

# Preventing another heart attack

Information for the public

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## About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information explains the advice about preventing another heart attack that is set out in NICE clinical guideline 172.

All of the treatment and care that NICE recommends is in line with the NHS Constitution (<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>). NICE has also produced advice on improving the experience of care for adults using the NHS. For more information see 'About care in the NHS' on our website ([www.nice.org.uk/nhscare](http://www.nice.org.uk/nhscare)).

This is an update of advice that NICE published in 2007.

## *Does this information apply to me?*

Yes, if you are 18 or over and have had a heart attack. This includes people who have not yet been discharged from hospital and people whose heart attack happened more than a year ago.

## What is a heart attack?

The coronary arteries are the blood vessels that supply the heart muscle with blood. A heart attack happens when one or more of these arteries become blocked. This damages the heart muscle, and is called a myocardial infarction.

The blockage is usually caused by a small blood clot in a coronary artery that has been narrowed by a build-up of fatty deposits in its walls. This condition is called coronary artery disease.

If you have already had a heart attack, you are at risk of having another one because of the disease in your coronary arteries.

However, there are steps you can take to reduce your risk of having another heart attack, and some of these are covered here.

## Your healthcare team

The various types of treatment described may be provided by a range of healthcare professionals who specialise in different treatments. These could include doctors, dietitians, physiotherapists, psychotherapists, pharmacists, cardiac rehabilitation nurses and stop smoking advisers.

A member of your healthcare team should discuss how to prevent another heart attack with you. You should have the opportunity to ask any questions you have – there are lists of questions in the following pages you might like to ask to help you with this.

Some treatments described may not be suitable for you, depending on your exact circumstances. If you think that your treatment or care does not match this advice, talk to your healthcare team.

## Helping you recover from a heart attack

Cardiac rehabilitation is a programme of education and activity to help people recover from a heart attack and lead their lives as normally as possible. You should be invited to attend a cardiac rehabilitation programme that includes exercise and sessions covering a range of topics including health education and information.

Your partner or carer should be able to be involved in your cardiac rehabilitation programme if you would like this.

## *Your cardiac rehabilitation programme*

You will benefit most from your cardiac rehabilitation programme if you start it as soon as possible after your heart attack. This should be before you leave hospital, and you should then be invited to attend a session that will take place within 10 days of your leaving hospital.

Your cardiac rehabilitation programme should take into account any cultural and religious needs you may have, and the staff should find out about your views and beliefs regarding your health and recovery. You should also be given a choice of when and where to have the programme. For example, it could mean having sessions outside of working hours, at home, at the hospital or in the community, such as in a local sports centre. You might be able to have single-sex classes if you prefer.

A member of your cardiac rehabilitation team should explain to you the benefits of the programme and find out if there is anything that might stop you from attending – for example, problems with transport. If there are some parts of the programme you would prefer not to be involved in, you should still be encouraged to attend the rest of the programme.

You should also be asked about whether you need help with issues such as finance, welfare rights, housing and social care.

## *Exercise and cardiac rehabilitation*

Your cardiac rehabilitation programme should include a range of different types of exercise. These should suit your age and ability and take into account any other health problems or illnesses you may have.

If you have any heart problems or other conditions that get worse when you exercise (for example, angina or asthma), your doctor should treat these before you undertake the exercise part of the programme. If the pumping activity of your heart hasn't recovered as well as it should (that is, you have heart failure), you should still be offered suitable exercise sessions, providing your condition is stable.

## *Resuming normal activities*

You will probably be able to return to your normal daily life, including your work, after your heart attack. How soon this will happen will depend on the treatment you have had since your heart attack, how well you have recovered and the activities or work you plan to return to.

## *Sport*

If you play competitive sport, you may need to talk with a specialist about whether it is safe for you to continue playing after your recovery.

## *Travel*

If you drive, your doctor should be able to advise you on the latest guidelines from the Driver and Vehicle Licensing Agency (DVLA).

If you plan to fly, you should seek advice from the Civil Aviation Authority ([www.caa.co.uk](http://www.caa.co.uk)). Some people with a more serious heart attack may need more detailed advice before flying.

If you hold a pilot's licence, you should seek advice from the Civil Aviation Authority ([www.caa.co.uk](http://www.caa.co.uk)).

## *Stress management*

Your cardiac rehabilitation programme should include how to cope with stress, but if you feel anxious or depressed after your heart attack your doctor should offer you counselling, self-help advice or, sometimes, medicine. NICE has produced advice on treating depression in adults with a long-term physical health problem, and about treating people with anxiety (see [Other NICE guidance](#) for details).

## *Sexual activity*

If you have made a good recovery after your heart attack, it is safe to resume sexual activity when you feel ready, usually after about 4 weeks. When you have recovered from a heart attack, your risk of another heart attack being triggered by sexual activity is no greater than for someone who has never had a heart attack.

If you have erectile dysfunction (difficulty in getting or maintaining an erection), your heart attack was over 6 months ago and you have made a good enough recovery, your doctor may offer you medicine that can help.

## Questions to ask about cardiac rehabilitation

- Please tell me more about cardiac rehabilitation.
- What happens if I don't want to go to all the sessions?
- Can you provide any information for my family/carers?
- Can I talk to you about whether there are any risks in having sex?
- Does Viagra (sildenafil) or a similar tablet interact with any of the drugs I'm taking?

## Changing your lifestyle to reduce your risk

Your doctor or nurse should talk to you about the lifestyle changes that you and your family can make to help reduce your risk of having another heart attack.

### *Diet*

Healthy eating is an important factor in helping to reduce your risk. You should be offered an individual consultation to discuss your diet, which should include talking about your current eating habits and how to improve your diet. You should be given healthy eating advice that is tailored to your needs but can also be extended to your whole family.

