Looking after your heart

Beating Heart Disease Together

Information for South Asians
ABOUT THIS BOOKLET

This booklet explains how, by making simple changes to your lifestyle, you can look after your heart and reduce your risk of developing certain heart conditions, such as coronary heart disease (angina and heart attack), or of having a stroke. These conditions are known as cardiovascular disease.

Cardiovascular disease is the most common cause of death in the UK and causes more than one in every three deaths. People of South Asian origin living in the UK have a particularly high risk of developing the disease.

This booklet is for people who do not already have a heart condition. (If you do have a heart condition, you may find it more useful to read some of our other booklets listed on page 46, which have been specially written for people with heart conditions.)

This booklet explains:

- what cardiovascular disease is
- the factors that can increase your risk of cardiovascular disease
- what happens if your doctor or nurse does a ‘cardiovascular risk assessment’ for you, and what the results mean, and
- how you can look after your heart and reduce your risk of cardiovascular 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.
‘Cardiovascular disease’ includes all diseases of the heart and circulation, including coronary heart disease (angina and heart attack), and stroke.

One in every five men and one in every six women in the UK die from coronary heart disease. And for South Asians living in the UK – Indians, Bangladeshis, Pakistanis and Sri Lankans – the risk is even higher.¹

**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.
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 pain). Or, if a coronary artery becomes completely blocked, it can cause a **heart attack**.

**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.
Stroke

Blood carries essential nutrients and oxygen to the brain. If atheroma develops in the arteries in the neck, it may interfere with the flow of blood to the brain. A stroke happens when the blood supply to part of the brain is cut off – for example, if a blood clot blocks an artery that carries blood to the brain.

Without a blood supply, brain cells can be damaged or destroyed. The brain controls everything the body does, so the damage caused by a stroke may affect our body functions or mental processes.

For more information or advice about stroke, contact:

The Stroke Association
Stroke Helpline 0845 3033 100
www.stroke.org.uk
Looking after your heart

What causes cardiovascular disease?

There are certain things about you and your lifestyle that can increase your risk of getting cardiovascular disease. These are called ‘risk factors’.

There are some risk factors that you can do something about, and some risk factors that you can’t change.

Risk factors that you can do something about

These are:

- smoking
- having a high blood cholesterol level
- having high blood pressure
- being overweight
- having diabetes, and
- not being physically active enough.

We explain more about all these on pages 13-43.
Risk factors that you can’t change
There are also some risk factors that you can’t change. These are:

• Having a **family history of cardiovascular disease.** This means if your father or a brother was diagnosed with cardiovascular disease before he was 55, or if your mother or a sister was diagnosed before she was 65.

• Your **ethnic background.** South Asian people living in the UK are up to twice as likely to die from coronary heart disease before the age of 69 than the rest of the UK population.\(^2\) Pakistani men and women and Bangladeshi men have a higher risk than other South Asian groups.\(^2\)

• Your **age.** The older you are, the more likely you are to develop cardiovascular disease.

Protecting your heart
The more risk factors you have, the greater your chance of getting cardiovascular disease.

The risk of developing cardiovascular disease starts from childhood. What children eat, how much physical activity they do, and other factors, all have an impact on whether a person will develop cardiovascular disease. So it’s important that everyone in your family – both children and adults – makes lifestyle changes to help protect their hearts.
How can I find out about my risk of getting cardiovascular disease?

Your doctor, or a nurse, may carry out a ‘cardiovascular risk assessment’ to find out about your risk of cardiovascular disease.

A cardiovascular risk assessment gives you valuable information on what you can do to keep your heart healthy. It can also help your doctor decide if you need treatment – such as medicine to protect your heart.

During the assessment, the doctor or nurse will:

- ask you questions about your lifestyle – for example, whether you smoke, how much physical activity you do, and the type of food you eat
- take your weight, height and waist measurements
- measure your blood pressure
- do a blood test to measure your cholesterol
- ask about your ethnic background, and
- ask if there is any history of cardiovascular disease in your family.

