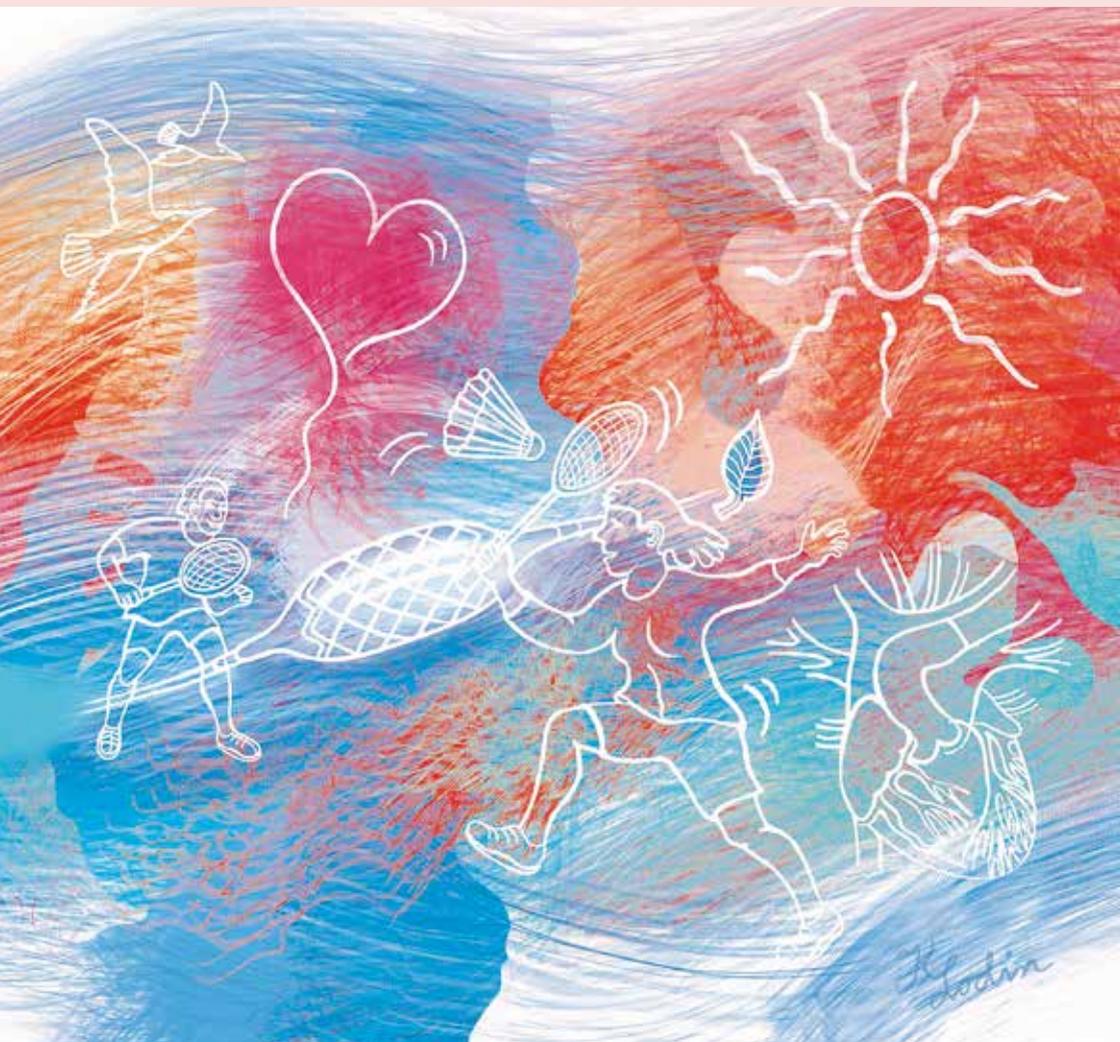


THE HEART GUIDE

A leaflet for those being treated for a narrowing of the heart's blood vessels. From **Riksförbundet HjärtLung** and **SWEDEHEART**.



Welcome to The Heart Guide

The Heart Guide is for those being treated for narrowing of the heart's blood vessels (coronary artery disease, or CAD).

In The Heart Guide, you can read about factors that affect your condition. Bring The Heart Guide with you every time you meet healthcare staff at the hospital and in primary care. Don't forget to fill in the health plan at the back of the guide together with the healthcare staff at your first return visit.

You can read more about how to reduce the risk of your condition worsening on the patient organisation website, hjärt-lung.se. Or contact Riksförbundet HjärtLung by calling +46 (0)8-55 606 200 or sending an e-mail to info@hjärt-lung.se.

