



HEALTHY LIVING, HEALTHY HEART

Information for African Caribbean communities



BEATING HEART DISEASE TOGETHER

ABOUT THIS BOOKLET

We've written this booklet to help people from African Caribbean communities look after their heart and reduce their risk of cardiovascular disease.

By 'African Caribbean' we mean those who are of West Indian background and whose ancestors were of black African descent.

We'll look at:

- what cardiovascular disease (CVD) is, and the conditions that you as an African Caribbean person are at greater risk of
- the risk factors that can increase your likelihood of developing CVD
- the everyday lifestyle changes you can make to reduce your risk of CVD.

This booklet does not replace the advice that your GP or nurse may give you, but we hope it will provide you with additional information and support.

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WHAT IS CARDIOVASCULAR DISEASE?

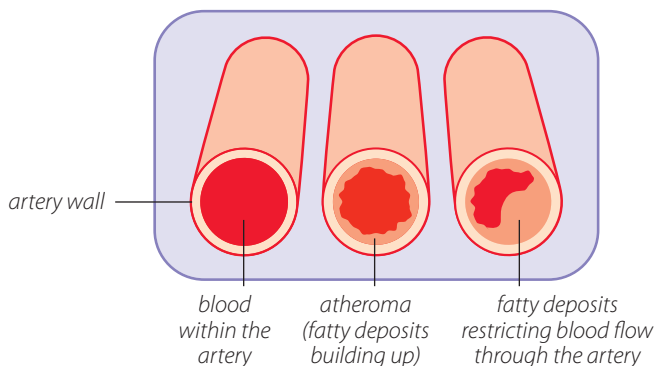
Cardiovascular disease (CVD for short) is also called 'heart and circulatory disease'. It means all diseases of the heart and circulation, including coronary heart disease (angina and/or heart attack), and stroke.

What is coronary heart disease?

Coronary heart disease is when your coronary arteries (the arteries that supply blood and oxygen to your heart) become narrowed, or hardened, by a gradual build-up of fatty material within their walls. This condition is called **atherosclerosis** and the fatty material is called **atheroma**.

Your heart needs a constant supply of oxygen-rich blood to function effectively and keep healthy. If your arteries are clogged up with atheroma, they may become so narrowed that they cannot deliver enough oxygen-rich blood to your heart muscle. As a result, you may feel pain or discomfort in your chest. This is known as **angina**.

How atheroma builds up



When fatty material builds up in the arteries, the arteries become narrow and it is more difficult for the blood to flow through them.

FACT CVD is the most common cause of death in the UK. It causes more than one in every three deaths.

What is a heart attack?

If the atheroma in your arteries becomes unstable, a piece of it may break off and lead to a blood clot forming. If the blood clot blocks your coronary artery and cuts off the supply of oxygen-rich blood to your heart muscle, your heart muscle may become permanently damaged. This is known as a **heart attack** (or **myocardial infarction**).

The symptoms of heart attack vary from person to person. They include:

- chest pain or discomfort, which may spread to the arms, neck, jaw, stomach or back
- a dull pain, ache or 'heavy' feeling in your chest
- chest pain or discomfort which feels like indigestion but which makes you feel generally unwell
- feeling sick, sweaty, breathless, lightheaded, dizzy or generally unwell, as well as having chest pain or discomfort.

A heart attack is a medical emergency.

During a heart attack, you could develop a life-threatening heart rhythm, which may lead to a **cardiac arrest**. This is when you lose consciousness, you stop breathing and your heart stops pumping. This is why, if you think you or someone you are with may be having a heart attack, you must **call 999 immediately for an ambulance**.

If you think you are having a heart attack, don't delay. The quicker you call 999 for an ambulance, the better your chance of survival.

For more information order our booklet *Heart attack (HIS7)* and our leaflet *Heart attack? Know these symptoms (G499)*.

FACT In England, Black Caribbean women showed the highest rates of angina symptoms, whilst Black Caribbean men showed the highest rates of possible heart attack symptoms in comparison to other black and minority ethnic groups.

What is a stroke?

A **stroke** happens when the blood supply to part of your brain is cut off – for example, if a blood clot blocks an artery that carries blood to your brain. Without a blood supply, brain cells can be damaged or destroyed, so a stroke may affect the way your body or mind functions.

