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# YOUR HEART

(And the little book that could save your life)

- ♥ Three biggest heart fears explained
- ♥ Heart risks and how to manage them
- ♥ The truth about sex and your heart
- ♥ Feeding your heart



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# Contents

Your three biggest heart fears explained .....	4
Heart risks and how to manage them .....	6
Heart attack: The facts .....	10
John and Fraser Allen's story .....	12
The truth about sex and your heart .....	14
Sleep apnoea and your heart.....	16
The lightning round.....	18
Lucky to be alive .....	20
Feeding your heart .....	24
Ten ways to keep your heart healthy .....	28
What happens if something does go wrong ..	30
Glossary.....	32
Acknowledgements .....	35



## Your three biggest heart fears explained

**Coronary heart disease, abnormal heart rhythms, and heart failure are the main types of heart disease.**

### CORONARY HEART DISEASE (CHD)

Heart disease is a narrowing of the blood vessels (arteries) leading to the heart. It occurs when fatty deposits build up in the artery wall (atherosclerosis), making it more difficult for the blood to flow. This may result in chest pain (angina), or heart attack if a total blockage of an artery occurs.

If you are over 35, smoke, do little exercise, have diabetes, suffer depression, or have a family history of heart disease, you're at a higher risk of coronary disease.

Warning signs include chest pains either while at rest or during exercise, being short of breath, or perhaps something as broad as just feeling unwell. Sometimes there are no warnings at all.

**Coronary Heart Disease (CHD) is the most common cause of death in Australia**

### ARRHYTHMIA (ABNORMAL HEART RHYTHM)

Arrhythmias can happen when your heart's electrical system breaks down or malfunctions. This may be a symptom of underlying coronary heart disease or other medical problems.

Tachycardia and bradycardia are types of arrhythmias.

### Tachycardia

Tachycardia arrhythmia is when your heart beats too fast, generally more than 100 beats per minute. Some forms of tachycardia are not serious, but others can be life threatening.

Tachycardia can be a normal response to exercise or other physical activity, but it can also indicate a medical problem.

### Bradycardia

Bradycardia is when your heart beats too slowly, generally less than 60 beats per minute. It is serious when your heart beats so slowly that it can't pump enough blood to meet your body's needs. Bradycardia may be normal, and can be associated with improved physical fitness. However, it can also be caused by many physical disorders.

Symptoms of more serious arrhythmias include:

- Persistent palpitations of the heart that feel like pounding, galloping or fluttering
- Chest pain
- Dizziness or fainting
- Sweating
- Shortness of breath
- Light-headedness
- Fullness in the throat or neck.

Medications and stimulants can sometimes cause arrhythmias. They can include appetite suppressants, beta-blockers, cocaine, nicotine, amphetamines, alcohol, thyroid medications and some asthma medications. If you have an arrhythmia problem, tell your doctor what medication you are taking, including over-the-counter and illicit drugs.

### HEART FAILURE

Heart failure, also known as congestive heart failure, occurs when the heart is unable to pump sufficient oxygen-rich blood to meet the needs of the rest of the body. This may be due to a weakened heart's inability to pump sufficiently and not being able to fill with enough blood. People with heart failure may feel tired, weak or dizzy. Fluid can build up throughout the body as a result of the heart's weakness.

Heart failure is caused by conditions that overwork or damage the heart.

Common conditions that damage the heart include:

### Cardiomyopathy

A disease which directly affects the heart, resulting in a 'weak pump'. Cardiomyopathy can be caused by certain viruses, alcohol abuse, drugs or genetic abnormalities.

### Coronary artery disease

A blockage in a coronary artery can lead to a heart attack, causing damage to an area of the heart. After a heart attack, the damaged area is scarred and not able to contribute to the pumping action of the heart. Large or recurrent heart attacks may cause heart failure.

Other conditions that overwork the heart include:

- Severely narrowed or leaky valves
- Uncontrolled high blood pressure
- Heart conditions you are born with (congenital).

While excess alcohol and drug intake is often associated with causing liver damage, it can also cause heart failure. It's more common among young people.

Often heart failure is seen when you have more than one of these diseases. In some cases it may not be identified.



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## Heart risks and how to manage them

Understanding the risks of heart disease and what to do if you think you have a problem can make a real difference. Here are some tips to cut your risks right now.



### Age

Age is a key factor when it comes to heart disease. The older you are, the greater the risk.

As we age, the heart undergoes subtle changes and may pump less efficiently, which can compound any heart disease that does develop.

It's important to challenge your heart, through exercise, no matter what your age as this helps to keep your heart muscle healthy. But, either way, it's still important to get your heart checked by your family doctor from time to time, particularly if you are over 40 or have a family history of high cholesterol or diabetes.

