
PART 1: Your quick guide to
**Heart Attack
& Angina**



About this booklet

This booklet is part of the **My Heart, My Life program**. It provides information and support for people who have been admitted to hospital with a heart attack or angina. See page 2 of this booklet for more information about how to enrol in the **My Heart, My Life program** and access further support to improve and manage your heart health.

A message for family and friends.

Family and friends can provide important physical and emotional support for someone who has had a heart attack or angina. This booklet can help you understand what has happened and where to get further information and support.



The Heart Foundation acknowledges the Traditional Owners and custodians of Country throughout Australia and their continuing connection to land, waters and community. We pay our respect to them and their cultures, and Elders past, present and future.

Aboriginal and Torres Strait Islander peoples should be aware that the following information may contain images or names of deceased people and may cause distress to certain viewers.

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How to enrol in the My Heart, My Life program

My Heart, My Life is a Heart Foundation program designed to help you and your family or friends:

- understand more about your heart condition
- take control of your health when you leave hospital
- to help get your life back on track and reduce the risk of further heart health problems

The free program provides practical tips and advice through:



Written Information



Regular updates



Telephone support



Mobile phone app



Online information and tools

Enrol Now: To join the **My Heart, My Life** program, simply:



Text the word **SUPPORT**
to **0481 073 259**



Visit **hrt.how/enrol** and
complete the form



Phone the **Helpline**
on **13 11 12**

My hospital care

Keep this record handy so you can share it with other people involved in your health care when you leave hospital.

Name: _____ Phone: _____

Ask your doctor, nurse or health worker to help you fill out this section

Hospital admission date: _____

What has happened to my heart?

Heart attack - Date/s: _____

Angina - Date/s: _____

Other: _____

What tests and treatments did I have?

Heart tests: ☐ Blood tests ☐ Electrocardiogram (ECG)
☐ Angiogram ☐ Other: _____

Treatments:

☐ Clot busting medicines (thrombolysis)
☐ Angioplasty/Stent - Date: _____
☐ Open heart surgery - Date: _____
☐ Other _____

My cholesterol and blood pressure readings:

Total Chol: _____ HDL: _____ LDL: _____

Date: _____

My blood pressure reading at discharge _____ / _____ mmHg

Date: _____

My care team



Who is looking after me?

My Cardiologist:

Name: _____

Address: _____

Phone: _____ Email: _____

Appointments: _____

My General Practitioner:

Name: _____

Address: _____

Phone: _____ Email: _____

Appointments: _____

My Health Worker:

Name: _____

Address: _____

Phone: _____ Email: _____

Appointments: _____

Cardiac Rehabilitation Program:

Name: _____

Address: _____

Phone: _____ Email: _____

Appointments: _____

What has happened to my heart?



1. What has happened to my heart?

Many people feel anxious, shocked, confused, upset or angry after being admitted to hospital with a heart attack or angina. Understanding what happened to your heart may help you come to terms with these feelings and aid your recovery.



Ask your doctor, nurse or health worker to explain what happened to your heart.



With so much going on in hospital it can be difficult to remember everything you are told, so written information like this booklet is a good idea.



The **My Heart, My Life** program can give you extra information and support.