A cardiovascular risk assessment takes account of all the risk factors that may affect you, rather than focusing on just one thing (such as your cholesterol level). This is because the more risk factors you have, the greater your chance of having a ‘cardiovascular event’. (A cardiovascular event is when your doctor diagnoses you with coronary heart disease, or if you have a heart attack or stroke.)
Several computer programmes are now available for assessing the risk of having a cardiovascular event. When you have your cardiovascular risk assessment, the nurse or doctor enters all the information that they have collected about you into a computer programme. The programme then works out your estimated risk of having a cardiovascular event over the next 10 years.

If your assessment finds that you are at **high risk** of having a cardiovascular event over the next 10 years, your doctor may treat you with medicines to reduce your risk and protect your heart, such as statins (which help to lower cholesterol levels).

If your doctor tells you that you have a **moderately high risk** or a **low risk** but you have high cholesterol levels or high blood pressure, he or she may prescribe statins to lower your cholesterol, or medicines to lower your blood pressure. These medicines are to reduce your risk and protect your heart.

Your doctor or nurse may want to take your blood pressure again, or do another cholesterol test, on a different day before they start you on your medicine.

Depending on your risk score, your doctor or nurse may offer you advice on how to make certain healthy changes to your lifestyle to reduce your risk. They may ask you to go back and have another cardiovascular risk assessment later on, to see if the changes you have made have reduced your risk.

**Even if your risk of cardiovascular disease is low, you will still benefit from looking at your lifestyle to make sure that you are keeping yourself and your heart healthy.**
How can I reduce my risk?

There are several things you can do to reduce your risk of getting cardiovascular disease:

- If you smoke, stop smoking.
- Keep to a healthy weight and body shape.
- Be more physically active.
- Eat healthily.

We explain all these things on the next pages.
You probably know that smoking increases the risk of getting lung cancer, and that chewing tobacco increases the risk of mouth cancer. Smoking also increases your risk of getting cardiovascular disease.

Smoking is one of the major causes of cardiovascular disease. People who smoke are almost twice as likely to have a heart attack as people who have never smoked.\(^1\)

If you are a smoker, stopping smoking is the single most important step you can take to reduce the risk of having a heart attack and to live longer.

**How does smoking damage your heart?**

Smoking damages the lining of the arteries, which can lead to the build-up of atheroma (fatty material) in the arteries. (See page 5.) The **carbon monoxide** in cigarette smoke reduces the amount of oxygen that the blood can carry to the heart and around the body. The **nicotine** in cigarettes stimulates the body to produce adrenaline. This makes the heart beat faster and raises blood pressure, which makes the heart work harder. Smoking may also make the blood more likely to clot. All of these things increase the risk of developing coronary heart disease, or of having a heart attack or a stroke.

**What is second-hand smoke?**

Second-hand smoke, or passive smoking, is where non-smokers inhale other people’s smoke. Second-hand smoke can also be harmful. Research shows that non-smokers who live with smokers have a greater risk of cardiovascular disease than those who don’t live with smokers.\(^1\)
Help with stopping smoking

If you have already tried to stop smoking but have started again, ask your doctor or pharmacist for advice 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.
Practical tips to help you stop smoking

Make a date to give up, and stick to it! Throw away all your tobacco, lighters and ashtrays.

Draw up a plan of action. Think about what could help you stop smoking – such as using a nicotine-replacement product – and have it ready before the date you plan to quit.

Keep busy, to help take your mind off cigarettes. Try to change your routine, and avoid the shop where you usually buy cigarettes.

Get support. Let your family and friends know you are quitting. Some people find that talking to friends and relatives who have stopped can be helpful.

Treat yourself. If you can, use the money you are saving by not smoking, to buy yourself something special.
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.
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.\(^3\)

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.\(^4\)

If you are used to meeting friends at a shisha session, why not go out for a walk with them instead?
Keep to a healthy weight and body shape

Your weight

The more overweight you are, the more likely you are to get high blood pressure or diabetes. Both of these can increase the risk of heart disease.