Generally, when much younger men present with heart problems – even as young as their late teens – it is usually because of problems they are born with,

or from damage caused by illicit drug use, extremely high cholesterol levels, heavy smoking, or diabetes.

### Family history

One of the first questions a doctor may ask you as part of a general health check, is whether your family has a history of heart disease.

We know that some heart conditions are genetic, and by identifying these risks early, you are better placed to ensure you and your doctor can actively monitor your heart health over time.

### Smoking

About one-third of all cases of heart disease in people under 65 are due to smoking.

Smoking is a major risk factor for heart disease. It causes direct damage to your blood vessels, promotes cholesterol sticking to the walls of vessels and decreases good cholesterol levels. It also decreases your physical fitness.

Smoking decreases the amount of oxygen that the blood can carry and increases the tendency for blood to clot. Blood clots can form in arteries causing a range of heart diseases.

If you stop smoking there are immediate health benefits and, after two years your risk of heart attack decreases dramatically. After 15 years smoke-free, your risk is close to that of somebody who has never smoked.

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# further risks

## High blood pressure

High blood pressure (or hypertension) is one of the first warning signs of ill-health, as well as a major risk factor for heart disease. Hypertension is a common disorder and affects about one-in-seven adults in Australia. It becomes more common with age.

When you have high blood pressure, blood is pumping with more force than normal. This is common when you are exercising, but if your blood pressure is high when you are at rest, it means the heart is over-worked. The extra pressure damages the arteries, leading to premature blockage, heart attack, stroke, or poor blood supply to the legs.

Your blood pressure changes all the time, depending on your circumstances. Optimal blood pressure when at rest is 120/80.

## What can you do?

Tips to help reduce your blood pressure:

- Quit smoking
- Reduce salt intake
- Limit alcohol to two standard drinks (men) and one standard drink (women) a day
- Exercise regularly
- Eat a balanced diet
- Maintain a healthy weight.

## Diabetes

People with diabetes face a significantly greater risk of developing heart disease than those without.

Diabetes is a chronic metabolic condition marked by high levels of glucose (sugar) in the blood. It's caused by inadequate levels of insulin (a hormone) or insulin that doesn't work properly in the body. Insulin is essential for the conversion of glucose into energy. So when people with diabetes eat glucose,

which is in foods such as breads, cereals, fruit and starchy vegetables and sweets, it can't be converted into energy. Instead of being turned into energy, the glucose just stays in the blood.

**About 75 percent of people with diabetes die from cardiovascular disease**

Diabetes can change the chemical makeup of some of the substances found in the blood and this can cause blood vessels to narrow or clog up completely.

## What can you do?

- Keep active – do 30 minutes of moderate-intensity exercise on most days. That means you need to be puffing a little
- Maintain your weight – measure your weight to assess your risk
- Don't smoke
- Keep blood pressure and cholesterol low – people who have high blood pressure and diabetes face double the risk of heart disease.

## High cholesterol

Cholesterol is a fatty substance in your blood. Your body makes its own cholesterol and you also get it from some food. While a small amount of blood cholesterol is important for health, high blood cholesterol is one of the major risk factors for heart disease.

Too much 'bad cholesterol' causes fat to gradually build up in blood vessels. This can lead to heart disease. You can have high cholesterol and still feel well, so you need regular blood tests to check your levels.

## What can you do?

If you have high cholesterol, these tips will help:

- Enjoy a balanced diet and ensure intake of foods that boost 'good cholesterol' such as avocado, beans, lentils and oily fish
- Take cholesterol-lowering medication if prescribed
- Don't smoke
- Keep fit and active
- Manage your blood pressure.

## Obesity and inactivity

Maintaining a healthy weight can markedly decrease your risk of developing heart disease. A stable weight occurs when your energy intake equals the energy your body uses up. So the best way to lose or maintain weight is to increase physical activity and eat leaner foods.

Excess abdominal (belly) fat is a separate risk factor in the development of heart disease, regardless of

weight. Men with a waist circumference greater than 94cm are considered to be at a higher than average risk, while anything over 102cm is of even greater concern.

Being a healthy weight and keeping active is good for your heart and helps reduce other risk factors such as high blood pressure, cholesterol and diabetes.

By commencing those first steps to a regular exercise routine, through planned or casual sport, running or other recreational pastimes, you can improve the health of your heart.

By deciding what works best for you and getting active – whether with friends, family or alone – you're giving yourself a healthy reward.



## Take the Swimtember Challenge

September is Swimtember, the month to swim and get active for fun and for life. Set yourself a swimming challenge and start achieving your goals. As you swim you'll be raising awareness for men's health and funds to support The Alfred hospital. Because you set your own challenge anyone can take part; it's totally up to you! Swimtember is flexible so you can choose when and where you swim. Be creative, think of what you can achieve and register today.