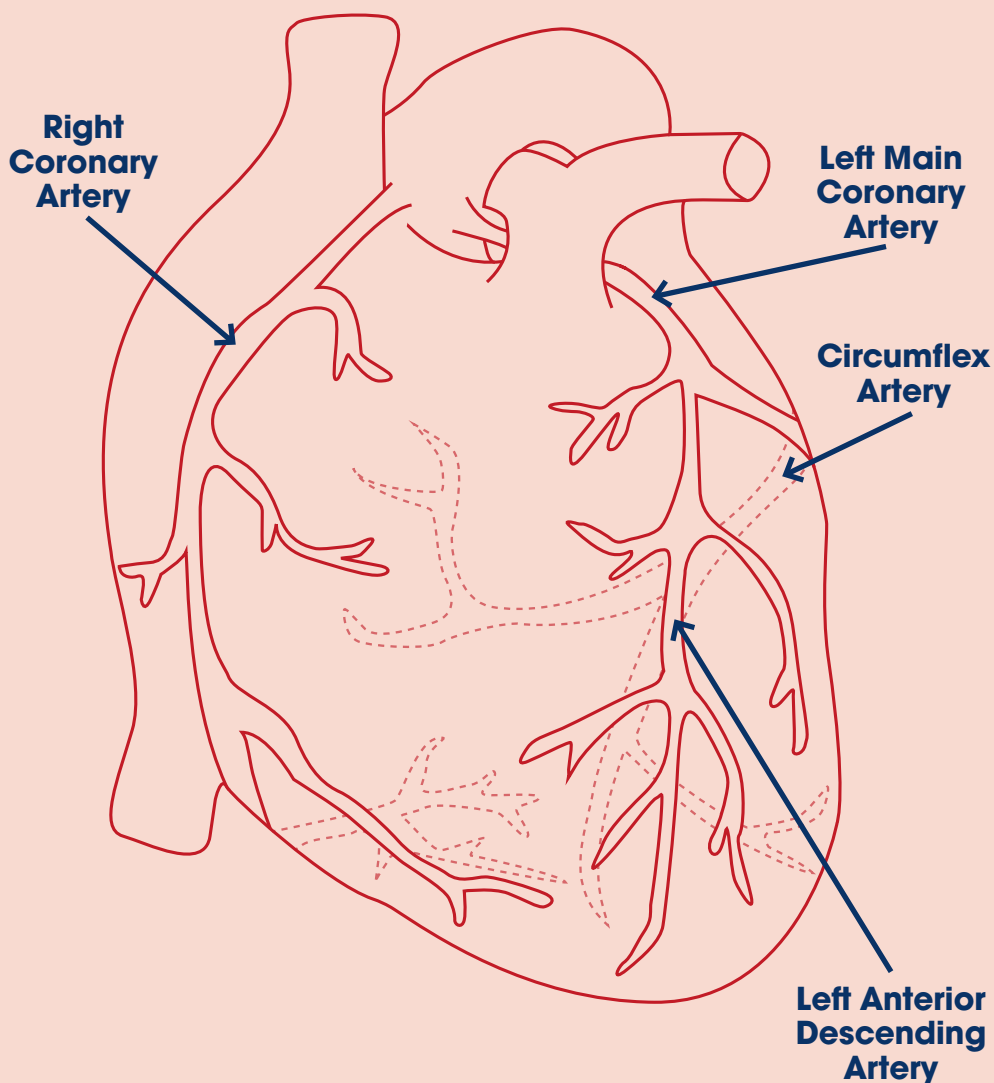
You can also visit heartfoundation.org.au to find out more about your heart condition or call the **Heart Foundation Helpline** on **13 11 12** and speak with one of our health professionals.

How your heart works

Your heart is a muscle that pumps blood around your body. Just like other muscles, the heart needs its own blood supply. Blood gives your body the oxygen it needs to work properly.

Blood vessels that supply blood to the heart are called coronary arteries; they sit on the outside of the heart.

Coronary heart disease, also known as coronary artery disease, is a long-term condition in which fatty material called plaque gradually builds up inside the coronary arteries.



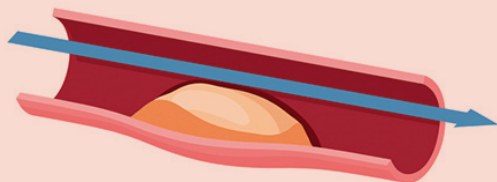
Ask your doctor, nurse, or health worker to label where your blockages are on the heart above.

What is a heart attack?

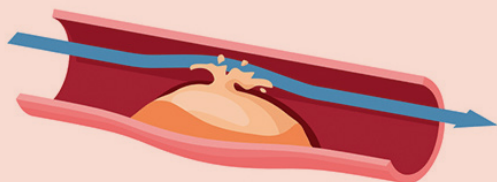
A heart attack happens when a coronary artery becomes completely blocked.

- A blockage usually happens when a coronary artery becomes narrow due to fatty material called plaque. This plaque can crack or rupture and form a blood clot which blocks the artery.
- No blood (or oxygen) can get past the blockage to reach the part of your heart normally fed by that artery. The lack of oxygen causes that area of heart muscle to be damaged.
- Medical professionals sometimes use different names for a heart attack, such as 'myocardial infarction', or 'MI' for short, 'STEMI' or 'non-STEMI'.

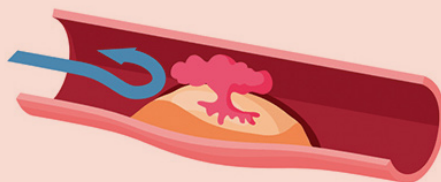
1. Plaque builds up.



2. The plaque ruptures.



3. A blood clot forms, blocking the artery



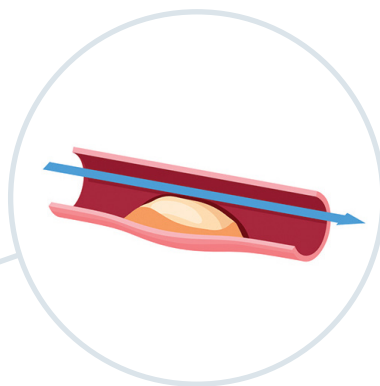
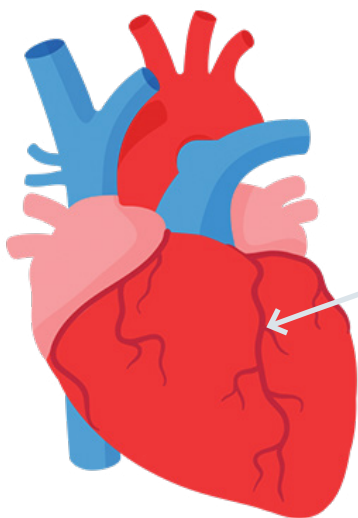
What is angina?

