About the British Heart Foundation

The British Heart Foundation (BHF) is the nation’s heart charity, saving lives through pioneering research, patient care and vital information.

What you can do for us

We rely on donations of time and money to continue our life-saving work. If you would like to make a donation, please:

- call our donation hotline on 0300 330 3322
- visit bhf.org.uk/donate, or
- post it to us at the address on the back cover.

If you wish to make a gift to the BHF in your will, call 0844 847 2787 or email legacy@bhf.org.uk and ask for our free booklet, My generation.

For other ways to support our work, see bhf.org.uk/supportus

British Heart Foundation website

You may find other useful information on our website at: bhf.org.uk
# Contents

About this booklet............................................................................................................4  
What is coronary heart disease? .......................................................................................6  
What is diabetes?................................................................................................................10  
What are the symptoms and possible complications of diabetes? ............................13  
How is diabetes diagnosed?.............................................................................................15  
What treatment do people receive for diabetes?............................................................17  
How does diabetes affect the heart? ................................................................................18  
What can I do to reduce my risk of coronary heart disease? ........................................19  
If you have both diabetes and coronary heart disease.................................................31  
The annual review............................................................................................................33  
Other insulin-related conditions ....................................................................................34  
For more information......................................................................................................37  
References.......................................................................................................................41  
Technical terms..............................................................................................................42  
Index...............................................................................................................................44  
Have your say..................................................................................................................46
About this booklet

People with diabetes have a greater risk of developing coronary heart disease than people who don’t have diabetes. People who have both diabetes and coronary heart disease need to do what they can to keep their diabetes under control. This will help protect their heart health as much as possible.

This booklet is for people who have diabetes, and for their families and friends. (It may also be useful if you don’t have diabetes but you have been told you may develop it in the future.) The booklet tells you:

• what coronary heart disease is
• what diabetes is, and how it is diagnosed and treated
• why people with diabetes are more likely to get coronary heart disease
• what you can do to reduce your risk of developing coronary heart disease
• what medicines and treatments you might be given to help prevent or treat coronary heart disease
• what routine checks you should have
• what you can do to help control your diabetes.

This booklet does not replace the advice that the health professionals looking after you may give you, based on
their knowledge of your condition.

Some people of South Asian origin living in the UK are more likely to have diabetes than the general UK population.¹ If you are of South Asian origin, you may find it helpful to read our booklet *Diabetes and how it affects your heart*, which is available in English, Bengali, Gujarati, Hindi, Punjabi and Urdu.
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, delivering oxygen to all the organs of the body through a system of arteries.

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

The heart

right coronary artery

left coronary artery
Coronary heart disease

Over time, the walls of the 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 the heart muscle is restricted. This can cause **angina** (pain or discomfort in the chest). Or, if a coronary artery becomes completely blocked, it can cause a **heart attack**.

How atheroma builds up

---

artery

wall

blood within the artery

atheroma (fatty deposits) building up

Atheroma narrows the artery, restricting the flow of blood to the heart.
Who is at risk of coronary heart disease?

Coronary heart disease is Britain’s biggest killer. Almost one in five men and one in six women die from this disease.¹

The risk of developing coronary heart disease is much higher for people with diabetes that for other people. Among those who have diabetes, women have a greater risk of developing coronary heart disease than men. Women with diabetes are three to five times more likely to develop coronary heart disease than women without diabetes. Men with diabetes are two to four times more likely to develop coronary heart disease than men without diabetes.¹

People from African-Caribbean or South Asian backgrounds living in the UK have a greater risk of developing diabetes than the general population. As a result, they have a greater risk of developing coronary heart disease.

However, if you do have diabetes, there is a lot you can do to reduce the risk of coronary heart disease developing – or to reduce its effects.

Having certain ‘risk factors’ increases the risk of coronary heart disease. (A ‘risk factor’ is something which increases the risk of getting a disease.) The major risk factors for coronary heart disease are:
• physical inactivity (lack of exercise)
• smoking
• raised cholesterol and triglyceride levels
• high blood pressure
• obesity (being very overweight)
• a family history of coronary heart disease
• diabetes.

On page 19, we explain more about what you can do to reduce many of these risk factors.