For more information visit [www.swimtember.org.au](http://www.swimtember.org.au)



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## Heart attack: The facts

### Call 000 for an Ambulance

There are many symptoms associated with experiencing a heart attack and while no two people will necessarily feel them the same, knowing some of the key indicators can help to ensure you know when to seek timely help.

You might have chest pain, jaw pain, arm pain or no pain. You might feel nauseous, clammy, dizzy, or collapse. These can all be outward symptoms warning of the onset of heart attack.

For others, it could just be the feeling that something is not quite right.

The Alfred's Director of Cardiovascular Medicine, Professor Tony Dart, urges people to act on unexpected pain, pressure, or any strange feeling that causes concern. Warning signs vary and they may not always be sudden or severe.

The sooner you receive treatment, the less damage will be done.

"People often don't realise they are having a heart attack – they think they have indigestion or a 'bad feeling' and wait to see if it settles down," Professor Dart says. "Don't ignore such feelings – get to hospital and get checked. Too often we see people who had their heart attack several days earlier."

"We can usually prevent significant damage to the heart if we see people within a few hours of the onset of a heart attack but, if people wait a day or two, it's often too late to do much – the damage is done. We prefer to see people and tell them nothing is wrong and send them away, than for them to arrive and say they've had terrible pain but done nothing."

**Remember:** A heart attack occurs when there is a blockage in a blood vessel that supplies blood to the heart.

So, if you experience the warning signs of a heart attack for more than a few minutes, or they increase in severity, call 000 immediately.

### The signs

Pain, pressure, heaviness or tightness in your:

- Jaw
- Neck
- Shoulders
- Chest
- Back
- Arm(s).

### Heart attack warning signs can also include:

- Nausea
- Dizziness
- Sweating
- Shortness of breath
- Collapse / fainting.

### ♥ FACT:

In 2009, one-in-three Australian deaths were a result of cardiovascular disease.

### ♥ FACT:

An estimated 47,700 people aged between 40 and 90 had a heart attack in 2009. After adjusting for age, men were twice as likely as women to have a heart attack.

### ♥ FACT:

Coronary heart disease affects males at younger ages than females, with a sharp increase in prevalence from the age of 45–54 years in men compared to 65–74 years for women.

Figures obtained from the Australian Institute of Health and Welfare.

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# John and Fraser Allen's story

**When 27-year-old Fraser Allen suffered a cardiac arrest, his father didn't know what to think. His son was young, athletic and far from the stereotype of an individual he thought could be at risk of heart disease.**

In reality, our hearts can stop working for many reasons but, whatever the cause, there is no escaping the fact that heart disease kills more people in Australia than anything else.

To help inspire others to make proactive health decisions, Fraser's father, John, took time out to share his story:

*Before Fraser got sick, I didn't know much about heart disease. I knew people who had experienced*



*heart problems, but they were all older, not young like my son. When Fraser was admitted to The Alfred after a number of cardiac arrests, it was a huge shock to the whole family. It was completely unbelievable. I never imagined this would happen to a child of mine.*

*Fraser had been unwell for a couple of days. The local doctor told him he might have scarlet fever and I took Fraser home so we could look after him. Thankfully I did.*

*We then decided to take him to the local hospital. We quickly realised how serious the situation was when they told us there was something wrong with his heart – and he needed to be sent for specialist treatment at The Alfred.*

*As a father, you feel so helpless when you watch your child suffer. I wondered how this could happen to someone so young? It was an enormous and unbelievable shock to realise that we could lose our son so suddenly.*

*In this situation, you need as much support as possible. As a close family, we were lucky to have each other. But, crucially, we were lucky to have The Alfred. They saved my boy's life.*

*There's a belief that heart problems only happen to the elderly or to people who don't look after themselves. Since Fraser's illness, I've made a point of learning more about heart disease. I know now it can happen to anyone, at anytime. It's more prevalent than you think.*



# The truth about sex and your heart

**Can having sex trigger a heart attack? Is it safe to take medication to boost your sex life? What if sex is the last thing you're interested in?**

Dr Marco Bonollo, General Physician and Consultant Nephrologist at The Alfred, says that men, whatever their medical condition, are notoriously reluctant to raise sex issues with their doctors.

"Sexual matters often don't come up until very late in a consultation, if at all," he says. "It is only when the doctor specifically asks about sex, or if the man's partner raises the issue, that the patient will advise there's a problem. Those problems could be impotence or a lack of sex drive."

"Both of these problems can be symptoms of a range of conditions, so it's really important to let your doctor know. There are many treatments for these conditions so nobody should be embarrassed."

Having intercourse is pretty safe, as far as the health of your heart is concerned. Depending on your enthusiasm, the strain on your heart from sex is about the same as that from walking up stairs. If you can manage that, you can probably have sex safely.

Some doctors even recommend a healthy and safe sex life as being good for your heart and mind.