If you eat a lot of fatty foods, sweet foods or sugary drinks, you are more likely to put on weight. This is because these foods are very high in calories. If you eat more calories than your body uses up, the extra calories are stored as fat, and too much fat results in putting on weight. You are even more likely to put this weight on if you are physically inactive.

Your body shape

Your body shape is important too. People who carry too much weight around their middle have a greater risk of developing coronary heart disease, high blood pressure and diabetes.

People of South Asian background are more likely to have a higher proportion of body fat to muscle than the rest of the UK population, and they also tend to carry this fat around their middle. So South Asians have a greater risk of developing problems such as coronary heart disease than other people in the UK.
Do you need to lose weight?
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.5,6

| South Asian men | Your health is at **high risk** if you have a waist size of over 90 centimetres (35½ inches). |
| South Asian women | Your health is at **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 33)
- cut down on sugar, sweet foods and sugary drinks, and
- be more physically active (see page 25).

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. Weigh yourself once a week and not every day. You should weigh yourself at the same time of day and on the same weighing scales each time, wearing as little as possible.

The good news is that research shows that losing even a small amount of weight can benefit your health.⁷
In the UK, people who are not physically active are twice as likely to have a heart attack as people who do regular physical activity.\(^8\)

“**How will physical activity help my heart?**”

Regular physical activity will help your heart and has many other health benefits too.\(^8\) It can:

- help your heart work more efficiently
- help to control your cholesterol level
- help prevent blood clotting
- help to lower high blood pressure
- help you to maintain or reach a healthy weight
- help to keep the blood sugar level under control in people with diabetes, and
- reduce the risk of some types of cancer.

Physical activity also gives you more energy, and relief from stress. And it helps keep you supple, gives you strength, and helps to protect against osteoporosis (brittle bones).
“What sort of activity should I be doing?”

To help keep your heart healthy, you need to do 30 minutes of moderate physical activity a day on at least five days a week. Moderate physical activity means activity that makes you feel warm and slightly out of breath.

If you’re not used to this amount of activity, it is important that you build up to this level over a period of time.

You can do the 30 minutes all in one go, or in shorter bouts of at least 10 minutes at a time.

**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.

Any increase in activity will benefit your health. And whatever your level of fitness or your age, you can benefit from being more active. It’s never too late to start.

“I have problems with my joints – my knees and ankles. What sort of activity is best for me?”

Your doctor may be able to give you advice on the best sort of activity to do, taking into account any other physical problems you have. For example, swimming or water aerobics are excellent activities for many people with joint problems, as the water takes your weight off your knees and ankles but your heart still gets the benefit. Many swimming pools have ‘women only’ sessions. Ask at your local swimming pool.
### Sensible advice about physical activity

- If you have a medical condition, check with your GP before starting to do any activity.
- When you’re 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.
- Avoid doing activities after a large meal.
- Don’t exercise if you feel unwell.
- Choose different types of exercise to keep yourself interested. And choose activities that you enjoy.
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

- Eat at least five portions of fruit and vegetables a day.
- Eat less fat, particularly saturated fat.
- Eat one or two portions of fish a week. One of these should be an oily fish.
- Eat less salt.

We explain all these things on the next pages. You can still eat your favourite dishes. You just need to make small and gradual changes in what you eat.

You will find some healthy recipes in our Asian cookbook Healthy meals, healthy heart (see page 46).
“Is a vegetarian diet better than a non-vegetarian diet?”

Both a vegetarian and a non-vegetarian diet can be healthy, provided they are balanced. Vegetarians need to make sure that they are getting enough protein in their diet – for example, from beans, pulses, tofu or quorn. These foods are low in fat and also provide fibre. Eating these foods, combined with eating more fruit and vegetables as part of a balanced diet, will ensure you get all the nutrients you need as well as helping to keep your heart healthy.