If you suspect that you or someone else is having a stroke, you need to act **FAST**. To remember the signs of a stroke and what to do, think '**FAST**':

- **F**acial weakness – can you smile?
Has your mouth or eye drooped?
- **A**rm weakness – can you raise both arms?
- **S**peech problems – can you speak clearly and can others understand what you are saying?
- **T**ime to call 999.

If these symptoms have gone away after a few minutes or hours and disappear within 24 hours, it may have been a Transient Ischaemic Attack or TIA (sometimes called a mini stroke) – but they still must not be ignored. **If you experience these symptoms or see them in someone else, call 999 immediately.**

For more information, contact:

The Stroke Association

on 0303 3033 100

or visit www.stroke.org.uk

FACT People of African Caribbean origin are twice as likely to have a stroke as people of European origin.

RISK FACTORS

A risk factor is something that increases your likelihood of getting a disease. The risk factors for CVD include:

Modifiable risk factors

- **Smoking**
- **High blood pressure**
- **High cholesterol**
- **Being physically inactive**
- **Being overweight/obese**
- **Having type 2 diabetes**

Non-modifiable risk factors

- **Having a family history of heart disease**
- **Age** (the older you are, the higher your risk)
- **Ethnic background**

Risk factors can be 'modifiable' or 'non-modifiable'.

Many of the modifiable risk factors are directly related to your lifestyle habits. So, by making changes to your lifestyle, you can reduce your risk and help protect your heart.

Unfortunately you can't change the non-modifiable factors, but you can still keep your risk down by controlling any modifiable factors you may have.

FACT High blood pressure and diabetes are the main risk factors for cardiovascular disease in African Caribbean groups.

Other factors that may affect your risk of CVD are:

- your income and the type of job you do. For example, people who work in manual jobs, live in poorer areas or are on lower incomes, are more likely to get the disease.
- how you deal with stress. See page 35.

Whatever your situation, you can still reduce your risk of CVD by adopting healthy lifestyle habits.

For more information:

Order our DVD *Risking it (DVD21)* which shows how five ordinary people tackled their risk factors.

How can I find out about my risk of cardiovascular disease?

A health check is an assessment to find out your risk of developing cardiovascular disease. It is sometimes called a heart health assessment or a cardiovascular risk assessment.

The health check will include:

- measurements such as your height, weight and blood pressure
- blood tests for cholesterol and sometimes a glucose (sugar) test
- questions about your age, family history, medication, diet, and physical activity and smoking habits.

A health check takes into account 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 developing CVD.

The results of your assessment will give you and your GP or nurse a clearer picture of your health, and help you to take action to reduce your risk of heart disease, stroke, type 2 diabetes and kidney disease, and to keep your heart healthy. Your GP will also consider if you need treatment - such as prescribing medicines to treat any symptoms you may have or to reduce the impact of any risk factors.

If you're aged 40 or over, you can get your health checked at your local GP surgery by either a nurse or GP. Contact your GP surgery for more information. Some pharmacies may offer health checks, although you may have to pay for them. The person doing the check at your pharmacy will be able to give you lifestyle advice that may help reduce your risk. However, you may still need to see your GP who is the only person who can prescribe any treatment you might need or arrange for more tests.

How can I reduce my risk of cardiovascular disease?

Research shows that making changes to your lifestyle can have a major effect on reducing your risk. Even if your CVD risk is low, you will still benefit from looking at your lifestyle to make sure you are keeping yourself and your heart healthy.

On the next pages we explain more about each of the risk factors and what you can do about them.





SMOKING

Smoking damages your heart and can cause the build-up of atheroma (fatty material) in your arteries.

Cigarettes contain harmful chemicals which can increase your risk of developing CVD. Blood clots are also more likely to occur if you smoke, which puts you at greater risk of having a heart attack or a stroke.

Second-hand smoke (passive smoking) is where non-smokers inhale other people's smoke. Research shows that non-smokers who live with smokers have a greater risk of heart disease than those who don't live with smokers.

Giving up smoking is the single most important thing you can do to improve your heart health.

After a year of quitting smoking, you can decrease your risk of a heart attack to half of that of a smoker.

Once you have decided to stop smoking, getting support is the next essential stage. Your GP or practice nurse should be able to offer information, advice and support on things such as:

- practical tips on how to stop
- local smoking cessation services
- medication to help you, such as nicotine replacement therapy.

For more information:

Order our booklet *Stop smoking (G118)*, or see page 38 for organisations that can help you quit smoking.