### What goes down and doesn't come up?

Mild erectile dysfunction is experienced by four in every 10 men after the age of 40, and complete loss of erection is the reality for 15 per cent of men over 60.

Australian research has shown that even minor erection difficulties could be indicators for heart disease. Erection difficulties are mainly caused by blockages in the small arteries that supply the penis; this can be a good indicator of what is happening in other larger arteries in the body including those that supply the heart.

### Men with erection problems should see their GPs

There are many effective treatments for erectile dysfunction, including Viagra and similar medications. Providing they are used as prescribed by a doctor, they can be taken safely by most men with heart disease – but never in combination with nitrates, which are used to treat angina.

### Getting sexy back

People who have had a heart attack or heart surgery can be anxious about resuming their sex lives. They can worry about pain, exertion and performance and might be unhappy with how their body looks after surgery. They might not have much interest in sex, which may be due to medications but could also be a sign of anxiety or depression.

Cardiac rehabilitation programs discuss the impact of heart problems on intimacy. It is usually safe to have sex as soon as you're feeling well enough. After a heart attack or surgery, that's usually about a month to six weeks. Let your partner know how



she or he can help reduce any anxiety you're feeling. Anybody with unstable angina, worsening heart failure, uncontrolled arrhythmia, or severe cardiovascular disease should talk to their doctor about whether it is safe to have sex.



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# Sleep apnoea and your heart

Is your partner kicking you in the middle of the night? Do you wake with a sore or dry throat? Are you sleepy during the day? You just might be one of the estimated 10 per cent of middle-aged Australians who have sleep apnoea.



Sleep apnoea is a potentially serious disorder in which breathing repeatedly stops and starts. It can be fatal, given it causes the heart to overwork.

Professor Matthew Naughton, Head of The Alfred's Sleep Disorder Service and respiratory physician says the link between sleep apnoea and heart disease is evolving very rapidly.

"Sleep apnoea is not a trivial complaint. We now understand that sleep apnoea increases the risk of high blood pressure, heart attack and stroke and increases the risk of developing, or simply worsening the severity of heart failure," he says. "It can also make irregular heartbeats more likely."

Snoring, along with feeling slightly 'hungover' or experiencing daytime sleepiness, are all warning

signs of the condition. Snoring is caused by vibration of the soft or floppy parts of the throat during sleep.

Throat muscles relax in sleep and narrow the airway passage.

In obstructive sleep apnoea, the narrowing is more severe and results in a complete block to breathing. People can wake gasping or choking before falling asleep again. The next day, they often don't remember waking during the night. Another condition, central sleep apnoea, also causes repeated interruptions of breathing but without throat obstruction. Instead, there is reduced or no effort made to breathe.

Professor Naughton says it used to be thought that only overweight people suffered from sleep apnoea,

but this is not always the case. "Certainly up to 50 per cent of people with sleep apnoea would improve if they adopted healthier lifestyles (keep to a healthy weight), avoided sleeping tablets and excessive alcohol and stopped sleeping on their backs. But there is definitely a group of people that need medical treatment for their apnoea."

That treatment might be surgery (including tonsil removal), wearing a mouthguard to hold the jaw forward, or using valves over the nostrils. However the most common treatment is CPAP (Continuous Positive Airway Pressure), in which a mask is placed over the nose, or both the nose and mouth during sleep. The mask is attached via a hose to the CPAP machine, which gently and simply pneumatically splints the airways open.

Professor Naughton and The Alfred are involved in a long-term international study investigating if the use of CPAP can reduce the risk of heart attack, stroke, or heart failure in patients with obstructive sleep apnoea.

Daytime sleepiness as a result of sleep apnoea can be very dangerous, leading to car accidents and workplace injuries. It can also pose risks before undergoing a general anaesthetic.

Professor Naughton urges people who suspect they might have sleep apnoea to see their GP for assessment. A person may need to have a sleep study, either at home or in hospital, before treatments are recommended.

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## The lightning round

**The Alfred's Professor Peter Royce, Associate Professor John Kelly and General Physician Dr Marco Bonollo answer questions that men might ponder.**

### **My wife is always self-diagnosing online. Isn't that dangerous?**

People shouldn't self-diagnose, but it can be useful to collect information about symptoms you are experiencing. Women tend to prefer using social media networks and online information to research possible conditions, whereas men tend to either ignore or minimise their symptoms. In general, the information available on reputable websites about common medical conditions is quite accurate. You should always see your GP about any health concerns, and feel free to take any information that could be helpful.

### **I've been feeling down lately and friends are suggesting I'm depressed. But I'm not!**

It's great that your friends care enough about you to show their concern. The community is increasingly aware of depressive and anxiety disorders and there is a lot of help available. Everybody feels down occasionally. However, if that emotion is associated with other factors such as insomnia, substance abuse (alcohol and other drugs), social withdrawal and losing interest in things you usually like doing (such as reading, gardening, following the footy or enjoying time with the kids), you should visit your GP to be assessed. Depression can worsen outcomes for conditions such as heart disease, diabetes, asthma, kidney disease and others.