**Diagnosing angina and heart attack in people who have diabetes**

If you have diabetes, the diabetes may have caused nerve damage to your heart and circulatory system (see page 14). As a result of this, you may not always feel the pain or discomfort caused by angina or a heart attack in the same way as someone who does not have diabetes. Also, sometimes it is more difficult for doctors to diagnose angina or a heart attack in people who have diabetes.

**If you get chest pain or think you are having a heart attack, call 999 immediately and ask for an ambulance.**

For more information on angina and heart attacks, and their symptoms, see our booklets *Angina* and *Heart attack*. 
What is diabetes?

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

Usually, the body produces glucose when you digest your food. The blood carries glucose to all the cells of the body, where it is used as fuel. As a result, the amount of glucose left in the blood goes down. A hormone called insulin helps the glucose to enter the cells. Insulin is made in the pancreas – a large gland that lies behind the stomach.

Diabetes develops when your body doesn’t produce enough insulin, or because the insulin does not work properly. The cells become starved of glucose because they cannot get 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.

How many people have diabetes?

It is estimated that over 2 million people in England have been diagnosed as having diabetes. And there are over half a million more who have diabetes but don’t know it, because it hasn’t been diagnosed. Worryingly, the number of people with diabetes is continuing to increase.
Some ethnic groups in the UK have a higher rate of diabetes, particularly South Asian and black African-Caribbean people.

Also, diabetes is more common in people living in the most deprived parts of the UK than in those living in more wealthy areas.

**Types of diabetes**

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 the insulin does not work properly.

**Type 1 diabetes**

Type 1 diabetes is less common than type 2 diabetes and 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. Another possible cause of type 1 diabetes is that viruses may damage the cells in the pancreas that produce the insulin. However, the causes of type 1 diabetes are still not fully understood.
Type 2 diabetes

Most people with diabetes – about nine out of every ten – have type 2 diabetes.¹ This condition tends to develop gradually after the age of 40, although in black African-Caribbean people and people of South Asian origin it tends to develop earlier – at around the age of 25.

In many cases, being overweight and physically inactive is closely linked to type 2 diabetes and this is likely to be an important factor in the increasing number of cases of type 2 diabetes. Having a parent or brother or sister who has or had diabetes can also increase the risk of developing it.

It is a worrying trend that type 2 diabetes is now being diagnosed more and more in younger people, and even in children. This is likely to be due to children being less active and a higher number of children being overweight.
What are the symptoms and possible complications of diabetes?

**Symptoms**
Different people develop different combinations of symptoms.

The range of symptoms for diabetes are:

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

**Possible complications**
Over many years, diabetes can sometimes cause damage to different parts of the body. This damage can be:

- to the heart and blood vessels, increasing the risk of 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)
• to the eyes, causing damage to the blood vessels, which can lead to reduced vision
• to the kidneys, damaging the tiny blood vessels and causing the kidneys to work less well
• to the feet, causing problems with circulation and leading to ulcers
• to the nerves, leading to loss of sensation (especially in the feet and legs), and pins and needles.

The good news is that you can help to prevent or delay these problems by making some changes to your lifestyle and managing your diabetes well. Good management includes keeping control of your blood glucose, blood cholesterol and blood pressure levels, keeping to a healthy weight, living a healthy lifestyle, and going for a review each year. We explain more about all these things later in this booklet.
How is diabetes diagnosed?

Your doctor may do different types of blood tests to see if you have diabetes. You may have one or more of the following tests.

Random blood glucose test

If you have had some of the symptoms associated with diabetes, your GP may decide to take a blood sample straight away, to check your blood glucose level. You don’t need to fast before this test. (Fasting means not eating anything for a certain amount of time before the test.)

If this test shows that your blood glucose level is high (11.1 mmol/l or over), you might have diabetes. However, you will need to have another test, called a fasting blood glucose test, to confirm this.

Fasting blood glucose test

Also called an FPG or fasting plasma glucose test

This is another test to measure the glucose level in your blood. You need to fast before having this test. That means that you can’t eat anything for eight hours before the test (although you can drink water during this time),
so it is best to do the test first thing in the morning. If your glucose level is 7 mmol/l or over after fasting, it means that you may have diabetes.