FACT

Around one in four African Caribbean men and women aged 34-55 currently smoke.

HIGH BLOOD PRESSURE ('PRESSURE')

Blood pressure is the pressure of the blood in your arteries. You need a certain amount of pressure in your arteries to keep your blood flowing.

The recommended level for the general population is below 140/85mmHg. (Or, if you've had a heart attack or a stroke, or have coronary heart disease or diabetes, the target is below **130/80mmHg.**)

High blood pressure (also called 'pressure' or 'hypertension') is when your blood pressure is constantly higher than the recommended level.

High blood pressure can increase your risk of having a heart attack or a stroke. Over time it can cause the heart to become abnormally large, or the pumping action of the heart to become less effective.

High blood pressure is said to be a silent risk as there are usually no symptoms. The only way of knowing if your blood pressure is high is to have it measured. Your GP or nurse will do this as part of your health check (page 9).

FACT

The African Caribbean communities have the highest risk of high blood pressure for ethnic minorities in the UK.

The following tips can help to reduce your blood pressure and protect your heart:

- do more physical activity (page 18)
- keep to a healthy weight (page 20)
- cut down on salt (page 32)
- cut down on alcohol (page 33)
- eat more fruit and vegetables (page 28)
- stop smoking (page 13).

For more information:

See our booklet *Blood pressure (HIS4)*.

HIGH CHOLESTEROL

Cholesterol is a fatty substance which is mainly produced by the liver and found in the blood. Cholesterol plays an essential role in how every cell in the body works. However, too much cholesterol in the blood can increase your risk of developing CVD.

Cholesterol is carried around the body by lipoproteins, which are a combination of cholesterol and proteins. 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**.

Having too much harmful HDL cholesterol in your blood can increase your risk of developing CVD.

Triglycerides (TG) are another type of fatty substance in the blood which can increase your risk of developing CVD. Eating a lot of fatty and sugary foods, or drinking too much alcohol, can increase your triglyceride levels.

However, some people have high blood cholesterol even though their diet is healthy. For example, they may have inherited a condition called **familial hypercholesterolaemia (FH)**.

FACT The most common cause of high blood cholesterol levels is eating too much saturated fat.

You should aim to have a lower cholesterol level to help reduce your risk of developing CVD. You can do this by cutting down on saturated fats and replacing them with healthier fats. We explain more about the different fats and which foods they are found in on page 30.

Participating in **regular physical activity** can help to increase your protective HDL cholesterol.

For more information:

See our booklet *Reducing your blood cholesterol (HIS3)*.

PHYSICAL ACTIVITY

Getting active helps to lower your blood pressure and cholesterol levels, control your weight and reduce your risk of developing diabetes. It's also a good way of relieving stress.

The best activity for heart health is 'moderate-intensity' rhythmic (aerobic) exercise. Moderate intensity means you should feel warm, and breathe more heavily than normal, but should still be able to talk. Brisk walking, cycling and swimming are good examples.

Whatever sort of exercise you do:

- Start slowly at a level that suits you, and then gradually build up the time you spend on the activity and how often you do it.
- Make sure you warm up at the beginning and cool down at the end.
- If you feel tired, breathless or dizzy, or have pain or feel unwell, stop exercising and contact your GP.

If you have a long term condition such as heart disease, have had a heart attack or stroke, or have high blood pressure or diabetes, check with your GP or practice nurse before you start doing regular physical activity.

For more information:

Order our booklets *Get active, stay active (G12)* if you are aged 35-50, or *Be active for life (G364)* if you are over 50.



FACT To protect your heart, you need to do at least 30 minutes of moderate-intensity activity a day, on at least five days a week.

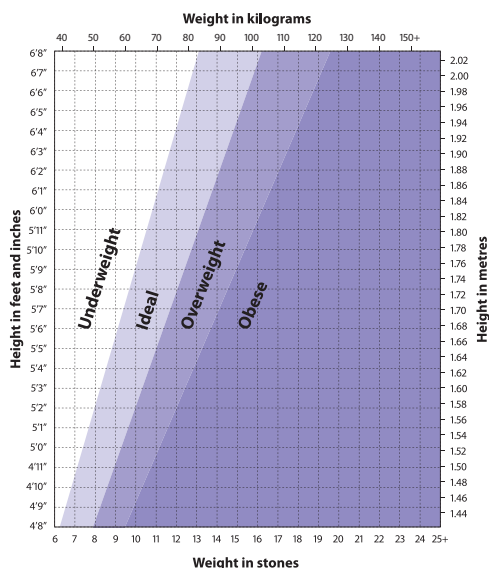
ARE YOU A HEALTHY WEIGHT AND BODY SHAPE?