If your arteries become too narrow, less blood can reach your heart muscle. This may lead to angina.

- Angina is temporary pain or discomfort that happens when your heart can't get enough blood and oxygen.
- Angina is usually caused by build up of fatty plaque in the coronary arteries. The artery is only partly blocked.
- Angina is not the same as a heart attack as there is generally no permanent heart muscle damage, but the symptoms can be the same - see page 29.



Take a look at the Warning signs of a heart attack (on the back page) to find out more about the symptoms of angina and heart attack and what to do if you have any of them.



The heart showing a narrowed artery that can cause angina

Common tests

Your doctor may arrange for these tests to find out what happened to your heart and help decide the best treatment for you.

Blood tests

Why: Blood tests can help show how much of your heart muscle has been damaged. They also measure risk factors for heart disease, such as cholesterol and triglyceride levels.

How: Blood samples are usually collected from a vein in your arm.

Electrocardiogram (ECG)

Why: An ECG shows your heart rhythm and helps detect a heart attack or angina.

How: Small sticky dots with wire leads are put on your chest, arms and legs and these are attached to an ECG machine. While in hospital, leads may be attached to a heart monitor to continually look at your heart rhythm.

Coronary angiogram

Why: A coronary angiogram shows if you have any blockages in your coronary arteries.

How: A long tube called a catheter is put into an artery in your groin, arm or wrist under a local anaesthetic. The catheter is moved up inside the artery until it reaches your heart. Usually you will not feel this.

A special dye is then injected into the tube and an X-ray is taken. The X-ray shows where and how much your coronary arteries are narrowed and how well your heart is pumping.

For more information about tests please ask your doctor, nurse or health worker, or visit hrt.how/tests.

Common treatments

Your doctor will recommend an option to get blood flowing to your heart muscle again as quickly as possible, to reduce long term damage to your heart.

Thrombolysis

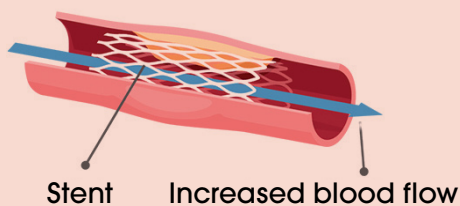
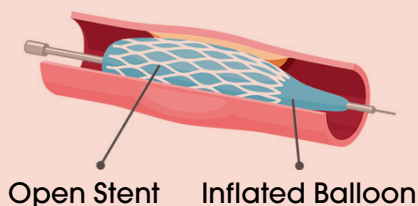
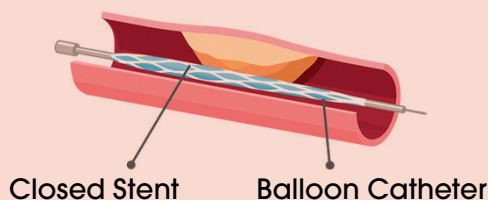
What: These “clot busting” medicines dissolve a blood clot that may be narrowing or blocking a coronary artery.

How: The medicine is given by an injection into a vein.

Coronary angioplasty and stents

What: This procedure uses a tiny balloon to widen the narrowed arteries and is often carried out at the same time as a coronary angiogram.

How: A long tube called a catheter with a tiny balloon on the end is put into an artery in your groin, arm or wrist. It is then guided into the heart's artery using X-rays. The balloon is blown up inside the narrowed part of your artery. The cardiologist may use a small mesh tube called a stent to keep the artery open. The balloon is then let down and the long tube is removed. The stent stays in place to keep the artery open.



Coronary artery bypass graft surgery (CABG)

What: Coronary artery bypass grafting (CABG) is a type of surgery that improves blood flow to the heart.

How: A healthy blood vessel (or more than one) is taken from your chest, leg or arm, and attached ('grafted') to each side of a blocked artery. This lets blood go around or 'bypass' a blockage. You will get special instructions from your doctor and nurse to follow before and after the operation.

Medicines

What: You will be given different medicines to do different things during your hospital stay and to take home. The medicines work in different ways to help your heart recover and reduce the chances of further heart problems.






How: It is very important that you take your medicines as directed by your doctor as they are part of your ongoing treatment. More information about medicines is on page 25.

The treatment you have in hospital for your heart condition is not a cure. There are things you can do to manage your heart condition.

The **My Heart, My Life** program helps you understand the changes you can make to take control of your heart condition and reduce your chances of more heart problems.

For more information about treatments speak with your doctor, nurse or health worker, or visit hrt.how/procedures.

Questions you may like ask your doctor, nurse or health worker:

-  What happened to me?
-  Do I need any more tests?
-  Which tests and treatments did I have?
-  Do I need more procedures?
-  How long will I be in hospital?

Why has this happened to me?