### **When are men supposed to have their prostate checked?**

Testing is either through a blood test, or a digital rectal examination. We recommend testing for men 50 and older with no prostate cancer family history, and 40 and over for those with a family history of the disease. If you don't know your family history, talk to your GP about being tested when you are 40. Prostate cancer can be cured if caught early enough, especially if the cancer is confined. Often symptoms are not obvious, which is why testing is so important. If you notice changes in urination frequency, flow or any pain or burning – and certainly any blood in your urine – see your doctor. These symptoms can be due to other issues, but please get checked. Prostate cancer affects one in 11 Australian men and is most common in men over 65.

### **I'm 52 and weigh about 10kg more than I did a decade ago. Isn't it just natural for us to put on weight as we age?**

Everybody should try to maintain a healthy weight. Being overweight is a risk factor for many chronic conditions including heart disease, diabetes, high blood pressure, kidney disease, stroke, diabetes, sleep apnoea and some cancers. People who are already on medications (such as diabetes or blood pressure medication) should realise that the benefits of losing two, five, 10 or more kilograms are huge: it could mean they won't need all of their tablets anymore. GPs can help people work out their goal weight and offer guidance on how to get there. Staying a healthy weight has a massive impact on your overall health. The National Heart Foundation recommends at least 30 minutes or more of moderate-intensity physical activity (such as brisk walking) on most, if not all, days of the week for health benefits.

### **Is it okay to take over-the-counter anti-inflammatory tablets? They really help with my aches and pains.**

Anti-inflammatory tablets should only be used for acute injuries or after surgery. You shouldn't take any medication regularly without discussing it with a doctor, especially if you are on other medications. In some people with high blood pressure, heart problems, or chronic kidney disease, symptoms are made worse by anti-inflammatory painkillers. They can also cause nausea, rashes, headaches, insomnia, depression and other side effects. You should see a doctor if you have unresolved aches and pains. You may need physiotherapy, acupuncture or other treatment. If you are prescribed, or choose to buy, an anti-inflammatory painkiller, you should take the lowest dose that is effective, for the shortest length of time that is possible.

### **Does golf count as exercise?**

Walking, fresh air and seeing friends are all good reasons to play golf. While golf is not a cardiac workout, it is better than nothing. But it is recommended you do at least 30 minutes or more of moderate-intensity physical activity per day.

### **Why am I still getting pimples at 32?**

Pimples are caused by a combination of hormones, faulty closing of the hair duct and infection. Acne and occasional pimples can form on the face, neck, back, chest and even the arms. Stress can trigger an outbreak. Sweet foods are not the cause of pimples, but a healthy diet is definitely better for your skin, and whole body. There are many effective treatments, so see your doctor if pharmacy treatments don't help.

**Check your skin monthly for changes in moles and freckles or any unusual patches. Get to a doctor if you notice a change**

### **I hear kidney disease is called the 'silent' killer. How do I know if my kidneys are healthy?**

People can lose up to 90 per cent of their kidney function before they feel any symptoms – and by then it's too late. Symptoms of kidney disease include high blood pressure, changes in appearance of urine (including blood in urine), change in frequency of passing urine, puffiness in legs or ankles and pain in the kidney area. These symptoms worsen as the disease progresses. If you are experiencing any of these symptoms, ask your doctor for a kidney health check, which will include blood pressure, urine and blood tests. You are at increased risk of kidney disease if you:

- are 60 or older
- are diabetic
- have a family history of kidney disease
- have established heart problems (heart failure or past heart attack) and/or have had a stroke
- have high blood pressure
- are obese
- are a smoker.

## Lucky to be alive

Life has become more precious for four men who suffered heart attacks. Jim, George, Ray and John took part in Alfred Health's cardiac rehabilitation program.

Annually, the program helps more than 300 patients with heart problems.



### Jim, 44, Carnegie

Father-of-two Jim has an important message for other blokes: trust your instincts.

"And don't think you're less of a man for getting yourself checked out," he says. "It's too important."

something wasn't right, so changed GPs and then everything snowballed."

It turned out that Jim had significant plaque build-up in two coronary arteries – one was completely blocked, the other was 60 per cent blocked.

Earlier this year, Jim had a quadruple bypass. Specialists also treated an arrhythmia problem.

"I was so very lucky," he says. "I now realise that how you live your first 20 or 30 years of your life can have a huge impact on the rest of your life."

"The thought that I might not have been around to support my wife in caring for our two little kids is unthinkable. I just can't comprehend it."