Vegetarians should also follow the advice to have a diet that is low in fat (especially saturated fat), sugar and salt (see pages 33-38). Some vegetarians use a lot of butter and ghee in their cooking, which adds a lot of saturated fat. Try using a small amount of olive oil or rapeseed oil instead. Use a spoon to measure the oil rather than pouring it. Also, some vegetarians add salt to give foods extra flavour. Instead of salt, use other flavourings for foods such as lemon juice, chilli and other herbs and spices.
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.

**What is a portion?**

Here are some examples of 1 portion of fruit or vegetables.

<table>
<thead>
<tr>
<th>1 portion =</th>
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</thead>
<tbody>
<tr>
<td>• Vegetables – 3 heaped tablespoons</td>
<td></td>
</tr>
<tr>
<td>• Salad – 1 dessert bowlful</td>
<td></td>
</tr>
<tr>
<td>• Grapefruit or avocado – ½ fruit</td>
<td></td>
</tr>
<tr>
<td>• Apples, bananas, pears, oranges and other similar size fruits – 1 fruit</td>
<td></td>
</tr>
<tr>
<td>• Plums and similar size fruit – 2 fruits</td>
<td></td>
</tr>
<tr>
<td>• Grapes, cherries and berries – 1 cup or handful</td>
<td></td>
</tr>
<tr>
<td>• Fresh fruit salad – 3 heaped tablespoons</td>
<td></td>
</tr>
<tr>
<td>• Dried fruit – 1 heaped tablespoon</td>
<td></td>
</tr>
<tr>
<td>• Fruit juice – 1 glass (150ml)</td>
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</tbody>
</table>
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 cardiovascular disease.

**Saturated fats and unsaturated fats**

**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.

**“What about ghee?”**

There are two types of ghee – ghee made with butter and pure vegetable ghee. Both contain saturated fat. To help reduce your risk of coronary heart disease, use a small amount of olive oil or rapeseed oil instead of ghee.
What you can do

- Whatever type of oil you use, try to use less of it. Instead of pouring oil directly into the pan, use a spoon to measure it. Gradually reduce the amount you use.

- Use oils that are high in unsaturated fats rather than saturated fats. (See page 33.)

- Grill, steam or poach your food, rather than frying it.

- Try baking samosa and pakora instead of frying them.

- If you eat meat, use lean meat and trim off any visible fat. And remove the skin from chicken.

- Spoon off any excess fat from curries and casseroles.

- Use a low-fat spread instead of butter or margarine, and spread it thinly.

- Choose semi-skimmed or skimmed milk rather than full-fat milk.

Hidden fats

Many foods contain hidden fats – fats that have been added to processed or pre-prepared foods such as samosas, Bombay mix, pakoras or crisps, or to sweets such as halwa, gulab jamon and barfi. So just have these foods as occasional treats.
What is cholesterol?
Eating a diet high in saturated fat can mean that the level of harmful cholesterol in your bloodstream will rise, increasing your risk of getting heart disease.

Cholesterol is a fatty substance which is mainly made in your body. Cholesterol is carried around the body by proteins. These combinations of cholesterol and proteins are called lipoproteins. There are two main types.

- **LDL** (low-density lipoproteins) is the harmful type of cholesterol. This is sometimes called **LDL cholesterol**.

- **HDL** (high-density lipoproteins) is a protective type of cholesterol. It is sometimes called **HDL cholesterol**.

Cholesterol plays a vital part in how your body works. However, **having too much harmful cholesterol in your blood can increase your risk of getting cardiovascular disease**. The risk is particularly high if you have a high level of LDL cholesterol and a low level of HDL cholesterol.

Most people who have a high cholesterol level, have it because they have too much saturated fat in their diet. That is why it is very important to cut down on saturated fats.

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

If your cholesterol level is high because of your diet or because of FH, your doctor may give you tablets to lower it. You should take the tablets and also try to reduce the amount of saturated fat you have. Physical activity can also help control your cholesterol level (see page 25).
Triglycerides

Triglycerides (TG) are another type of fatty substance in the blood. People who are very overweight, eat a lot of fatty and sugary foods or drink too much alcohol are more likely to have high triglyceride levels.