“I still hadn’t accepted that I’d had a heart attack I was only 46, I had an 11 year old I had my life mapped out, it couldn’t be happening”

- Trisha

2. Why has this happened to me?

Risk factors

Your doctor, nurse or health worker may be able to explain some of the reasons for your heart condition. These reasons are called risk factors. They will also explain what you can do to reduce your chances of having another heart attack or angina event.

There are risk factors that you can change or manage and some that you can't.

Risk factors that you can change or manage include:

- | | |
|--|---|
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Being overweight or obese |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Not being active enough |
| <input type="checkbox"/> Unhealthy diet | <input type="checkbox"/> Reduced emotional and social wellbeing |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> High cholesterol | |



Ask your nurse or health worker to explain and tick the risk factors you have and discuss changes you can make to improve your heart health.

Risk factors that you can't change include:



getting older



being a post-menopausal female



being male



having a family history of heart disease

Often, the more risk factors you have, the more likely you are to have a heart problem. So even if you have some risk factors that you can't change, making changes where possible – such as stopping smoking, being more active, or lowering your blood pressure – can improve your heart health and reduce your risk of future heart problems.



“Simple changes to your lifestyle can make big changes to your heart”

- Emma, Health Professional

“In the back of my mind I knew the risk factors were there but thought it was something I should worry about when I was older and I had time to do something about it.”

- Trisha



Cardiac rehab



3. Cardiac rehabilitation and returning to everyday life

What is cardiac rehabilitation?

Cardiac rehabilitation is an exercise and education program that is available soon after you leave hospital and is a very important step to support your recovery. It may be offered in different ways – including face-to-face, at home, on the telephone or online – and may include:

- Individual advice and support
- Group education sessions
- A supervised exercise program

Cardiac rehabilitation can help you:

- ✓ Learn more about your heart condition
- ✓ Manage your risk factors and emotions
- ✓ Understand your medicines and how to take them
- ✓ Get back to everyday activities and healthy eating
- ✓ Understand the warning signs of heart attack

Why is it important?

People who complete a cardiac rehabilitation program have a better chance of a good recovery and are less likely to have heart problems in the future.

How can I find out more?

Your doctor, nurse or health worker will advise you about cardiac rehabilitation programs offered near you and provide a referral if needed. Or call the Heart Foundation Helpline on **13 11 12** or visit **hrt.how/rehab**.

Returning to everyday life

Getting back to everyday life and managing your health after you leave hospital may seem overwhelming, but support is available.

For information on returning to everyday life:

- Enrol in the **My Heart, My Life** program for free practical tips and advice (see page 2).
- See the Living well with heart disease: Heart Attack & Angina booklet available through the **My Heart, My Life** program
- Call the Heart Foundation Helpline on **13 11 12**.

Some key things to be aware of are described below.

What about my emotions?

It's important you look after your emotional health as well as your physical health. Talk to your doctor, nurse, health worker or cardiac rehabilitation staff about how you are feeling and where to get support.

Experiencing a heart attack or other heart problem is stressful and it is normal to feel many different emotions. You may feel teary and not be sure why. It's also normal to feel anxious about leaving the hospital and you may need someone to help look after you. A cardiac rehabilitation program can help you deal with your emotions. Talking to family, friends or a health professional can also help.

For more information visit hrt.how/emotions.



What everyday activity is safe for me to do?

Check with your doctor, nurse, healthcare worker or cardiac rehabilitation team. You can often return to your usual activities a few weeks after a heart event.

It's important to start slowly, build up gradually, and rest when you need to.

- ✓ Try to return to a normal routine as soon as you can
- ✓ Get help with more strenuous activities until you feel able to do them; do not lift heavy objects

How soon you return to your usual activities will depend on:

- how active you were before
- whether and how much your heart muscle was damaged
- the treatments that you had (if you had bypass/open heart surgery, you will need to follow your surgeon's specific advice).

How you feel is a good guide to doing physical activity at a safe level.

As a general rule you should be able to talk easily during activities. Start with everyday light activities such as cooking, tidying, setting the table or easy walking around the house. Gradually add other easier activities as you feel able, while remaining free from pain or discomfort. Heavier housework such as sweeping, vacuuming, mopping, weeding, raking or mowing the lawn may be best left to others until your doctor says you can do them.

You may need home help or other support services while you recover. Talk to your doctor, social worker or local council about what local support services are available.

Moving more and sitting less can help your mood as well as your heart.

Walking is a great activity as you can go at your own pace and build up gradually. Ask family or friends to join you for motivation, confidence and safety.

Suggested guidelines for walking after you leave hospital.

Use the table below as a guide. It is OK to stay at the same stage for a couple of weeks. Only move to the next stage when you are comfortable.

STAGE	TIME (MINS)	TIMES PER DAY	PACE
1	5–10	1-2	Gentle stroll
2	15	1	Comfortable
3	20	1	Comfortable
4	25	1	Comfortable/ Stride out*
5	25–30	1	Comfortable/ Stride out*
6	30+	1	Comfortable/ Stride out*

* As you begin to stride out and increase the effort of your walks it is important to warm up for the first 5 minutes and cool down for the last 5 mins of your session. This simply means that you start slowly and finish slowly. This is important, as a warm up can stop you getting injured and a cool down can bring your heart rate down slowly to stop you feeling dizzy or unwell. The more effort you put into your walk the longer the warm up and cool down should be.

