

Heart attack and stroke prevention options



Type of treatment	Options	Up side and benefits	Down side
<p>You may be reading this because you already have a problem with your blood vessels. For example: a heart attack; angina; a stroke; or narrow blood vessels to your legs. The advice below is important for you, but you may not manage to do everything described below. Choose what you can manage. I will try to help you to choose sensibly.</p> <p>Each of the following options are helpful for some people to protect their blood vessels and heart. How helpful each option is depends on your current lifestyle and your current risk of heart attacks and strokes.</p>			
Lifestyle	Smoking Cessation	<p>50% benefit</p> <p>Just mentioning the potential benefits increases the chances of quitting.</p> <p>Vaping e cigarettes is safer than smoking, as an aid to stopping in the long term.</p>	Smoking is addictive. You may need support and wish to use medication to help you to quit. The medication has tiny risks. You will need commitment.
	Physical Activity	<p>25% benefit</p> <p>In a perfect world this means 150 minutes of activity per week. Aim to make yourself a little breathless, but not so breathless that you can't talk. Some people like to use activity apps that measure steps. Choose your own targets, with support. Start at 5000 steps but consider aiming for 10,000 steps in a day. Exercise should be fun (usually).</p>	Needs time commitment unless you go for the high intensity exercise options.
	Healthy diet eg mediterranean diet	<p>30% benefit</p> <p>The Mediterranean diet wins hands down for protecting the heart. But you may prefer a diet that works for you to lose weight. Suitable alternative include the low GI diet (especially for those prone to type 2 diabetes) or the 5 and 2 diet (the Fast diet) – which might work for those who can be strict with their diet only twice a week. Diets have to be do-able in the long term. And enjoyable.</p> <p>Each 7g of cereal fibre per day lowers your risk of death or heart attack by 9%. Aim for 25-38g of cereal fibre per day. Porridge is an ideal way to start the day. Choose whole grain breads, brown rice, bulgur wheat and graham (whole grain) flour.</p>	Changing your diet needs planning. There are many recipe books and online resources to help you to change what you buy and use in your diet. Avoiding convenience food is a challenge. It is worth the investment of your time and effort. Think about getting support from a dietician or support group.
	Measures to lower blood pressure	<p>Reduce BP without medicine 20-30% benefit (if BP high)</p> <p>23% of people with high blood pressure reduced their blood pressure by 10 by reducing their salt intake (and replacing it with healthy lo salt).</p> <p>40% of people with high blood pressure reduced their blood pressure by 10 by changing to a healthier diet.</p> <p>31% of people with high blood pressure reduced their blood pressure by 10 by taking regular exercise.</p> <p>30% of people with high blood pressure reduced their blood pressure by 10 by reducing their alcohol intake.</p> <p>Taking 30g of flaxseed daily reduces blood pressure by 15 on average.</p> <p>Losing as little as 5kg (if you are overweight) can make a big difference to your risk of high blood pressure, heart disease, stroke, type 2 diabetes, arthritis, gallstones, sleep apnoea and colon and breast cancers. Sleep apnoea is a common cause of high blood pressure in people who are overweight.</p>	See above regarding the challenges of increasing your physical activity levels and changing your diet. Please refer to the shared decision option tool on "How to lose weight". Most of these measures are relatively easy and risk free.
Medication	Blood pressure medication	<p>20-30% benefit If your blood pressure does not come down with the above lifestyle measures you may choose to use a blood pressure medication or two.</p>	Please see the blood pressure shared decision options tool.
	Low or moderate intensity statins	<p>25% benefit The Daily Mail may tell you one day that statins are evil, and the next they may tell you that they are the best thing since sliced bread.</p>	Statins don't suit everyone. But most people can use low dose statins with very little risk of sore muscles or other problems.
	High intensity statins	<p>35% benefit High intensity statins work a little bit better than low dose statins.</p>	But 1 in 10 people may get achy muscles, 1 in 150 people get a change in their liver blood tests, 1 in 10,000 people get severe muscle problems or kidney damage, 1 in 50 people may get cataracts earlier than expected. 1 in 170 people get diabetes earlier than expected. Most of these problems go away when you stop, or reduce the dose of, the statin. A different statin may cause less side effects.
	Metformin (diabetes only)	<p>35% benefit If you have type 2 diabetes, taking metformin tablets can protect you from heart attacks and strokes. It can also make it easier for you to control your weight.</p>	But it can cause you to open you bowels slightly more, and should be started at a low dose with meals and slowly increased.
Personalised risk assessment	<p>If you don't already have heart disease or blood vessel damage, you might think that you could be prone to heart attacks, strokes or angina. Go online and search for:</p> <p>The Absolute CVD Risk/Benefit Calculator http://chd.bestsciencemedicine.com/calc2.html</p> <p>Click on the second button to choose Qrisk2:  This is for British numbers.</p> <p>Put in all of your own numbers:</p> <p>You will need your age, sex, ethnic origin, smoking status, do you have diabetes?, your top (systolic) blood pressure, whether you are on blood pressure medicine, your cholesterol number, your healthy (HDL) cholesterol number, whether your parents or siblings had a heart attack, or angina, before 60, if you have chronic kidney disease, atrial fibrillation of the heart, rheumatoid arthritis and also your height (in cm) and your weight (in kg).</p> <p>This computer programme will only work for you if you are 40 or above and don't already have obvious damage to your blood vessels (heart attack, angina, a stroke or narrow blood vessels to your legs). It does not work for those people who have familial hypercholesterolaemia (uncommon - 1 in 500 people).</p> <p>The computer programme should give you a risk number. This is the chance that you might have a heart attack, angina or a stroke in the next 10 years. This is shown with red and pink faces. If your number is higher than 20% then you should definitely discuss this with your GP. If the number is 10-19% you should probably talk to your nurse.</p>		

BP	
Chol	
HDL	
Height	
Weight	