Keeping to a healthy weight and body shape can help to protect you against diabetes and high blood pressure, as well as lower your cholesterol.

Fatty foods, sweet foods and alcohol are very high in calories. If you eat more calories than your body burns up, the extra calories are stored as fat, resulting in weight gain. You are even more likely to put on weight if you are physically inactive.

Your weight

The chart below is a guide for finding out if you are an ideal weight for your height. To measure this, take a straight line up or down from your weight, and a line across from your height (without shoes). Put a mark where the two lines meet. If you fall into the 'Underweight', 'Overweight' or 'Obese' categories in the chart, your health may be at risk. This is only an approximate guide.



Adapted from height/weight chart by kind permission of the Food Standards Agency



FACT African Caribbean women tend to carry excess weight around their stomach area while African Caribbean men tend to be more obese than other ethnic minority groups in the UK.

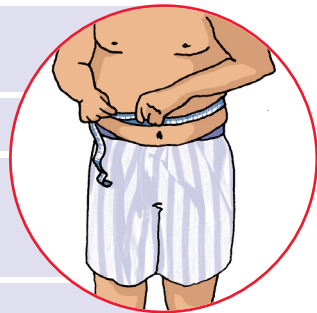
Your body shape

Knowing your body shape, **however you measure it**, is important as a predictive risk factor for CVD. One way to check your body shape is by measuring it with a tape measure, and this may be included as part of your health check by your GP or nurse.

To measure your waist yourself, find the midpoint between the bottom of your ribs and top of your hips – this is often at the level of your tummy button. Breathe out normally and measure around your waist. Try to relax and avoid breathing in while taking your measurement. Check your measurement in the box on the next page.

Guidelines used to assess your waist measurement

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.



FACT Being a healthy body weight and body shape will help reduce your risk of CVD and other conditions.

	Your health is at risk if you have a waist size of:	Your health is at high risk if you have a waist size of:
Men	Over 94 cm (37 inches)	Over 102 cm (40 inches)
Women	Over 80cm (about 31.5 inches)	Over 88cm (about 34.5 inches)

What you can do

The best way to lose weight and reduce your waist size is by:

- following a healthy balanced diet (page 28), and
- increasing your daily physical activity (page 18).

It's healthier to lose weight slowly and steadily – about 1-2 pounds (½-1 kilos) a week – as you're more likely to keep the weight off for good. Losing even a small amount of weight will benefit your health.

For more information:

If this is your first attempt at losing weight or if your BMI is under 30, order our booklet *So you want to lose weight for good (M2)*. If you've struggled with your weight for some time or if your BMI is 30 or greater, we recommend *Take control of your weight (G198)*.

DIABETES (SOMETIMES KNOWN AS 'SUGAR')

Diabetes significantly increases your risk of developing CVD and can cause other serious health problems too.

Diabetes develops when your body doesn't produce enough of a hormone called insulin, or when the insulin doesn't work effectively, leading to abnormally high glucose (sugar) levels. This can cause atheroma to develop in your arteries.

Type 1 diabetes is when your body cannot make any insulin. It usually occurs in children and young adults.

Type 2 diabetes is more common and occurs when not enough insulin is produced, or when the insulin made in your body doesn't work properly. It tends to develop gradually as we get older – usually after age 40 – and is closely linked with being overweight and physically inactive. You are also more likely to develop this condition if you have a family history of diabetes.

FACT Diabetes is much more common in African Caribbean communities in the UK than in the general population.

If you have diabetes, or if you don't have it but want to keep your risk of developing CVD as low as possible, it's very important to control your blood sugar, blood pressure and cholesterol levels. The following things will help you to keep your risk of developing CVD as low as possible:

- doing more physical activity (page 18)
- eating a healthy, balanced diet (page 28)
- controlling your weight and body shape (page 20).

If you have a health check, your doctor or nurse may do a blood test to check your glucose level to see if you have diabetes.

If you are diagnosed with diabetes, you may need to take medication such as statins (a cholesterol-lowering medication) to help protect your heart.

For more information:

See our booklet *Diabetes and your heart (HIS22)*.



