 00 22 66. Wednesdays 1pm to 9pm
- Punjabi: 0800 00 22 77. Thursdays 1pm to 9pm
- Urdu: 0800 00 22 88. Sundays 1pm to 9pm

Quitline® is a telephone helpline for people who want to stop smoking. Calls are free. You can talk to a trained counsellor who can help you:

- if you want help with preparing to stop smoking
- if you have a question about a particular product to help you stop smoking, or about any aspect of stopping, and
- if you want support and encouragement, especially during the difficult times.

**NHS Smoking Helpline**

- English: 0800 169 0 169
- The following helplines are open on Tuesdays from 1pm to 9pm:
  - Bengali: 0800 169 0885
  - Gujarati: 0800 169 0884
  - Hindi: 0800 169 0883
  - Punjabi: 0800 169 0882
  - Urdu: 0800 169 0881

This telephone helpline can offer information on stopping smoking, and support for people who are finding it hard to stop.
Cholesterol and triglycerides are fatty substances that are mainly made in the body. The liver makes them from the saturated fats in the food we eat.

**Cholesterol** plays a vital role in how every cell in the body works. However, too much cholesterol in the blood can be harmful. There are two main forms of cholesterol:

- low density lipoproteins (LDL) – the ‘bad cholesterol’ – which carry cholesterol from the liver to the rest of the body, and
- high density lipoproteins (HDL) – the ‘good cholesterol’ – which return excess cholesterol to the liver.

**Triglycerides** in the body come from fats in food.

If you have high levels of both triglycerides and blood cholesterol, you run a greater risk of coronary heart disease. The risk is particularly high if you also have a low level of HDL cholesterol. Unfortunately, this pattern is often seen in people with Type 2 diabetes.

If you have diabetes, your goal should be to have:

- a **total cholesterol level** under 4 mmol/l
- an **LDL cholesterol level** under 2 mmol/l
- an **HDL cholesterol level** above 1 mmol/l, and
- a **triglyceride level** under 1.7 mmol/l. ³
If you have diabetes you will probably need to take a statin drug to reduce your cholesterol levels, and perhaps a fibrate drug to control your triglyceride levels.

Some people are born with a high cholesterol level. This condition is called familial hyperlipidaemia, or FH. This is a genetic condition (one you are born with). It means that your body cannot get rid of the harmful cholesterol in the normal way. Having FH increases your risk of developing coronary heart disease.

If you are diagnosed with FH, you should make sure that other members of your family have tests to find out if they also have this condition.

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**EAT HEALTHILY**

Eating healthily can greatly reduce your risk of getting heart disease. It will help you to control your weight, your blood sugar and your cholesterol.

**What you can do**

You can still eat your favourite dishes. You just need to make small and gradual changes in what you eat.

- **Eat at least five portions of fruit and vegetables a day.** Eating a diet that is rich in a range of vegetables and fruits lowers the risk of heart disease. Eat at least five portions of fruit and vegetables a day. Try to eat a wide variety of fruit and vegetables. They can be fresh, frozen or tinned. Dried and juiced also count, but only once a day.
• **Eat less fat, particularly saturated fat.** There are two main types of fats in foods: saturated fats and unsaturated fats. A diet that is low in saturated fats can lower your blood cholesterol level, help prevent you putting on weight, and can reduce the risk of coronary heart disease.

  **Saturated fats** are found mostly in foods from animal sources – such as fatty meat, and dairy products such as butter, ghee, cheese, cream and full-fat milk. Palm oil, coconut oil, coconut cream and coconut milk are also high in saturated fat.

  **Unsaturated fats** are mainly found in vegetable oils and plant oils such as corn oil, sunflower oil, olive oil and rapeseed oil.

• **Eat a portion of oily fish a week.** Eating oily fish regularly can help to reduce the risk of coronary heart disease. The particular oil in fish that has these good effects is called **omega-3**. It is found mainly in oily fish such as trout, sardines, herrings, mackerel or fresh tuna. If you eat fish, try to eat oily fish once a week.
• **Eat less salt.** Having too much salt is linked with high blood pressure, heart disease and strokes. Most of the salt we eat is hidden in processed foods and in pre-cooked or pre-prepared meals, which are sometimes very salty. When choosing these foods, choose ones that are labelled ‘low salt’ or ‘reduced salt’. Also, avoid adding salt when cooking or at the table. Use spices, herbs or lemon juice for flavour instead.