People with high triglyceride levels have a greater risk of developing cardiovascular disease than people with lower levels.

“Will I need to take cholesterol-lowering medicine?”

Whether you need to take cholesterol-lowering medicine or not depends not just on your cholesterol level, but also on your overall risk of cardiovascular disease.

If you don't have a high cholesterol level, but you do have an overall high risk of cardiovascular disease, it is likely that you will benefit from taking cholesterol-lowering drugs (such as statins) to protect your heart.

“Are traditional dishes healthy?”

Traditional Asian meals are based on a variety of vegetables and pulses and are eaten with chapattis or rice. This provides a healthy diet which is rich in fibre, protein, vitamins and minerals. But adding too much fat to dishes, or frying food rather than grilling it, makes the diet less healthy.

Some traditional dishes are high in saturated fat. If you are making curry or dhal, try using very little oil and measuring it out with a spoon rather than pouring it straight from the bottle. Or choose drier options instead, like kebab or tandoori dishes. Samosas, pakoras, puri, paratha and korma are also high in fat. Try baking samosa and pakora instead of frying them. If you have paratha, try cooking it in a small amount of oil instead of deep-frying it. Have paratha only as an occasional treat rather than eating it regularly.
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. Try to eat oily fish once a week.

If you don’t eat oily fish, there are some vegetarian sources of omega-3 that you can include in your diet. These include flaxseed oil, rapeseed oil, flax seeds, rape seeds, and walnuts. However, we don’t know for certain if these sources of omega-3 give the same benefits as oily fish.
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’. But you should still check the labels to see whether they are actually low in salt. See the box below.

Avoid adding salt when cooking or at the table. Use spices, herbs or lemon juice for flavour instead.

### What is a lot and a little salt?

<table>
<thead>
<tr>
<th>A lot (per 100 grams of food):</th>
<th>A little (per 100 grams of food):</th>
</tr>
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<tbody>
<tr>
<td>1.5 grams of salt or more</td>
<td>0.3 grams of salt or less</td>
</tr>
<tr>
<td>0.6 grams of sodium or more</td>
<td>0.1 gram of sodium or less</td>
</tr>
</tbody>
</table>
Heavy alcohol drinking can contribute to heart disease. It also increases the risk of high blood pressure and stroke, as well as liver disease.

**Drinking within sensible limits**

**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.

Moderate drinking – between 1 and 2 units of alcohol a day – may help to protect against heart disease in men aged over 40 and in women who have gone through the menopause. But nobody should start drinking alcohol because they think it might protect them from heart disease.
Blood pressure is the pressure of blood in the arteries. Your heart pumps blood around your body through the arteries, by contracting and relaxing. When your heart contracts, the blood is forced through the arteries. This is when your blood pressure is at its highest point and is called the **systolic pressure**. When your heart relaxes between beats, your blood pressure reaches its lowest point, known as **diastolic pressure**.

The two pressures are written as two numbers – for example, 120/80mmHg. (‘mmHg’ stands for millimetres of mercury.) The first number is the systolic pressure and the second is the diastolic pressure.

High blood pressure rarely makes people feel ill, but it increases the risk of having a heart attack or a stroke. And, over time, it can cause your heart muscle to become less efficient.

If you have high blood pressure, it is essential to control it. **Your target is to have a blood pressure below 140/85mmHg.** If you have diabetes or have been diagnosed with coronary heart disease, **your target is below 130/80mmHg.**
Why do people get high blood pressure?

In over nine out of every ten people, there is no definite cause of high blood pressure. However, the following can all play a part.

- Not doing enough physical activity
- Being overweight
- Having too much salt in your diet
- Drinking too much alcohol
- Not eating enough fruit and vegetables.