FAMILY HISTORY

If your father, mother, brother or sister developed CVD at a young age (under 65 for women, and under 55 for men), you may be at an increased risk.

Family behaviour can be a factor too. Lifestyle habits, such as a poor diet or smoking, can sometimes be passed on.

Genes may also play a role in the risk of developing CVD, although more research is needed to understand this. A single gene has not been identified and it is likely that several genes are responsible. There is no genetic test available to check for the risk running in families.

What you can do

If several members of your immediate family have heart disease or have had a stroke, it is even more important that you look carefully at the risk factors for CVD and make changes to your lifestyle to reduce your own risk.

It's important to tell your doctor if you have a family history of CVD. They may ask you to have your blood pressure checked regularly or have other tests to assess your risk.

HEALTHY EATING FOR YOUR HEART

A healthy, balanced diet can help to protect your heart. The main points are as follows:

Eat plenty of fruit and vegetables

Eating a wide variety of fruit and vegetables will ensure you get a combination of vitamins and minerals to keep you healthy.

Potassium is one particular mineral rich in fruit and vegetables, which may help to control blood pressure.

There is no evidence that taking vitamin tablets or supplements has the same benefits as eating fruit and vegetables.

FACT Aim to eat at least five portions of a variety of fruit and vegetables a day. These can be fresh, frozen, chilled, canned, dried, cooked or raw.



Choosing healthier fats

Foods containing fat are a combination of **saturated, monounsaturated** and **polyunsaturated fats**. Choosing healthier fats can help to protect your heart. But remember that all fats are high in calories. So, if you are watching your weight, you should limit the amount of all the fats you eat.

Try to...

- **Reduce the total amount of fat you eat** by cutting down on foods such as sugary pastries and fatty crisps, and replacing them with healthier fruit and vegetables. Also replace starchy foods such as bread, rice and pasta with wholegrain versions.
- **Cut down on saturated fats**, such as butter, cheese, sausages and fatty meats, which raise cholesterol levels. Replace them with healthier monounsaturated and polyunsaturated fats, such as rapeseed or sunflower oils.
- **Cut down on trans fats** as they can increase your total cholesterol and LDL levels. Trans fats are naturally found in small amounts of dairy foods and meat. They are also formed when vegetable oils are 'hydrogenated' and can be found in processed foods like some cakes, biscuits, crackers and hard margarines. Foods that have 'hydrogenated oil or fat' or 'partially hydrogenated oil or fat' in the list of ingredients are likely to contain trans fats.

OILY FISH AND OMEGA-3 FATS

Oily fish is a rich source of omega-3 polyunsaturated fat. Examples of oily fish include fresh and canned herring, mackerel, pilchards, sardines, and trout and fresh tuna (but not canned tuna).

Eating oily fish regularly can help to reduce your risk of developing coronary heart disease and help to protect your heart.

Aim to eat at least two portions of fish a week with one portion being oily fish. (One portion of fish is 140 grams.)



Cutting down on salt

People who eat a lot of salt are more likely to have high blood pressure. It is the sodium in salt that contributes to high blood pressure. There is sodium in all types of salt, whether it's salt in grains, crystals or flakes, and includes sea salt, rock salt and garlic salt.

Most people eat far more salt than they need. It is recommended that adults have **no more than 6 grams of salt (2.5 grams of sodium) a day** – that's about one level teaspoonful.

African Caribbean people are more sensitive to the effects of salt, so it's important to watch how much salt you're eating on a daily basis.

- **Cut down on processed foods that contain a lot of salt** such as bread, pizza, ready meals, salty snacks, ketchups and sauces, sausages, bacon and salted fish.
- **Don't add salt to your food at the table.**
- **Cook without adding any salt.** Use alternatives such as herbs, spices, pepper, and chillies. Annatto seeds, curry powder, lemon juice, ginger and pimento are important in jerking, so use these instead of salt when making jerk meals. You'll find that, within a few weeks, your taste buds will get used to less salt and you'll be able to appreciate other flavours more.

For more tips on healthy eating and cooking, order our booklets *Eating well (G186)*, *Cut down on salt (G160)* and *Traditional foods – healthy dishes (G503)*, a collection of recipes which include interesting variations on familiar African Caribbean dishes using traditional ingredients.

FACT People of African Caribbean descent are more sensitive to the effects of salt, compared with other ethnic groups. This increases their risk of developing high blood pressure and stroke.