• **Alcohol.** Heavy alcohol drinking can contribute to heart disease. It also increases the risk of high blood pressure and stroke, as well as liver disease. Men should drink no more than 3 to 4 units of alcohol a day, and a total of no more than 21 units a week. Women should drink no more than 2 to 3 units of alcohol a day, and a total of no more than 14 units a week.

<table>
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<th>1 unit of alcohol =</th>
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| **Men**  
No more than 3 to 4 units of alcohol a day |
| **Women**  
No more than 2 to 3 units of alcohol a day |
| a small glass (100ml) of wine  
(10% ABV [alcohol by volume])  
or  
half a pint (300ml) of normal strength lager, cider or beer  
(3% to 5% ABV)  
or  
a pub measure (25ml) of spirits |

For more information about healthy eating, see our booklet *Looking after your heart*. And for some healthy recipes, see our cookbook *Healthy meals, healthy heart*. (See page 38.)
People who carry too much weight around their middle have a greater risk of developing coronary heart disease, high blood pressure and diabetes.

The easiest way to find out if you need to lose weight is to measure your waist with a tape measure.

How to measure your waist:

1. Find the top of your hip bone and the bottom of your ribs.
2. Breathe out naturally.
3. Place the tape measure mid-way between these points and wrap it around your body.
4. Make a note of this measurement. This is your waist measurement.

Check your measurement in the box below:\textsuperscript{4,5}

\textbf{South Asian men} \hspace{1cm} Your health is at \textbf{high risk} if you have a waist size of over 90 centimetres (35½ inches).

\textbf{South Asian women} \hspace{1cm} Your health is at \textbf{high risk} if you have a waist size of over 80 centimetres (31½ inches).
What you can do

If your body shape and waist measurement suggest that you are overweight, you need to lose some weight.

The best way to lose weight is to:

- cut down on the amount of fat in your diet (see page 30)
- cut down on sugar, sweet foods and sugary drinks, and
- be more physically active (see page 22).

If you need to lose weight, don’t try to lose weight too quickly. Losing weight slowly and steadily – about one or two pounds (0.5 to 1 kilo) a week – is more healthy, and you’re more likely to keep the weight off for good.

**Control High Blood Pressure**

Blood pressure is the pressure of blood in the arteries. High blood pressure increases the risk of having a heart attack or a stroke. And, over time, it can cause your heart muscle to become less efficient.

High blood pressure is very common in people with diabetes, and it is essential to control it. If you have diabetes, your target is to have a blood pressure below 130/80mmHg (or lower than this if your kidneys are already damaged).³

Some people can control their blood pressure by losing weight, doing more physical activity, and cutting down on alcohol and salt. However, many people need to take medicines too. For more information on medicines for blood pressure, see our booklet *Taking medicines for your heart* (see page 38).
The way we deal with stress or difficult times in our lives can sometimes lead to an increase in the risk of getting heart disease. For example, when people are under stress, some may smoke or drink more, while others may eat more. Being aware of what you do to help relieve stress can help you to make changes that can reduce your risk.

It is also useful to learn how to relax. Some people find that yoga or other relaxation techniques really help. You also need to become aware of situations that make you feel extra strain at home or at work and try to avoid them if you can. Or, find ways of dealing with this – for example, by going for a walk, meeting up with friends, or making sure that you have some time for yourself each day.
The treatment of coronary heart disease for people with diabetes is more or less the same as for those who do not have diabetes, with the following important exceptions.

**Medicines**
If you are over the age of 30, and if you have been diagnosed with diabetes and also have other risk factors for coronary heart disease, your doctor may prescribe daily aspirin for you (75mg a day). Check with your GP before you start taking aspirin regularly.

Your blood pressure target of 130/80 is lower than the target for people without diabetes. You may need to take medicines to help reduce your blood pressure.

**If your angina gets worse**
If your angina gets worse, your doctor may advise you to have either coronary angioplasty or coronary artery bypass surgery.

Coronary angioplasty is a treatment to make your blood vessels wider. In coronary artery bypass surgery, the narrowed sections of the arteries are bypassed using grafts. Your doctor will be able to discuss with you which treatment is more suitable for you.

**If you have a heart attack**
Good blood glucose control is very important immediately after a heart attack, to limit the damage done and promote healing. This may mean changing your usual diabetes treatment, and perhaps using insulin.

Good blood glucose control is also very important in the months after a heart attack. Further changes to your usual medicines may be needed, including the use of insulin.
If you have diabetes, you should have an annual review to make sure that you are not developing any of the complications of diabetes, including coronary heart disease.

During the annual review, as well as the normal checks for diabetes, your doctor should check your blood pressure, weight and general circulation. He or she will check your long-term blood glucose control and may also check your cholesterol and triglyceride levels. These tests will help your doctor decide how well your medication, lifestyle and diet are working, and whether you need to make further changes to any of these.