**Oral glucose tolerance test**

*Also called an OGTT*

With this test you need to fast for eight hours and then have your blood glucose level checked. You will then be given a sugary drink. Two hours after having the drink, your blood glucose level is checked again to see how your body is dealing with the glucose in the drink. If the second test shows that your blood glucose level is 11.1 mmol/l or over, it means that you have diabetes.

**Further blood tests**

If you don’t have any symptoms of diabetes but your doctor still thinks that you may have it, they probably won’t diagnose diabetes on the basis of just one blood glucose measurement. They will ask you to go back for another test on another day.
What treatment do people receive for diabetes?

If you have type 1 diabetes, your doctor will 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 (if you are overweight), become more physically active, and eat a healthy diet. Your doctor or nurse will give you more information about this.

Some people may need to take tablets to help them manage their diabetes. There are different kinds of medicines that work in different ways. Your doctor will explain which medication is best for you. Many people with type 2 diabetes eventually need to have insulin injections to control their diabetes, but this is unlikely to happen when you are first diagnosed.
How 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 for coronary heart disease – 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 24.
- People with diabetes are more likely to have high blood pressure (over 140/80mmHg).³
- Diabetes can affect the heart muscle itself, making it less able to pump efficiently.
What can I do to reduce my risk of coronary heart disease?

Most people with diabetes are considered to be at increased risk for coronary heart disease. Your doctor or nurse will want to assess your risk of developing coronary heart disease and will tell you how you can reduce your risk by taking certain medicines and by making some lifestyle changes and controlling your blood glucose level. (The assessment includes asking questions about your lifestyle, taking your height and waist measurements, and checking your blood pressure and cholesterol levels.)

If you have diabetes, your doctor will probably prescribe a cholesterol-lowering medicine for you – for example, statins – to help protect your heart. You may need to take this medicine even if you don’t have a high cholesterol level. (See page 25.)

Your doctor may also prescribe other medicines to treat some of the other risk factors that you may have, such as high blood pressure.

To help protect your heart from coronary heart disease, you will also need to make the following lifestyle changes.
• Keep physically active.
• If you smoke, stop smoking.
• Eat less saturated fat, to help reduce your blood cholesterol levels.
• Try to control or prevent high blood pressure.
• Be a healthy weight and body shape.
• Control your blood glucose level as much as possible.

We explain more about each of these on the following pages.
Keep physically active

Physical activity will help reduce your risk of developing coronary heart disease. If you have diabetes, physical activity will also help you control your blood glucose, and may reduce the number of tablets or amount of insulin that you need to take.

The aim is to gradually increase your physical activity until you are doing 30 minutes of moderate-intensity activity a day on at least five days a week. Moderate-intensity activity means activity that makes you feel slightly out of breath and warmer than usual, but still able to hold a conversation. The type of activity that helps both your heart and your diabetes is moderate, rhythmic exercise such as brisk walking or cycling. Walking is one of the best forms of 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.

When you exercise, make sure that you wear properly fitting footwear which provides good cushioning.

If you already have coronary heart disease or high blood pressure, it is important to talk to your hospital doctor, nurse or GP about the best way to increase your level of physical activity. There are many different ways to be more physically active and it’s important to find activities which are safe and right for you.
If your diabetes is treated with insulin or tablets, you may find that your blood glucose level falls quickly during or after exercise. You should speak to your doctor or diabetes specialist nurse about how to manage this, and ask them for advice about what to do if you feel that your blood glucose has dropped or if you feel unwell while exercising.

For more information on activity, see our booklet *Physical activity and your heart*.

**Sensible advice about physical activity**

- If you have heart disease or high blood pressure, check with your GP before you increase your physical activity. Ask about how much and what type of activity you can do, and how intensely you should do it.
- 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.
If you smoke, stop smoking

Smoking is a major cause of coronary heart disease. Smoking cigarettes, pipes or cigars, and shisha smoking can all increase the risk of getting coronary heart disease. (Shisha smoking is also called waterpipe smoking or hookah.) And having diabetes can make the effects of smoking worse. Stopping smoking is the single most important thing a smoker can do to live longer.

Your GP, practice nurse or pharmacist can give you advice on stopping smoking and on local support services.