Down the track if you'd like to learn more about our free Heart Foundation Walking program call **13 11 12** or visit hrt.how/walking.

Is it OK to have sex again?

It is common to not feel like sex for a while after having a heart attack or heart problem. Most people can have sex soon after having a heart attack or heart problem. It should be okay to have sex if you are able to walk briskly (quite fast) or climb up two flights of stairs without getting chest pain or shortness of breath. Stop if you have any warning signs of a heart attack (see page 29).

When can I drive again?

Your doctor will guide you on when you can drive again as this will depend on your heart condition.

The suggested waiting times before driving again, include:

CONDITION / TREATMENT	WAITING TIME
Cardiac arrest	At least six months
Bypass (CABG) surgery	At least four weeks
Heart attack	At least two weeks
Angiogram	At least two days
Angioplasty / Stent	At least two days

If you drive a commercial vehicle the waiting time before you can drive will be longer. Talk with your doctor.

When can I go back to work?

It depends on how fast you recover and what type of work you do. Talk with your doctor about when it might be best to return to work and what support you might need from your employer.

Do I need to adjust my diet?

Poor diet is one of the leading risk factors for heart disease. Think about what you normally eat in a day. Aim to eat mostly plant foods such as vegetables, fruits, wholegrains, nuts and legumes (such as beans and lentils). Cut down on take-away and junk foods. Some healthy eating tips:



- 1.** Eat plenty of vegetables, fruits and wholegrains (brown rice, wholegrain breads and cereals)



- 2.** Eat a variety of healthy protein foods including fish and seafood, legumes (beans and lentils), eggs and lean chicken. Choose red meat less often (1-3 times a week) and avoid processed and deli meats



- 3.** Choose unflavoured, reduced fat milk, yoghurt and cheese



- 4.** Choose healthy fats such as olives, avocados, nuts and seeds and cooking oils made from these



- 5.** Use herbs and spices to add flavour instead of salt

For tips and recipes visit hrt.how/eating

Can I get help to quit smoking?

Giving up smoking is one of the best things you can do for your heart. The moment you quit, your risk of a heart attack or a stroke starts to drop.

Ask your doctor, nurse, health worker or community pharmacist for help, get family and friends involved, or call Quitline on **13 78 48**.

For more information on returning to everyday life:

- Call the Heart Foundation Helpline on **13 11 12**
- Enrol into the **My Heart, My Life** program to receive the Living well with heart disease: Heart Attack & Angina booklet.

“Cardiac rehab changed my life. It’s the best investment you could make”

- Cyril

My medicines



4. My Medicines

Many different medicines are used to treat heart disease; they are an important part of your ongoing care. They may help to:

- control risk factors such as high blood pressure or cholesterol
- manage symptoms
- keep you out of hospital.

You will need to take most of your medicines long term.



Your doctor or pharmacist will explain how to take your medicines, common side effects and what to do if you have any side effects. Always tell your doctor and pharmacist about any other medicines you take, including any vitamins or herbal medicines or medicines you have bought without a prescription.



When you leave hospital, you will only have enough medicines for a short time. It is very important that you see your GP (local doctor) for more prescriptions and keep taking these medicines.



It is important to keep taking all your medicines as prescribed. Making sure you take the right medicine can be quite confusing at first, so ask your doctor, nurse, pharmacist or health worker if you are unsure.



You may find a pill box or calendar pack useful to organise your medicines – ask your pharmacist for more information.



It's useful to carry a list of your medicines with you, including:

- name of medicine
- strength or dose
- how and when to take it
- what is it for.

Take this list to all your medical appointments, including allied health and dental appointments.

For more information about common medicines hrt.how/medicines.




The **My Heart, My Life** phone App can help you keep track of your medicines.



It's important to keep taking your medicines, even if you feel better. Don't change how often or how much you are taking without checking with your doctor.


Questions you might like to ask your doctor or pharmacist

 How long do I need to take my medicines for? _____

 How do I know if my medicines are working? _____


 Are there any risks or side effects? _____

 What do I do if I get side effects? _____

 Can I use cheaper (generic) brands of medicines suggested by my pharmacist? _____

 How do I store my medicines? _____

 Do I need to take my medicines with food? _____

 Do I need to avoid any foods or other medicines while I am taking this medicine? _____



Warning Signs

5. What are the warning signs of a heart attack?

Having coronary heart disease means you are at risk of having a heart attack. If you have already had a heart attack you are at risk of having another one.

Every minute counts when it comes to a heart attack. Learn to recognise the warning signs and seek treatment early by calling **Triple Zero (000)**. This helps to reduce damage to your heart and may save your life.

If you are unsure, it's always best to call **Triple Zero (000)** for an ambulance and go to hospital to check.