♥ **What happens in the body with coronary artery disease?**

The heart is a muscle that pumps blood to all the body's organs. The heart's own blood vessels, the coronary vessels, supply the heart muscle with oxygen-rich blood. If a clot or narrowing occurs in the coronary arteries, the heart will lack oxygen, which often leads to problems.

Narrowings that can lead to angina are formed by, among other things, fat and connective tissues being stored in the vessel wall, often due to unhealthy lifestyle habits. Over the years, the vessel wall often becomes harder and cracks can form as the body tries to 'repair' itself. It does this by activating the platelets (which cause the blood to clot). There is then a risk that a clot will form, which causes a harmful lack of oxygen in the heart muscle (myocardial infarction, also known as a heart attack).

♥ **Symptoms**

The most common symptoms of a heart attack are discomfort, pressure or pain in the chest. It may radiate to one or both arms, the neck, jaw and/or between the shoulder blades. Nausea, shortness of breath, and cold sweats sometimes occur. The symptoms may not necessarily be severe and can come and go. They may not present themselves suddenly, either.

Symptoms of angina are often similar to those of a heart attack, but are often milder and not persistent. Angina usually occurs in connection with physical or mental exertion and goes away once this exertion is over.



♥ When should I seek medical care?

When a heart attack occurs, every minute is vital for your prognosis. The earlier treatment is started, the less the damage to the heart will be.

If any of the above symptoms do not disappear within 15 minutes, you must call 112.

♥ Why should I call 112 instead of taking my own car or taxi?

Quick care and early treatment is important! The ambulance is not just a fast means of transport, but a hospital in miniature form.

The ambulance has life-saving equipment, ECG equipment and medicines. The ambulance staff can send the ECG to the hospital and contact the doctor so that treatment can start more quickly.

In connection with a heart attack, the heart rhythm can be disrupted, which can make the condition life-threatening. It's therefore important to take an ambulance to the hospital.



♥ Treatment of coronary artery disease

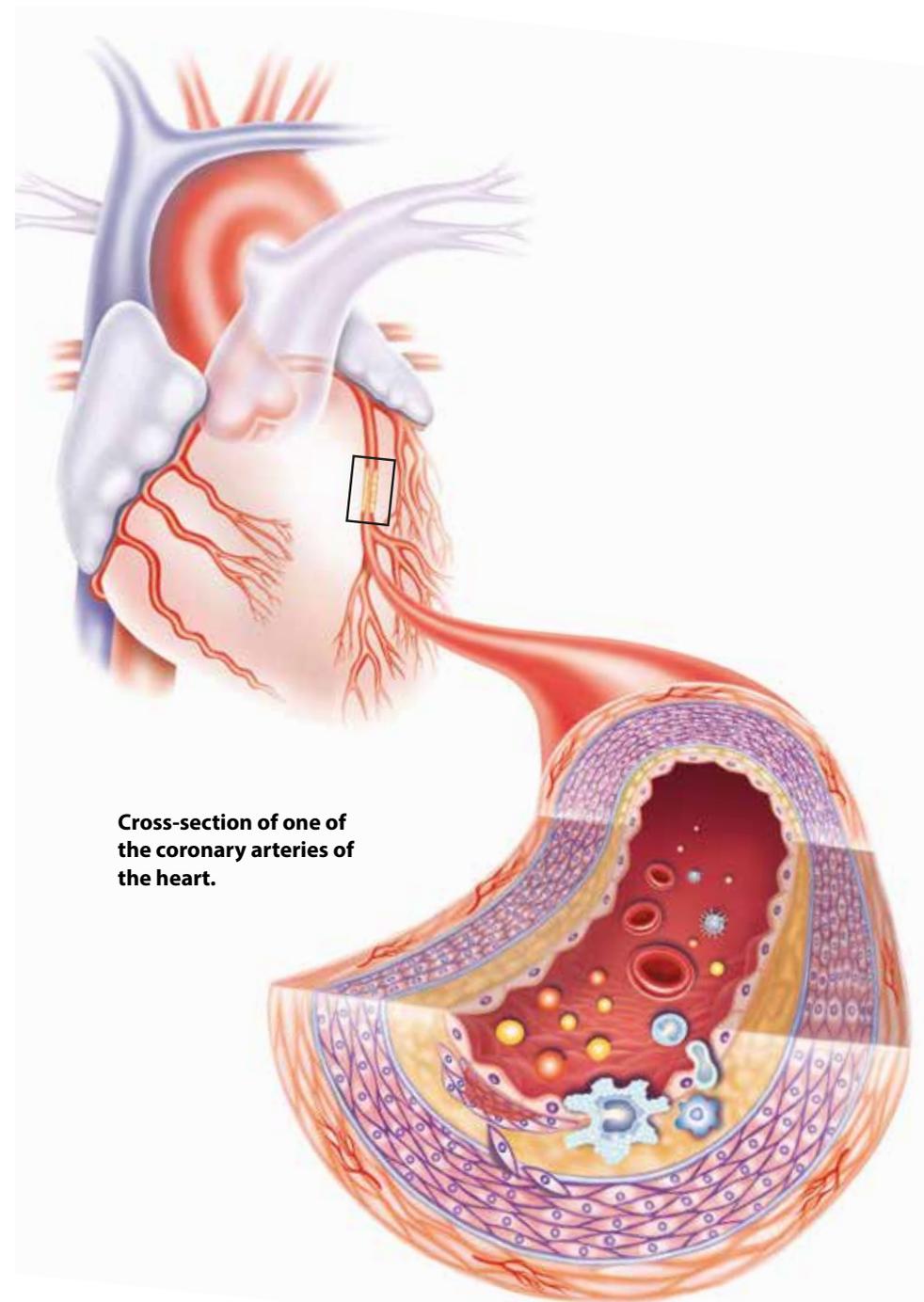
The acute treatment for a heart attack is mainly aimed at restoring the blood flow (oxygen supply) in the coronary arteries. In the event of a heart attack, when a blood clot completely stops the blood flow, an urgent coronary X-ray is performed followed by a balloon dilation (known as a PCI). Often, a metal mesh (stent) is also inserted into the coronary artery to keep it dilated.