How you live your first 20 or 30 years of your life can have a huge impact on the rest of your life

Nobody should be embarrassed about getting checked out

The sales manager kept fit, hadn't smoked for years, was only a modest drinker, wasn't diabetic, and ate a reasonable diet. His job could be stressful, and his blood pressure was sometimes high. But he didn't expect to have a heart attack at 43.

In early 2012, Jim experienced symptoms associated with heart disease, including nausea and jaw pain, then fainted at work. A local doctor checked him over and assured him all was well.

"In hindsight, I had every symptom of a heart attack except chest pain," he says. "I kept feeling that

"I have a different outlook on life now and am determined not to let other pressures influence my home life."

"I should have gone for a second opinion earlier. I'm so, so lucky that I finally did. You have to trust your instincts."





## George, 30, Oakleigh

George, a mechanical engineer, was a keen squash player, a regular jogger, and had never smoked.

“Amongst my group of friends, I was the last one they expected to have a heart attack,” he says.

But he did. In April this year, George began sweating profusely while jogging around Murrumbidgee Park.

“I felt really fatigued and thought I was just going too hard, but then there was a burning pain in my chest,” he says.

George lay on the ground before driving home to ring the Nurse On Call line. The nurse told him to hang up and call an ambulance. To his shock, the paramedics told him he was having a heart attack.

Doctors were not able to insert a stent because of George’s large arteries, but they removed clots during an angiogram. He had two more angiograms over the next few days, which showed an improvement in his blood flow.

“I played squash about three times a week before my heart attack,” he says. “I’m back to it twice a week, but at a lower grade and intensity. I keep track of my heart rate with a heart rate watch attached to a chest strap.”

“It’s been a life changing event so maybe it all hasn’t hit me yet. It’s disappointing because I now take blood thinners and that means I have to avoid certain ‘risky’ sports such as skiing in case I have an accident and I bleed too much.”

George later learned that his ethnic background could have contributed to his heart disease.

People with Indian, Sri Lankan and other south Asian backgrounds can be at increased risk of heart problems.



## Ray, 58, Caulfield

It was a Sunday in April and Carlton Football Club trainer Ray had just strapped the ankles of a player when he started to feel ‘a bit off’.

“I thought, well I’ve strapped 46 ankles so that’s understandable, but I did think I’d better see my doctor,” he recalls.

As soon as he stepped outside the clubrooms, chest pain and jaw soreness kicked in. The club doctor administered oxygen while an ambulance was called. Hospital doctors soon discovered that Ray’s heart muscle had suffered damage almost a year earlier, indicating he had already had a heart attack.

**If you feel something’s not right, get it checked**

“I had neck pain and felt unwell in June last year, but put it down to indigestion or gastro,” Ray says. “The signs were there, but I just didn’t act on them.”

Several months later he felt nauseous and sweaty, then collapsed. Again, he didn’t do anything.

Ray, a father of five, now has damaged heart muscle and an inserted stent to allow blood to flow freely. The heart attack was a frightening wake-up call. “It’s made me rethink a lot of things and realise what’s important,” he says. “Everybody should have a proper medical check at least once a year – and

if you feel something’s not right or if there’s a pain that is not resolving, get it checked, and get it checked again if you’re not happy.”



## John, 69, Brighton East

Retired draughtsman John had a peculiar pain in his throat one day in March.

He thought it was related to a cortisone injection in his shoulder – but the pain wouldn’t resolve.

“It wasn’t an enormous pain at all, but I decided to go to hospital to have it checked. I was sitting in the waiting room and the pain started to get worse. I didn’t realise at the time what was going on, but the staff quickly gave me a tablet for angina.”

An initial blood test was clear, but the next one indicated John had suffered a heart attack. He had an 85 per cent blockage in one artery and 87 per cent blockage in another. Doctors repaired one immediately with a stent, and the other two weeks later.

“It was such a shock – I just lay there thinking, this can’t be happening to me,” he says. “I knew I was pretty healthy and active. I’d played sport all my life and hadn’t smoked in 30 years.”

John encourages everybody to be regularly checked by a doctor they trust.

“Too many men just don’t like going to the doctor – we think ‘oh, that’ll fix itself,’” he says.



## Feeding your heart

**Meal replacement powders, weight loss tablets, vitamins and supplements, 'super foods', protein bars, energy drinks, detox diets.**  
**No wonder we are confused about the best foods and drinks for our health.**

The Alfred's Clinical Dietitian Kia Noble has important advice: "Don't overcomplicate things. Choose foods that are the least processed. The more processing that happens, the more nutrients are removed and sugar, salt and preservatives are added."

But how to do that with our busy lives and when there are fast food places and 'healthy' takeaway options on every corner?