ALCOHOL

If you drink alcohol, make sure you drink within the recommended limits:

- **Men** should drink **no more than 3 to 4 units of alcohol a day.**
- **Women** should drink **no more than 2 to 3 units of alcohol a day.**

1 unit of alcohol =



**half a pint (300ml) of beer,
bitter, lager or cider**
(3.5% alcohol by volume)

or



**a pub measure (25ml) of
spirits such as gin, vodka,
whisky or rum**

or



a small glass (100ml) of wine
(10% alcohol by volume)

These guidelines apply whether you drink every day, once or twice a week, or just occasionally.

FACT Binge drinking – drinking high levels of alcohol in a short space of time – can double your risk of heart disease.

Moderate drinking (1 or 2 units a day) may offer some protection from coronary heart disease, especially in men over 40 and women who have been through the menopause.

But if you don't already drink alcohol, there is no need for you to start, as there are much healthier ways to look after your heart.

Drinking more than the recommended limits does not protect the heart and can actually lead to damage to the heart muscle, high blood pressure, stroke and some cancers. Alcohol is high in calories too, so it can lead to weight gain.

Try to avoid binge drinking. It is better to have just a small amount regularly rather than large amounts in one go.

For more information:

Keep tabs on how much you're drinking – use our interactive alcohol unit calculator on [**bhf.org.uk/alcohol**](https://www.bhf.org.uk/alcohol)

STRESS

We all need challenges to keep us motivated, but when we feel unable to cope with the high demands that are placed on us, we experience stress.

The way you deal with stress can encourage unhealthy behaviour, such as smoking, drinking too much alcohol, eating unhealthily or being less physically active. These can all increase your risk of developing CVD.

It's important to learn how to relax and deal with stress effectively.

For more information:

Order our booklet *Coping with stress (G187)*.

HOW THE BRITISH HEART FOUNDATION CAN HELP YOU

The British Heart Foundation is the nation's heart charity, saving lives through pioneering research, patient care and vital information.

BRITISH HEART FOUNDATION WEBSITE

bhf.org.uk

For up-to-date information on heart disease, the BHF and our services.

HEART HELPLINE

0300 330 3311

Similar cost to 01 or 02 numbers.

For information and support on anything heart-related.

HEART MATTERS

Heart Matters is our free, personalised service to help you live with a healthy heart. Join Heart Matters today to access benefits including *heart matters* magazine, a Helpline and an online members' area with recipes, articles and lifestyle tools. Register online at **bhf.org.uk/heartmatters** or call **0300 330 3300**.

TO ORDER OUR BOOKLETS OR DVDS:

- Call the BHF Orderline on **0870 600 6566**
- Email **orderline@bhf.org.uk**
- Visit **bhf.org.uk/publications**

You can also download many of our publications from our website. For information on other BHF booklets and DVDs, ask for a copy of *Our heart health catalogue*.

WHAT YOU CAN DO FOR US

Our resources and services are free of charge, but we rely on donations to continue our vital work. If you'd like to make a donation, please ring our Supporter Care team on **0844 847 2787** or visit our website at **[bhf.org.uk/donate](https://www.bhf.org.uk/donate)**

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 via our website **[bhf.org.uk/contact](https://www.bhf.org.uk/contact)**

OTHER USEFUL ORGANISATIONS

Blood Pressure Association

0845 2410989

www.bpassoc.org.uk

Diabetes UK

0845 120 2960

www.diabetes.org.uk

Food Standards Agency

www.eatwell.gov or www.food.gov.uk

Stroke Association

0303 3033 100

www.stroke.org.uk

NHS SmokeFree

0800 022 4 332

www.smokefree.nhs.uk

Find your local NHS stop smoking service.

Quit

0800 00 22 00

www.quit.org.uk

A stop-smoking helpline.

In memory of Pauline Willie

2011 is the British Heart Foundation's 50th birthday. Since 1961, we have been the nation's heart charity, dedicated to saving lives through pioneering research, patient care, campaigning for change and by providing vital information. But we urgently need your help. We rely on your donations of time and money to continue our life-saving work. Because together we can beat heart disease.

bhf.org.uk

 **Heart Helpline**
0300 330 3311
bhf.org.uk

Information & support on anything heart-related
Phone lines open 9am to 5pm Monday to Friday
Similar cost to 01 or 02 numbers

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