This will involve following a Mediterranean-style diet, with more bread, fruit, vegetables and fish, and less meat, as well as choosing products made from vegetable oils (such as olive oil) instead of products such as butter and cheese. Oily fish (such as herring, sardines, mackerel, salmon, trout and tuna) can form part of a Mediterranean-style diet, but there is no need to eat this type of fish specifically to try to prevent another heart attack.

Omega-3 fatty acid capsules or omega-3 fatty acid supplemented foods have not been found to help prevent another heart attack, so you should not be advised to take them just to reduce your risk.

You should be advised not to take beta-carotene (a type of vitamin A) supplements, vitamin C or E, or folic acid to reduce the risk of having another heart attack.

## *Alcohol*

If you drink alcohol, you should receive advice about staying within safe limits and not binge drinking, which is drinking more than 3 alcoholic drinks in 1–2 hours. Men should drink no more than 21 units of alcohol a week, and women should drink no more than 14 units of alcohol a week. A pint of normal-strength beer is about 2 units and a small (125 ml) glass of wine is about 1.5 units.

## *Regular exercise*

Regular exercise can help your heart. You should receive advice about how you might benefit from increasing your activity levels, and how to do this gradually. This will depend on how well you have recovered, how active you are now, how active you used to be and what type of exercise you prefer.

You should aim to exercise for 20–30 minutes a day. Whatever exercise you choose should be enough to make you slightly breathless. Some people may need to increase their activity gradually.

## *Smoking*

Smoking increases the risk of having another heart attack. If you smoke, you can get advice and support to help you stop. There are treatments available on the NHS for people who want to give up smoking.

## *Weight*

If you are overweight, you are putting an extra strain on your heart. Your healthcare professional can give you advice and support about reaching and maintaining your ideal weight. See [Other NICE guidance](#) for details of our guidance on obesity.

### Questions to ask about lifestyle changes

- What information and support is available to help me make changes to my lifestyle?
- Is there anything that might increase the risk of having another heart attack?
- Are there types of exercise that might help me more than others, or be less help?
- Where can I get advice and support about giving up smoking?

- Are there any support groups in my local area?
- What could happen if I don't change my lifestyle?

## Taking drugs to reduce your risk

As well as cardiac rehabilitation and lifestyle advice, NICE has recommended that you should be offered treatment with the following types of drugs. However, there might be some situations where you won't be offered all the drugs mentioned. For example, if you had a heart attack more than a year ago, you may not need treatment with all the drugs.

### *ACE inhibitors*

ACE inhibitors (also called angiotensin-converting enzyme inhibitors) have a protective effect on the heart and make it easier for blood to be pumped around the body. They also reduce blood pressure and relieve workload on the heart.

### *Antiplatelet therapy*

#### **Aspirin**

Antiplatelets make your blood less likely to clot. If you are offered aspirin, you will normally need to take it for the rest of your life.

#### **Additional antiplatelet drugs**

You might be offered another antiplatelet drug (clopidogrel, ticagrelor or prasugrel) in addition to aspirin. These drugs are normally taken for up to a year after a heart attack.

### *Beta-blockers*

Beta-blockers slow your heart and protect it after a heart attack. Additionally they lower blood pressure and relieve the workload on the heart.

## *Statins*

Statins lower the level of cholesterol in your blood, so fatty deposits are less likely to form in your blood vessels.

NICE has produced advice on statins and lowering cholesterol (see [Other NICE guidance](#) for details).

## *Other drugs*

You may also be offered treatment with the following drugs:

- A drug called an angiotensin receptor blocker (also known as ARB) if you cannot take ACE inhibitors.
- A drug called an aldosterone antagonist if you have heart failure (that is, your heart is not pumping enough blood to meet your body's needs).

NICE has produced advice on treatment for people with chronic heart failure (see [Other NICE guidance](#) for details).

## *Monitoring your drug treatment*

Monitoring will be needed when you start your drug treatment, and there should be a written plan in place that is given to you and to your GP. This should include details about your drug treatment, and monitoring your blood pressure and kidney function.

You should receive a copy of your discharge summary, which is a brief report written by your hospital doctor, when you leave hospital.



#### Questions to ask about drug treatment

- How long will I have to take the drug(s) for?
- What is the best time of day to take the drug(s)?
- What should I do if I get any side effects? (For example, should I call my GP, or go to the emergency department at the hospital?)
- Are there any food or drinks that I should avoid?
- Are there any long-term effects of taking this treatment?
- What will happen if I choose not to have the treatment you have offered?

## Sources of advice and support

- British Heart Foundation, Heart Helpline 0300 330 3311  
<http://www.bhf.org.uk>
- HEART UK – the cholesterol charity, Helpline 0845 450 5988  
<http://www.heartuk.org.uk/>

You can also go to NHS Choices ([www.nhs.uk](http://www.nhs.uk)) for more information.

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

## Other NICE guidance

- Anxiety. NICE clinical guideline 113 (2011). See <http://guidance.nice.org.uk/CG113>
- Chronic heart failure. NICE clinical guideline 108 (2010). See <http://guidance.nice.org.uk/CG108>
- Depression in adults with a chronic physical health problem. NICE clinical guideline 91 (2009). See <http://guidance.nice.org.uk/CG91>
- Depression in adults. NICE clinical guideline 90 (2009). See <http://guidance.nice.org.uk/CG90>
- Lipid modification. NICE clinical guideline 67 (2008). See <http://guidance.nice.org.uk/CG67>

- Obesity. NICE clinical guideline 43 (2006). See <http://guidance.nice.org.uk/CG43>
- Statins for the prevention of cardiovascular events. NICE technology appraisal guidance 94 (2006). See <http://guidance.nice.org.uk/TA94>

## Accreditation