**There is no one food that will keep people healthy**

"Certainly our environment is one of the biggest influences on our diet," Kia says. "We can't change the fact that fast food is readily available, but we can set ourselves up for success. Organising meals for the week so you know there's food ready at home, taking lunch to work, and ensuring you have support. It can be really hard if you're trying to have a healthy diet and your partner is sitting on the couch eating chips. It's easy to cave in."

The Alfred's nutrition department helps cardiac patients make healthier lifestyle choices to reduce their risk of further medical problems.

"People who are overweight can be trapped in a negative cycle. They don't feel like exercising because they have no energy or feel embarrassed, so they stay inside and eat too many unhealthy foods, which means they stay overweight," Kia says. "We help break that cycle by changing their perceptions of food and exercise."

The team focuses on issues such as cholesterol and blood fats rather than weight loss.

"People find it really rewarding and encouraging to see lower cholesterol levels or blood pressure readings as a result of dietary changes," Kia says. "At the same time, they lose weight and become healthier overall."

Kia and the other dietitians are against banning any foods or drink, and emphasise that there is no one food that will keep people healthy.

"Moderation and balance are the most important things," she says. "If you say 'I'm never going to drink beer or eat soft cheese again', it's natural to start craving – and then over-indulge and feel guilty. It's better to have those things occasionally."

**Moderation and balance are the most important things**

Kia often sees men who admit they don't know much about what's in the pantry and what they are eating at home.

"We ask them questions about their diet. What sort of cheese do they eat? Are they cutting fat from meat before cooking? Is salt added to their meals? They often don't know because they don't go to the supermarket or cook very often. We encourage men to be involved and check labels – and to cook for themselves."

## EAT YOUR WAY TO A HEALTHY HEART

### Have realistic goals

Think about why you want to eat healthier foods. Is it to feel more energetic? Lower your cholesterol? Take up a new sport?

### Be organised

Try and plan as many meals as possible so there are limited opportunities to slip up and grab something else. Always have fruit on hand for snacks.

### Look at your portion sizes

Too much of any food is not good. A serve of meat should be no bigger than the size of your palm.

### Support

Have family, friends, colleagues and housemates on side. Explain why you're changing eating habits.

### Looking at labels

Food labels can be confusing. Beware of claims such as 'cholesterol free' or 'reduced fat' or 'light'. They don't necessarily mean the food is healthy.

Take a product from your pantry or supermarket shelf and check three key things:

1. Sodium (salt): should be less than 120mg per 100g
2. Saturated fat: should be less than 2g per 100g
3. Fibre: should be greater than 3g per serve.

If a product doesn't have a nutrition label, look at the ingredients list. Ingredients are listed in descending order. If fat appears in the first three ingredients, the product is likely to be high in fat.

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## Feeding your heart

### Quick tips to keep healthy

#### Switch:

- Full cream to skim milk
- Butter to margarine
- White bread to wholegrain or wholemeal bread
- Jasmine rice to basmati rice
- Cheap mince to five-star lean mince
- Any full-fat dairy to low-fat dairy
- Salt for herbs and spices.

**Cholesterol** is a fatty substance found in your blood. Some comes from food, but your body makes it as well. High blood cholesterol is one of the major risk factors for heart and blood vessel disease.

LDL is the BAD cholesterol. It deposits cholesterol in artery walls, causing blockages. To reduce LDL you need to maintain a healthy weight and reduce saturated fat intake.

HDL is the GOOD cholesterol and appears to carry excess cholesterol away from arteries. To increase HDL you need to be active, not smoke and maintain a healthy weight.

**Triglycerides** are another type of fat in the blood and in food. They are used by the body for energy or stored as fat. High levels of triglycerides increase risk of heart disease and stroke. Minimise sugary food and drinks, eat fish at least twice a week, and watch your fat and alcohol intake.

**Dietary omega-3 fatty acids** decrease the risk of heart disease. Fish is the major source of omega-3, however there are plant-derived sources including flaxseed oil, walnuts, canola and soybean oil. We should all include omega-3 foods in our diets.

Eat two serves of fish a week. If you don't or can't eat fish, try to take fish oil capsules, which are available from pharmacies, health food stores and supermarkets.

**Alcohol.** If you drink alcohol, try not to have more than two standard drinks per day and aim to have at least two alcohol-free days per week. Always have a non-alcohol drink first and 'spacer' between drinks. Drink light beer and use low-joule mixers with spirits and wine.

### Recipes

It's easy to change favourite recipes to make them healthier. Get into the habit of choosing low-salt tinned options, leaner meats (including mince), wholemeal alternatives, and using herbs and spices instead of salt for seasoning. Here are a few examples for easy to prepare meals:

#### Meat sauce pasta

##### Usual:

- 500g of three-star beef mince
- Diced onion
- Jar of commercial pasta sauce
- Spoonful of tomato paste
- Salt and pepper
- White pasta cooked in salted boiling water

##### Healthier option:

- Use 250g five-star lean mince and 250g low-salt red kidney beans (this will reduce the saturated fat content and increase the soluble fibre to assist in reducing cholesterol)
- Add diced celery, zucchini and carrot to the mince (easy to disguise with fussy eaters)
- Make your own tomato sauce using low-salt tinned tomatoes and a tbs balsamic vinegar
- Don't add salt to the sauce or the pasta water – instead add plenty of onion, garlic and use basil for added taste
- Try wholemeal pasta or half wholemeal, half white pasta for a higher fibre, lower GI meal.