Treatment starts when you call for an ambulance. It is the safest and fastest way to get to hospital.

Warning signs vary.

Some say it feels like:

“Bad indigestion”

“An elephant sitting on my chest”

“A belt being tightened around my chest”

“A choking feeling in my throat”

“My arms felt heavy and useless”



For more information on Warning Signs, see the back page of this booklet or visit heartfoundation.org.au

You may feel:

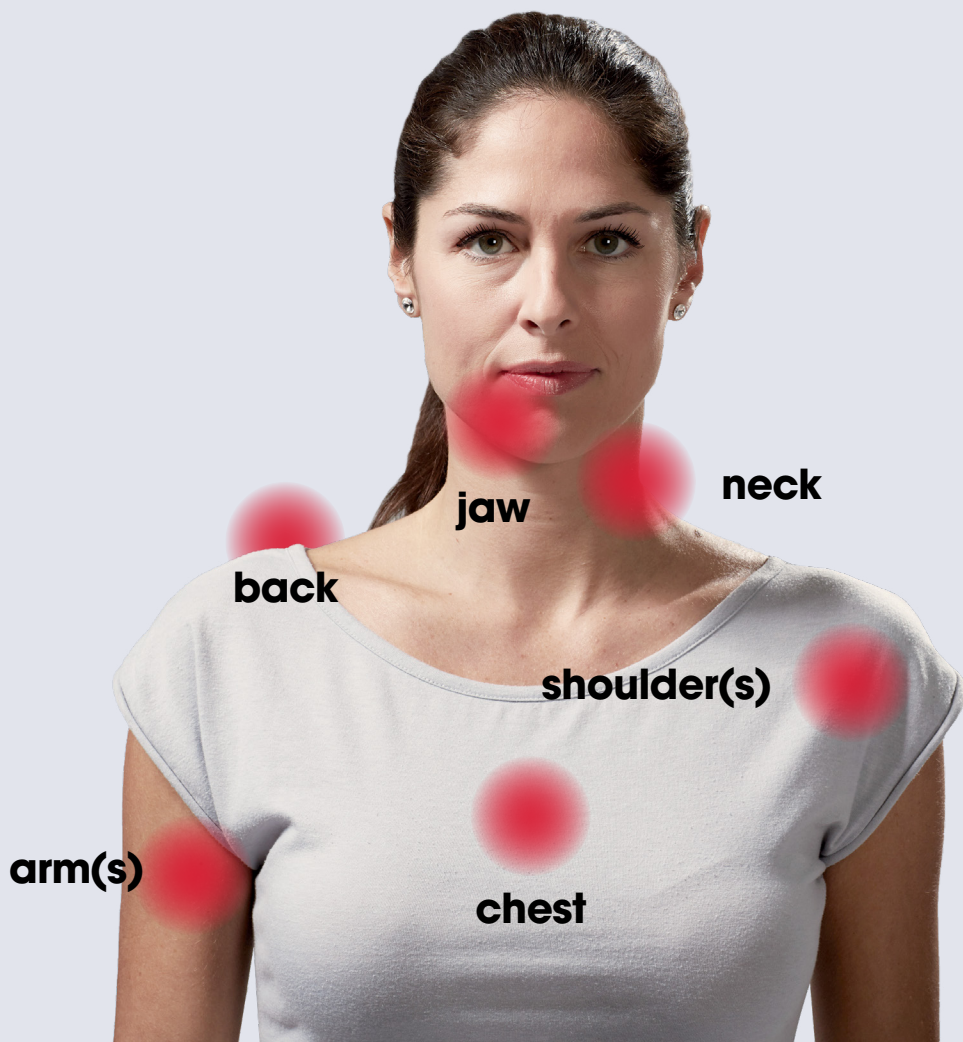
sick, dizzy, short of breath, have a cold sweat

You may have:

pain, pressure, heaviness or tightness in your

chest, jaw, arm(s), neck, back, shoulder(s)

This can be felt on the left, right or both sides of your body



“Understanding your symptoms and acting on them could save your life”

- Tracy, Cardiovascular Clinical Nurse Specialist

“I was still convinced I had hurt my back... then the doctor stood at the end of my bed and said you have had a heart attack”

- Trisha



My follow up plan

6. My follow up plan

What do I need to do before leaving hospital?

Use the checklist on page 35 to discuss the six questions you should ask before leaving hospital with your doctor, nurse or health worker.

Ask your doctor, nurse or health worker to complete the **My hospital care** section on page 3 of this booklet.

Treatment for a heart condition doesn't end in hospital.

Regular checkups with your GP (local doctor) are important to help manage your heart health.

You will need to make an appointment to see your GP within a week or so after leaving hospital so they:

- know what has happened to you.
- can check on your progress.
- can help you take control of risk factors such as high cholesterol, high blood pressure or diabetes.

Ask your GP for prescriptions for the medicines that you were prescribed when discharged from the hospital.

Remember to take your medicines list and any test results to your appointments.