The following helplines can offer information, advice and support on stopping smoking.

**NHS Smoking Helpline** 0800 022 4 332  
www.smokefree.nhs.uk

**Quitline®** 0800 00 22 00  
www.quit.org.uk

Quitline also runs helplines in different languages.

For more information on stopping smoking, see our booklets *Smoking and your heart* or *A guide to stopping smoking*. 
Eat less saturated fat, to help reduce your cholesterol levels

Cholesterol and triglycerides are fatty substances that are mainly made in the body.

**Cholesterol** is made in the liver and plays a vital role in how every cell in the body works. However, too much cholesterol in the blood can be harmful. One of the causes of high cholesterol is eating too much saturated fat. (This is a type of fat we get mainly from foods like butter, ghee, cheese and fatty meat products.)

There are two main forms of cholesterol.

- **LDL** is the ‘bad cholesterol’ which carries cholesterol from the liver to the rest of the body.
- **HDL** is the ‘good cholesterol’ as it returns the spare cholesterol to the liver.

**Triglycerides** are another type of fatty substance in the blood. They come from fats in food and are also produced in the liver.

People who are very overweight, eat a lot of fatty and sugary foods, or drink too much alcohol are more likely to have a high triglyceride level.

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 – the protective type of 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
- a triglyceride level under 1.7 mmol/l.

Eating healthily can help to improve your cholesterol level and protect your heart. In particular, you need to cut down on saturated fats and replace them with monounsaturated fats and polyunsaturated fats.

If you have diabetes, your doctor will probably recommend that you take a cholesterol-lowering medicine – for example, a statin – to lower your cholesterol. You may need to take this medicine even if you don’t have a high cholesterol level. This is because statins can also help to reduce the risk of coronary heart disease. Your doctor may also recommend that you take a fibrate medicine to help control your triglyceride levels.

For more information on cholesterol and healthy eating, see our booklets *Eating for your heart* and *Reducing your blood cholesterol*. Diabetes UK also produces cookbooks.
and has a range of recipes on their website. (For contact details, see page 40.)

**Try to control or prevent high blood pressure**

High blood pressure is very common in people with diabetes and it is essential to control it. If you have diabetes, your goal is to have a blood pressure below 130/80mmHg.\

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 high blood pressure, see our booklet *Blood pressure*.
Be a healthy weight and body shape

If you are overweight, losing weight will help lower your blood pressure and cholesterol levels and help to prevent or control diabetes. This will also help to reduce the risk of coronary heart disease. To find out if you need to lose weight, check the chart on the next page. If you fall into the ‘overweight’ or ‘very overweight’ category, you need to lose some weight.

You should also measure your waist to see if you are carrying too much weight around your middle. Look at the box below to see if your health is at risk.

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<th>Your health is at <strong>risk</strong> if you have a waist measurement of:</th>
<th>Your health is at <strong>high risk</strong> if you have a waist measurement of:</th>
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<tr>
<td><strong>Men</strong></td>
<td>94 centimetres (about 37 inches)</td>
<td>102 centimetres (about 40 inches)</td>
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<td><strong>South Asian men</strong></td>
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<td>90 centimetres (about 35½ inches)</td>
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<td><strong>Women</strong></td>
<td>80 centimetres (about 31½ inches)</td>
<td>88 centimetres (about 34½ inches)</td>
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<td><strong>South Asian women</strong></td>
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<td>80 centimetres (about 31½ inches)</td>
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Are you a healthy weight?
Take a straight line up or down from your weight, and a line across from your height (without shoes). Put a mark where the two lines meet to find out if you need to lose weight.

Adapted from the height/weight chart by kind permission of the Food Standards Agency.
For more information on how to lose weight, see our booklet *So you want to lose weight ... for good* (for people who are overweight), or *Taking control of your weight* (for very overweight people).

**Control your blood glucose levels**

You can help control your blood glucose levels by doing regular physical activity, eating healthily and keeping to a healthy weight.

Most people will also have to take tablets or insulin to control their blood glucose level effectively. It is important that you take these as your doctor has prescribed.