As well as the annual review you may also need to have more frequent check-ups to make sure that your diabetes control is satisfactory.
For more information

British Heart Foundation website

bhf.org.uk
For up-to-date information on coronary heart disease, the British Heart Foundation (BHF) and its services.

Heart Helpline

0300 330 3311
A local rate number.
For information and support on anything relating to heart health. This service is available in English only.

Booklets

The following booklets are available in Bengali, Gujarati, Hindi, Punjabi and Urdu:

- Blood pressure – and how to control it
- Cholesterol – and what you can do about it
- Diabetes – and how it affects your heart
- Heart failure
- Living with angina and heart disease
- Looking after your heart
- Taking medicines for your heart

The following booklets are available in English only:

- Eating for your heart
- Healthy meals, healthy heart
- Physical activity and your heart
- Smoking and your heart
- So you want to lose weight … for good
DVDS

The following DVDs are available in Urdu, Hindi, Gujarati, Punjabi and Bengali. They are free, but a donation of £5 per DVD would be welcome.

- Living to prevent heart disease
- Get fit, keep fit – prevent heart disease
- Cardiac surgery
- Cardiac rehabilitation
- Affairs of the heart

MAGAZINES AND SERVICES

Heart & soul is a glossy lifestyle magazine aimed at the South Asian community. This free magazine is packed full of information on leading a healthy lifestyle and features celebrities talking about their own health, delicious recipes and real-life stories. To receive your free copy call 0870 600 6566.

Heart Matters is a free service designed for anyone who has, or is at risk of developing, a heart condition, and for anyone who cares for someone with a heart problem. Members receive personalised information, and can get specialist support from cardiac nurses or heart health advisers, either by phone or email. They also get regular issues of Heart health magazine, which includes updates on treatment and research and looks at issues related to heart health. To join Heart Matters, either register at our website bhf.org.uk/heartmatters or call 0300 330 3300 (a local rate number). This service is available in English only.

HOW TO ORDER

The British Heart Foundation also produces other educational materials that may be of interest. To find out about these, to order a Heart health catalogue, or to order publications, please call the BHF Orderline on 0870 600 6566, go to bhf.org.uk/publications or email ordeline@bhf.org.uk. You can download many of our publications from bhf.org.uk/publications.

Our publications are free of charge, but we would welcome a donation.
For more information on diabetes

Diabetes UK
10 Parkway
London NW1 7AA
Diabetes UK Careline: 0845 120 2960 (a local rate number)
Textphone: 020 7424 1031
Website: www.diabetes.org.uk
Email: careline@diabetes.org.uk

Diabetes UK provides information on diabetes in Bengali, Gujarati, Hindi, Punjabi and Urdu. Call the Diabetes UK Careline to speak to a counsellor or to listen to recorded information on diabetes in Bengali, Gujarati, Hindi, Punjabi or Urdu. For a publications catalogue, contact Diabetes UK Distribution Department, PO Box 1057, Beaford MK42 7XQ. Freephone: 0800 585088.

References


angina  Heaviness or tightness in the centre of the chest, which may spread to the arms, neck, jaw, back or stomach.

arteries  Vessels which carry blood from the heart to other parts of the body.

atheroma  Fatty material that can build up within the walls of the arteries.

blood pressure  The pressure of blood in the arteries.

cholesterol  A fatty substance mainly made in the body by the liver.

coronary arteries  The arteries that supply the blood to the heart muscle.

coronary heart disease  When the walls of the arteries become narrowed by a gradual build-up of fatty material called atheroma.

diabetes  A disease caused by a lack of insulin (a chemical in the body), or an increased resistance of the body to insulin.

fibrate  A drug used to reduce triglyceride levels and also cholesterol levels.

heart attack  When one of the coronary arteries becomes blocked by a blood clot and part of the heart is starved of oxygen.

high blood pressure  When the pressure of the blood in the arteries is too high. See ‘blood pressure’.

hypertension  High blood pressure.

saturated fat  A type of fat found mainly in food from animal sources, especially dairy and meat products.

statin  A drug to reduce cholesterol levels.

stroke  When the blood supply to the brain is interrupted either by atheroma in one of the arteries to the brain, or by bleeding from one of these arteries into the brain.