If you had a procedure or heart surgery, looking after your wounds properly will help avoid an infection. Check with your doctor, nurse or health worker about signs of an infection and what to do if you think you have one.

For more information and support sign up for the **My Heart, My Life** program on page 2.

We can help you in lots of ways to help you improve your heart health including linking you to a cardiac rehabilitation program or other support group as well as a Heart Foundation Walking group hrt.how/walking.

Checklist: Six things you should ask before leaving hospital

Make sure you know the answers before you leave hospital.

1. What happened to my heart? What treatments did I have?

What has happened to me? What tests and treatments did I have?
Am I cured? Do I need other tests and treatments?

Notes: _____

☐ I know what happened to me

☐ I know how to care for my wound and have some dressings

2. Why has this happened to me?

What are the risk factors for a heart attack? What risk factors can I manage? How can I get support?

Notes: _____

☐ I know my risk factors and how to manage them

3. What is cardiac rehabilitation? When can I return to everyday activities?

Why should I attend cardiac rehabilitation? Where can I attend? How do I get a referral? When can I return to everyday activities?

Notes: _____

☐ I have my referral for cardiac rehabilitation

☐ I know what I can and can't do when I get home

4. What medicines do I need to take?

What are my medicines for? How long do I need to take them?
How do I take them?

Notes: _____

- ☐ I have my medicine list and my medicines
☐ I understand when and how to take them

5. What are the warning signs of a heart attack?

What symptoms should I look for? What do I need to do next?

Notes: _____

- ☐ I know my Warning Signs Action Plan

6. What is my follow up plan? When should I visit my doctor?

What should I tell my GP or Health worker? When should I see my cardiologist/specialist?

Notes: _____

- ☐ I have an appointment with my cardiologist/specialist
☐ I have an appointment with my GP/Health Worker

My heart dictionary

A close-up photograph of a person's arm and hand. A white blood pressure cuff is wrapped around the upper arm. The hand is resting on a light-colored wooden surface, with fingers slightly curled. The background is softly blurred, showing a desk with papers and a pen. The overall lighting is warm and natural.

Angina: Temporary pain or discomfort that happens when the heart can't get enough blood and oxygen, usually caused by fatty material (plaque) in the coronary arteries. Angina is not the same as a heart attack as often there is no damage to the heart.

Artery: A type of blood vessel that carries blood away from the heart to other parts of the body. Nearly all arteries carry oxygen around the body.

Aspirin: A medicine that thins the blood and helps prevent clots. It is used to reduce risk of heart attack.

Blood pressure (BP): The force of blood in your blood vessels as it is pumped around your body by your heart. The first number in your BP reading is called systolic BP and is the pressure when your heart pumps. The second number is called diastolic BP and is the pressure when your heart relaxes (e.g. 120/80).

Coronary Artery Bypass Surgery (CABG): Heart surgery that involves taking a blood vessel from the chest, leg or arm, and attaching ('grafting') it to each side of a blocked coronary artery. This lets blood go around or 'bypass' a blockage.

Cardiac arrest: When the heart suddenly stops beating. A person in cardiac arrest will be unresponsive, not breathing normally and not moving.

Cardiac Rehabilitation (cardiac rehab): Support and education after a heart event to help people understand what has happened, how to manage heart health and how to safely return to everyday life.

Cardiologist: A specialist doctor that has training in the care of people with heart conditions.

Catheter: A thin tube inserted in to the body. This is used for many different medical procedures.

Cholesterol: A type of fat found in the blood.

Coronary artery: A special blood vessel that sits around the heart to supply it with oxygen and nutrients.

Diabetes: A condition that affects the way the body takes up and uses sugar, leaving too much sugar in the blood. Too much sugar in the blood can harm eyes, feet, kidneys and other parts of the body, including the heart. There are two main types of diabetes – type 1 and type 2.

Electrocardiograph (ECG): A test to read your heart's electrical signals that can show your heart rhythm and detect a heart attack or angina. Small sticky dots with wire leads are put on your chest, arms and legs and these are attached to an ECG machine.

Health worker: A Community Health Worker, Aboriginal Health Worker or Aboriginal Health Practitioner. Performs a wide range of health care roles and helps to link the community and healthcare services.

Heart attack: Usually happens when plaque builds up in a coronary artery and then cracks, causing a blood clot to form. The clot blocks the artery and no blood or oxygen can reach that part of your heart. This causes that area of heart to be damaged.

Myocardial Infarction (MI): another name for Heart attack

Nitrate medicine: A medicine used to treat angina by improving blood supply to the heart.

non-STEMI: Stands for non ST elevation myocardial infarction. A type of heart attack described by the changes seen on an ECG test (which is an electrical tracing of the heart).

Plaque: Found in arteries (and is different to plaque on teeth) is a fatty substance that builds up on the artery wall.

Risk factor: Something that increase the chances of having a heart condition.

Specialist: a doctor who devotes attention and training to a particular area of medicine.