Controlling your blood glucose can help to reduce your risk of developing coronary heart disease. It also helps to improve your wellbeing and to reduce as far as possible, or delay, other complications of diabetes.
Other lifestyle tips

Eat a healthy diet

Eating a healthy, balanced diet can help to reduce your risk of coronary heart disease and help to control your diabetes.

- Eat at least five portions of a variety of **fruit and vegetables** a day. Remember that fruit contains natural sugar and can affect your blood glucose level. So, make sure you spread your fruit intake throughout the day.
- Choose **healthier fats**. This will help to improve your cholesterol level and protect your heart. (See page 24.)
- Aim to have two portions of **fish** a week. One of these portions should be oily fish – such as trout, sardines, herrings, mackerel or fresh tuna.
- Reduce the amount of salt that you eat. (See page 26.)
- If you drink alcohol, make sure you drink within the sensible limits. If your diabetes is well controlled, it is OK to drink a moderate amount of alcohol. If you have alcohol, it is best to drink it with a meal.

For more information on healthy eating, see our booklet *Eating for your heart.*
If you have both diabetes and coronary heart disease

If you have both diabetes and coronary heart disease, the things which help to reduce the risk of coronary heart disease – on pages 19 to 30 – will help to protect your heart and keep you as healthy as possible.

The treatment of coronary heart disease for people with diabetes is more or less the same as for those who do not have diabetes.

Regular medicines

As well as prescribing a statin to control your cholesterol (see page 25), your doctor may also prescribe aspirin and other medicines to help protect your heart and to control any symptoms that you may have. For more information see our booklet *Medicines for the heart*.

If your angina gets worse

If your angina symptoms are not controlled by your medicines, your doctor may advise you to have a test called a **coronary angiogram**, to decide if you need to have either coronary angioplasty or coronary bypass surgery. **Coronary angioplasty** is a treatment to make your blood vessels wider. In **coronary bypass surgery**,
narrowed sections of the arteries are bypassed using grafts. Your doctor will be able to discuss with you which treatment is most suitable for you. For more information, see our booklets *Tests for heart conditions*, *Coronary angioplasty* and *Having heart surgery*.

**If you have a heart attack**

Immediately after a heart attack, it is very important to control your blood glucose well, to limit the damage done and to promote healing. This may mean that your doctor needs to change your usual diabetes treatment, and that you will need to use insulin for a short time.

Good blood glucose control is also very important in the months after a heart attack.

For more information on heart attacks, see our booklet *Heart attack*. 
The annual review

If you have diabetes, you should have a review each year to make sure that you are not developing any of the complications of diabetes (see page 13), 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 medications, lifestyle and diet are working, and whether you need to make further changes.

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.
Insulin resistance

If you are ‘insulin resistant’, it means that the cells in your muscles, fat and liver don’t respond properly to insulin. As a result, your body needs more insulin to help glucose enter the cells. The pancreas (the organ that produces insulin in the body) tries to keep up with this increased demand for insulin by producing more, but eventually it fails to keep up with the body’s needs. Too much glucose builds up in the bloodstream, making your body more prone to diabetes. Many people with insulin resistance have high levels of glucose and insulin circulating in their blood at the same time.

Insulin resistance is not the same as diabetes. However, many people who have insulin resistance go on to develop type 2 diabetes within ten years. People with insulin resistance also have an increased risk of developing coronary heart disease or of having a stroke.

You are at greater risk of having insulin resistance if you have:

• too much fat around your waist
• high blood pressure, or
• a high cholesterol level.

People with insulin resistance rarely have any symptoms suggesting that they are at risk of developing diabetes. So, if you are told you have, or are at risk of developing, insulin resistance, it is important to do what you can to prevent diabetes from developing – such as managing your weight, increasing your physical activity and controlling your blood pressure and cholesterol levels. See pages 21 to 29.

Metabolic syndrome

Metabolic syndrome is a condition in which a person has a number of different conditions related to the body’s metabolism. Together, these conditions increase the person’s risk of developing coronary heart disease and diabetes. You are considered at risk of developing metabolic syndrome if you have any two of the following four conditions.

• Type 2 diabetes
• High blood pressure
• High triglyceride levels
• Low levels of HDL cholesterol (the protective type of cholesterol) in the blood

Many people who have metabolic syndrome are also
overweight, and in particular have too much fat around the waist.