Open coronary artery surgery (bypass surgery) may be chosen when it is either technically complicated to perform balloon dilation or if many coronary vessels are affected. During the operation, the blood is diverted around the narrowings in the heart's coronary vessels, which improves blood circulation to the heart muscle.

Angina can be treated with balloon dilation, coronary artery surgery, or with medication alone.

The most common medications to prevent relapse are platelet inhibitors, lipid-lowering drugs, and beta blockers. In case of heart failure and/or high blood pressure, ACE inhibitors are also usually given.

Nitroglycerin to take as needed helps with angina and should always be readily available.



Cross-section of one of the coronary arteries of the heart.

♥ Discharge from hospital

Check that you have received:

- Verbal and written information about the disease and risk factors, and what to do if you get new symptoms (The Heart Guide)
- Information about your medicines and their effects
- Medication list
- Information about the importance of physical activity and physical training (referral to physiotherapist) and other lifestyle habits that affect the disease.
- Information about return visits



♥ Can I reduce the risk of getting further narrowings?

There's a lot you can do yourself. Coronary artery disease can largely be explained by: smoking, unhealthy eating habits, physical inactivity, obesity, high blood pressure, blood lipid disorders, diabetes, and stress.

Tips for those who want to change habits: It's usually easier to add new, healthy habits like starting to exercise and eating more healthily before tackling the habits you should give up, like smoking.

The individual influenceable risk factors must to be reviewed to reduce the risk of another heart attack.

♥ To reduce the risk of getting ill again, I should:

- Stop smoking/using snuff
- Exercise regularly
- Eat a healthy diet
- Avoid stress
- Review my drinking habits and change if necessary
- Aim for current target values for blood pressure and blood lipids

♥ Personal health plan

Think about what you want to change to reduce the risk of getting new narrowings in the coronary arteries of the heart. Discuss with healthcare staff what you need to change and ask what support is available. Once you agree on what needs to be done, you can sign the health plan together. Take a picture of the health plan using your mobile phone.

Change	How	When	Results
<i>E.g. Start exercising</i>	<i>Participate in physiotherapist-led exercise</i>	<i>15 Jan</i>	<i>24 times</i>
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.....
.....

Health plan signed on-.....-.....

.....
Patient

.....
Certified



♥ Anders, 62, on 100 tough days that had positive results:

"After my heart attack, I had to change my lifestyle in order for it not to happen again. The doctor said I had three tough months ahead of me, but that it would get easier after that. Changing my habits meant 100 gruelling days of abstinence and feeling sore from exercise. But then it started to get easier and I got used to the exercise and not smoking. My stamina, taste, and sleep improved, and exercise began to feel fun. I'm less stressed now. There's no need to go full throttle all the time. The support from the healthcare staff and the Riksförbundet HjärtLung association has been invaluable. I'm proud that I've completed the 100 days!"

National guidance model for secondary prevention

(ideal patient journey through the care chain)