STEMI: Stands for ST elevation myocardial infarction. A type of heart attack described by the changes seen on an ECG test (which is an electrical tracing of the heart).

Symptoms: feelings caused by an illness that can be physical or mental.

Thrombolysis: "Clot busting" medicines used to dissolve a blood clot that may be narrowing or blocking a coronary artery.

Where to find more information and support

Heart Foundation: for a wide range of information and support about heart disease: 13 11 12 | heartfoundation.org.au

- For an interpreter, call 13 14 50 and ask for the Heart Foundation
- Visit hrt.how/6steps to watch the Heart Foundation Six steps to cardiac recovery videos (available with translated subtitles in 14 languages)
- Visit hrt.how/app to download the Heart Foundation My Heart, My Life phone app.



Beyond Blue: for advice and support about depression and anxiety: 1300 224 636 | beyondblue.org.au



Australian Heart Health: for more information about emotions and heart disease: australianhearthealth.org.au/cardiacblues



Quit Now: for advice and support about stopping smoking 13 78 48 | quitnow.gov.au



NPS Medicinewise: For more information about common medicines: 1300 633 424 | nps.org.au



Support for family and friends

You may have this flyer because someone close to you has been diagnosed with a heart condition or has had a heart event (such as a heart attack). A heart event or diagnosis can happen suddenly or be unexpected, and it is normal to feel shocked, frightened or anxious. After a new diagnosis, there is a lot of information to understand. Take some time to show your support by asking what your loved one might need, what you can do to help and what support you can both receive.

My Heart, My Life program

The Heart Foundation **My Heart, My Life** program is there to support you and your loved one to understand what has happened and what to do next.

Enrol Now: To join the **My Heart, My Life** program, simply:



Text the word **SUPPORT**
to **0481 073 259**



Visit **hrt.how/enrol** and
complete the form



Phone the **Helpline**
on **13 11 12**

The program is free to join and provides access to information and practical advice across:

- How the heart works
- Details of different heart conditions
- Common procedures and treatments
- Risk factors that contribute to heart conditions
- Warning signs of a heart attack
- Understanding and managing medicines
- Cardiac rehabilitation programs
- Returning to everyday life (such as driving, working, travel and intimacy)
- Tips and advice on enjoying healthy eating, being physically active and quitting smoking
- Looking after your emotional health
- Managing other conditions (such as diabetes, high blood pressure and cholesterol)

Heart Foundation Helpline

As part of the **My Heart, My Life** program you can also speak with a qualified health professional via the Heart Foundation Helpline.

For the cost of a local call, you can receive information and support across heart health, nutrition and healthy lifestyle changes.

Call the Heart Foundation Helpline on 13 11 12 or email health@heartfoundation.org.au. For an interpreter, call 13 14 50 and ask for the Heart Foundation.

My Heart My Life Phone Application (App)

The My Heart, My Life phone app is simple to use and designed to help you or your loved one with:

- managing medicines
- keeping track of health statistics, including blood pressure and cholesterol readings
- understanding the warning signs of a heart attack
- accessing heart-healthy recipes



The app is free for both Apple and Android phones. For more information and to download the app, visit heartfoundation.org.au/your-heart/my-heart-my-life.

About the Heart Foundation

The Heart Foundation believes in a future free from heart disease. Every day, our work delivers:



funding for world-class heart research



support for health professionals to prevent, diagnose and treat heart disease



support for people living with heart disease



education and resources for living a heart-healthy lifestyle



advocacy to government and industry to improve heart health

How can you help?

You are making a difference when you love and care for someone with heart disease. If you want to do more, there are many ways you can support the Heart Foundation to help people living with heart disease.

For more information, visit: heartfoundation.org.au/get-involved

If you are looking for an easy and fun way to bring attention to heart disease, as well as helping to fund the **My Heart, My Life** Program, join our Do it for Heart community fundraising program.

Sign up at doitforheart.org.au

Get in touch



13 11 12



heartfoundation



heartfoundation.org.au



HeartFoundationAust



HeartFoundationAU

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Talk to one of our qualified health professionals to answer your heart health questions.

Call our Helpline on 13 11 12

For more information visit **heartfoundation.org.au**

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Will you recognise your heart attack?

Warning Signs Action Plan



Do you feel any

pain pressure heaviness tightness

In one or more of your

chest neck jaw arm/s back shoulder/s

You may also feel

nauseous a cold sweat dizzy short of breath

Yes

1 STOP and rest now

2 TALK tell someone how you feel

If you take angina medicine

- Take a dose of your medicine.
- Wait 5 minutes. Still have symptoms? Take another dose of your medicine.
- Wait 5 minutes. Symptoms won't go away?

Are your symptoms severe or getting worse?

or

Have your symptoms lasted 10 minutes?

Yes

3 CALL 000
Triple Zero

and chew 300mg aspirin, unless you have an allergy to aspirin or your doctor has told you not to take it

- Ask for an ambulance.
- Don't hang up.
- Wait for the operator's instructions.