It is possible to treat metabolic syndrome and help prevent diabetes from developing, by making changes to your lifestyle – in particular, by increasing the level of physical activity that you do and by controlling your body weight and shape (see pages 21 and 27).

Some people with metabolic syndrome may need medicines to help control their blood pressure and blood glucose levels, and to improve their cholesterol and triglyceride levels.

**Gestational diabetes**

This type of diabetes can happen during pregnancy – usually during the late stages of the pregnancy. Gestational diabetes usually disappears after the baby is born, but women who have had gestational diabetes are more likely to develop type 2 diabetes in later life than other women.
For more information

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

Heart HelpLine
0300 330 3311 (a local rate number)
For information and support on anything heart-related.

Genetic Information Service
0300 456 8383 (a local rate number)
For information and support on inherited heart conditions.

Booklets and DVDs
To order our booklets or DVDs:
• call the BHF Orderline on 0870 600 6566, or
• email orderline@bhf.org.uk, or
• visit bhf.org.uk/publications.

You can also download many of our publications from our website. For a list of resources available from the BHF, ask for a copy of the Heart health catalogue. Our booklets are free of charge, but we would welcome a donation. (See page 2 for how to make a donation.)
# Heart Information Series

This booklet is one of the booklets in the *Heart Information Series*. The other titles in the series are as follows.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical activity and your heart</td>
</tr>
<tr>
<td>2</td>
<td>Smoking and your heart</td>
</tr>
<tr>
<td>3</td>
<td>Reducing your blood cholesterol</td>
</tr>
<tr>
<td>4</td>
<td>Blood pressure</td>
</tr>
<tr>
<td>5</td>
<td>Eating for your heart</td>
</tr>
<tr>
<td>6</td>
<td>Angina</td>
</tr>
<tr>
<td>7</td>
<td>Heart attack</td>
</tr>
<tr>
<td>8</td>
<td>Living with heart failure</td>
</tr>
<tr>
<td>9</td>
<td>Tests for heart conditions</td>
</tr>
<tr>
<td>10</td>
<td>Coronary angioplasty</td>
</tr>
<tr>
<td>11</td>
<td>Heart valve disease</td>
</tr>
<tr>
<td>12</td>
<td>Having heart surgery</td>
</tr>
<tr>
<td>13</td>
<td>Heart transplantation</td>
</tr>
<tr>
<td>14</td>
<td>Heart rhythms</td>
</tr>
<tr>
<td>15</td>
<td>Pacemakers</td>
</tr>
<tr>
<td>16</td>
<td>Peripheral arterial disease</td>
</tr>
<tr>
<td>17</td>
<td>Medicines for the heart</td>
</tr>
<tr>
<td>18</td>
<td>The heart – technical terms explained</td>
</tr>
<tr>
<td>19</td>
<td>Implantable cardioverter defibrillators (ICDs)</td>
</tr>
<tr>
<td>20</td>
<td>Caring for someone with a heart condition</td>
</tr>
<tr>
<td>21</td>
<td>Returning to work with a heart condition</td>
</tr>
<tr>
<td>22</td>
<td>Diabetes and your heart</td>
</tr>
<tr>
<td>23</td>
<td>Cardiac rehabilitation</td>
</tr>
<tr>
<td>24</td>
<td>Atrial fibrillation</td>
</tr>
<tr>
<td>25</td>
<td>Keep your heart healthy</td>
</tr>
</tbody>
</table>
Heart Matters

Heart Matters is the BHF’s free, personalised service to help you live with a healthy heart. Join today and enjoy the benefits, including *Heart health* magazine, a Heart HelpLine and an online members’ area with articles, recipes and lifestyle tips. You can join online at [bhf.org.uk/heartmatters](http://bhf.org.uk/heartmatters) or call 0300 330 3300 (a local rate number).