Genes are another factor. So, if one or both of your parents have (or had) high blood pressure, you have a greater chance of developing it too.

What you can do

Some people can control their blood pressure by losing weight, doing more physical activity, and cutting down on salt and alcohol (see pages 21-27 and 38-39). 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 46.)
People with diabetes are at greater risk of developing coronary heart disease than those who don’t have diabetes. Diabetes is particularly common among South Asian people living in the UK.

You are less likely to develop diabetes if you:

- are physically active
- control your weight and body shape, and
- keep your blood pressure under control.

**What is diabetes?**

Normally our body produces glucose (sugar) when we digest food. The cells in the body use the glucose for energy. A hormone called insulin helps the glucose to enter the cells. This helps to control how much glucose is in the blood. Diabetes develops when the body doesn’t produce enough insulin, or when the insulin that is made doesn’t work effectively. This leads to an abnormally high level of glucose in the blood.

Overall, South Asians living in the UK have a higher risk of developing diabetes than other people in the UK. And for some groups of South Asian people, the risk is particularly high. For example, Indian men are twice as likely to develop diabetes compared with the average UK population, and Pakistani women are two and a half times more likely.¹

For more information on diabetes, see our booklet *Diabetes – and how it affects your heart.* (See page 46.)
Family History

If you have a family history of cardiovascular disease, your own risk of developing the condition is increased.

A family history means if your father or brother was diagnosed with cardiovascular disease before he was 55, or if your mother or sister was diagnosed before she was 65.

Some risk factors, such as being overweight, are sometimes related to lifestyle habits – such as unhealthy eating, or smoking – that are passed on from one generation to the next. However, it is also likely that genes are responsible for passing on the risk of cardiovascular disease. Genes can also be responsible for passing on other conditions such as high blood pressure or high cholesterol levels, and both of these conditions increase the risk of developing cardiovascular disease.

Having a family history of cardiovascular disease is a risk factor that you can’t change. However, even if you have a family history of the disease, you will still benefit greatly from controlling any other risk factors you may have. In this way, you will make sure you reduce your risk as much as possible.

Does Stress Contribute to Heart Disease?

There is some evidence that stress, anxiety and depression can contribute to coronary heart disease. Also, emotional stress can make people more likely to smoke, have high blood pressure, be overweight, or drink too much alcohol – and all of these things increase the risk of heart disease.
A certain amount of stress is an essential part of everyday life. But if anxiety or pressure of work continue for many months or years, your heart may suffer. It may not be easy to solve family problems and money worries, but you may find that the following help to manage your level of stress.

- Physical activity – for example walking, swimming or cycling. Exercise is a good way of releasing tension.
- Yoga
- Meditation
- Prayers
- Relaxation techniques
- Deep breathing
- Don’t take on too much. Learn to say 'No'.

**HAVE A CARDIOVASCULAR RISK ASSESSMENT**

Ask your GP for a cardiovascular risk assessment:

- if you are over 40, or
- if you think you have an increased risk of getting heart disease because you have some risk factors for cardiovascular disease listed on page 8.

If you have FH (see page 35), you should make sure that all of your family are screened too.

We explain more about the cardiovascular risk assessment on page 10.
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
**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](http://bhf.org.uk/publications) or email **orderline@bhf.org.uk**. You can download many of our publications from [bhf.org.uk/publications](http://bhf.org.uk/publications)

Our publications are free of charge, but we would welcome a donation.

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**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](http://bhf.org.uk/heartmatters) or call **0300 330 3300** (a local rate number). This service is available in English only.
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.

carbon monoxide  A chemical found in tobacco smoke.

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.

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.

hypertension  High blood pressure.

nicotine  A chemical found in tobacco smoke.

omega-3  A protective oil found in certain types of fish.
**saturated fat**  A type of fat found mainly in food from animal sources, especially dairy and meat products.

**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.

**veins**  Vessels that carry blood back from various parts of the body to the heart.

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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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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.

To order further copies, please call the BHF Orderline on 0870 600 6566.