triglycerides  A type of fatty substance found in the blood.
### INDEX

<table>
<thead>
<tr>
<th>Term</th>
<th>Page References</th>
</tr>
</thead>
<tbody>
<tr>
<td>activity</td>
<td>22</td>
</tr>
<tr>
<td>alcohol</td>
<td>31</td>
</tr>
<tr>
<td>angina</td>
<td>7, 9, 36</td>
</tr>
<tr>
<td>angioplasty</td>
<td>36</td>
</tr>
<tr>
<td>annual review</td>
<td>37</td>
</tr>
<tr>
<td>arteries</td>
<td>6, 7</td>
</tr>
<tr>
<td>atheroma</td>
<td>7</td>
</tr>
<tr>
<td>blood pressure</td>
<td>33</td>
</tr>
<tr>
<td>bypass surgery</td>
<td>36</td>
</tr>
<tr>
<td>check-up</td>
<td>37</td>
</tr>
<tr>
<td>chest pain</td>
<td>9, 10</td>
</tr>
<tr>
<td>cholesterol</td>
<td>28</td>
</tr>
<tr>
<td>coronary angioplasty</td>
<td>36</td>
</tr>
<tr>
<td>coronary heart disease</td>
<td>6</td>
</tr>
<tr>
<td>diabetes and the heart</td>
<td>20</td>
</tr>
<tr>
<td>diagnosis of diabetes</td>
<td>17</td>
</tr>
<tr>
<td>eating</td>
<td>29</td>
</tr>
<tr>
<td>exercise</td>
<td>22</td>
</tr>
<tr>
<td>familial hyperlipidaemia</td>
<td>29</td>
</tr>
<tr>
<td>fats</td>
<td>30</td>
</tr>
<tr>
<td>FH</td>
<td>29</td>
</tr>
<tr>
<td>fish</td>
<td>30</td>
</tr>
<tr>
<td>fruit</td>
<td>29</td>
</tr>
<tr>
<td>glucose level</td>
<td>14, 22</td>
</tr>
<tr>
<td>healthy eating</td>
<td>29</td>
</tr>
<tr>
<td>heart attack</td>
<td>7, 9, 10, 36</td>
</tr>
<tr>
<td>high blood pressure</td>
<td>33</td>
</tr>
<tr>
<td>hypertension</td>
<td>33</td>
</tr>
<tr>
<td>insulin</td>
<td>14, 18</td>
</tr>
<tr>
<td>medicines</td>
<td>21, 29, 33, 36</td>
</tr>
<tr>
<td>obesity</td>
<td>32</td>
</tr>
<tr>
<td>oil</td>
<td>31</td>
</tr>
<tr>
<td>omega-3</td>
<td>30</td>
</tr>
<tr>
<td>overweight</td>
<td>32</td>
</tr>
<tr>
<td>relaxation</td>
<td>35</td>
</tr>
<tr>
<td>risk of coronary heart disease</td>
<td>5</td>
</tr>
<tr>
<td>risk of diabetes</td>
<td>5, 14</td>
</tr>
<tr>
<td>salt</td>
<td>31</td>
</tr>
<tr>
<td>shisha smoking</td>
<td>26</td>
</tr>
<tr>
<td>smoking</td>
<td>25</td>
</tr>
<tr>
<td>statins</td>
<td>29</td>
</tr>
<tr>
<td>stress</td>
<td>35</td>
</tr>
<tr>
<td>symptoms of angina</td>
<td>9</td>
</tr>
<tr>
<td>symptoms of diabetes</td>
<td>16</td>
</tr>
<tr>
<td>symptoms of heart attack</td>
<td>9</td>
</tr>
<tr>
<td>treatment for coronary heart disease</td>
<td>36</td>
</tr>
<tr>
<td>treatment for diabetes</td>
<td>18</td>
</tr>
<tr>
<td>triglyceride levels</td>
<td>28</td>
</tr>
<tr>
<td>vegetables</td>
<td>29</td>
</tr>
<tr>
<td>waist</td>
<td>32</td>
</tr>
<tr>
<td>weight</td>
<td>32</td>
</tr>
</tbody>
</table>
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HAVEN’T READ THE FULL BOOK YET?

We would welcome your comments to help us produce the best information for you. Why not let us know what you think? Contact us through our website at bhf.org.uk/contact. Or, write to us at the address on the back cover.
The British Heart Foundation is the nation’s heart charity, saving lives through pioneering research, patient care and information. We rely on donations to continue our vital work. If you would like to make a donation to the British Heart Foundation, please ring our donation hotline on 0300 330 3322 or contact us through our website at bhf.org.uk/donate or send it to us at the address below.

This booklet is available in Bengali, Gujarati, Hindi, Punjabi and Urdu. This English version has been produced to help relatives, carers and health professionals who do not read these languages.

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