Emergency life-support skills

Heartstart

For information about a free, two-hour course in emergency life-support skills, contact **Heartstart** at the British Heart Foundation. The course teaches you to:

- recognise the warning signs of a heart attack
- help someone who is choking or bleeding
- deal with someone who is unconscious
- know what to do if someone collapses, and
- perform cardiopulmonary resuscitation (CPR) if someone has stopped breathing and his or her heart has stopped pumping.
About diabetes

Diabetes UK
Macleod House
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Diabetes UK produces a wide range of leaflets on all aspects of diabetes. The Diabetes UK Careline provides confidential support and information.
References


### Technical terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>angina</td>
<td>The pain or discomfort that is caused when the arteries become narrow and not enough oxygen-containing blood can reach the heart muscle.</td>
</tr>
<tr>
<td>arteries</td>
<td>Vessels which carry blood from the heart to the rest of the body.</td>
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<tr>
<td>atheroma</td>
<td>Fatty material that can build up within the walls of the arteries.</td>
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<tr>
<td>blood pressure</td>
<td>The pressure of blood in the arteries.</td>
</tr>
<tr>
<td>cholesterol</td>
<td>A fatty substance mainly made in the body by the liver.</td>
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<tr>
<td>coronary arteries</td>
<td>The arteries that supply the blood to the heart muscle.</td>
</tr>
<tr>
<td>coronary heart disease</td>
<td>When the walls of the coronary arteries become narrowed by a gradual build-up of fatty material called atheroma.</td>
</tr>
<tr>
<td>fibrate</td>
<td>A medicine used mainly to reduce triglyceride levels and also to reduce cholesterol levels.</td>
</tr>
<tr>
<td>heart attack</td>
<td>When one of the coronary arteries becomes blocked by a blood clot and part of the heart is starved of oxygen.</td>
</tr>
<tr>
<td>high blood pressure</td>
<td>When the pressure of the blood in the arteries is too high. See ‘blood pressure’.</td>
</tr>
<tr>
<td>term</td>
<td>definition</td>
</tr>
<tr>
<td>--------------------</td>
<td>-----------------------------------------------------------------------------------------------------</td>
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<tr>
<td>hypertension</td>
<td>High blood pressure.</td>
</tr>
<tr>
<td>saturated fat</td>
<td>A type of fat that comes mainly from animal sources – for example, dairy and meat products.</td>
</tr>
<tr>
<td>stroke</td>
<td>When an artery carrying blood to the brain becomes blocked. The damage caused by a stroke can affect a person’s body functions and mental processes. A stroke can also be caused by bleeding from an artery into the brain.</td>
</tr>
<tr>
<td>triglycerides</td>
<td>A type of fatty substance found in the blood.</td>
</tr>
</tbody>
</table>
Index

activity ........................................................................................................9, 21
alcohol ......................................................................................................24, 30
angina ....................................................................................................7, 9, 31
angioplasty ..................................................................................................31
annual review ..............................................................................................33
arteries .......................................................................................................6, 18
aspirin ........................................................................................................... 31
atheroma ..................................................................................................7, 18
blood glucose level ..............................................................................10, 15, 29
blood pressure .....................................................................9, 18, 26
bypass surgery ............................................................................................31
check-up ...................................................................................................... 33
chest pain or discomfort ...........................................................................7
cholesterol levels ...........................................................................9, 18, 19, 24
complications of diabetes .......................................................................13
coronary angioplasty .............................................................................. 31
coronary arteries ..........................................................................................6
coronary bypass surgery .........................................................................31
coronary heart disease ................................................................................7
diabetes
diagnosis ......................................................................................................15
effects on the heart ....................................................................................18
symptoms ....................................................................................................13
treatment ....................................................................................................17
types of ....................................................................................................11
salt ............................................................................................................26, 30
shape (body shape)....................................................................................27
smoking ....................................................................................................9, 23
stroke ..............................................................................................................13
symptoms
  of coronary heart disease ....................................................................7, 9
  of diabetes ............................................................................................13
tests for diabetes.........................................................................................15
treatment of diabetes .............................................................................17
triglyceride levels ............................................................................9, 18, 24
type 1 diabetes ................................................................................... 11, 17
type 2 diabetes .............................................................................11, 12, 17
vegetables ................................................................................................... 30
waist ................................................................................................................27
weight ...........................................................................................................9, 12, 27

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**Have your say**

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](http://bhf.org.uk/contact). Or, write to us at the address on the back cover.
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