#### Steak and vegetables

##### Usual:

- T-bone steak
- Mashed potatoes with butter and salt
- Boiled carrots
- Boiled frozen peas

##### Healthier option:

- Ensure fat is trimmed from the steak before cooking, choose lean steak and keep to a portion of 100 – 150g per person
- Mash the potato with skim milk and margarine – or have a steamed potato with skin on
- Steam the vegetables to minimise nutrient losses.

#### Mexican burrito

##### Usual:

- Three-star mince and commercial taco seasoning
- Lettuce, tomatoes, grated cheese
- Commercial salsa sauce
- Burrito wrap

##### Healthier option:

- Use five-star lean mince or chicken/turkey mince for a lower fat option
- Alternatively, you could have a vegetarian dinner using black beans
- Skip the taco seasoning (high in salt) and use onion, garlic, herbs and spices instead
- Use low-fat cheese
- You might like to add a little avocado to your burrito for some essential unsaturated fatty acids
- Choose a wholemeal burrito wrap.

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# Ten ways to keep your heart healthy

Looking after your heart doesn't have to be an ordeal. Make one change a week or a month and see how you feel.

### Find a new sport

Why not try bushwalking, skiing, golf, cycling, ballroom dancing, karate, boxing, yoga or sailing? Talk to friends and family about their favourite activities, or search online for local classes or groups. Councils and community centres often run free or cheap programs, especially for seniors.



### Take the stairs

Walk up and down the stairs instead of automatically heading to a lift or standing still on an escalator. Car parks, offices, shopping centres, sports grounds, theatres and cinemas usually have stairs. Every bit of physical activity helps.

### Borrow a dog

If you don't have a canine companion, borrow one a couple of times a week and take it to the park or beach. And try racing the dog to the ball instead of just standing there.

### Coach a junior sports team

Clubs are always looking for volunteers. You'll need a 'working with children' check, and then you can get started on helping a bunch of kids win a premiership. Kick, throw, catch and run with them.

### Make some great playlists

Whether you're into the Beatles or Coldplay, Miles Davis or Bob Marley, compile your favourite songs into a 'walk' or 'jog' playlist and hit the footpath. Time your playlist so it lasts 30 minutes or longer and don't come home until the last song is finished.

### Happy apps

There has been an explosion in fitness apps for smartphones and tablets. Find one that works for you. Check out the app store.

### Head to the country

Find your local farmers' market and stock up each weekend on the freshest meat, fish, fruit, veggies and nuts for healthy recipes.

### Drink more water

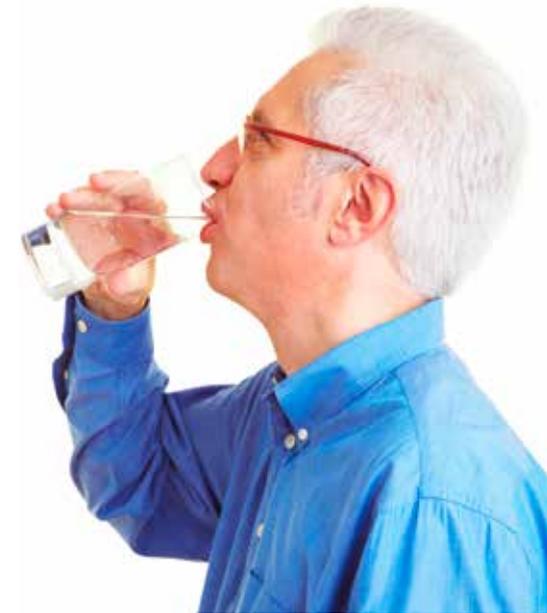
Few people drink as much water as they should. Being dehydrated can overtax the heart and other organs. Keep a bottle of water on your desk, in your car and by your bed. Drink cold water instead of juices and soft drink, which are overloaded with sugar.

### Stand up for yourself

Australian adults spend more than half their waking hours sitting down. We sit at work, on transport, at home and at events. Start by standing when you're talking on the phone, when you're folding clothes and when you're in meetings.

### Relationships

Research shows that happily married men have a reduced risk of heart disease.



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# What happens if something does go wrong

“There have been incredible advances in treatment over the past decade or so,” says Dr Arch Broughton, Deputy Director of Cardiovascular Medicine at The Alfred.

“The pace of progress is amazing,” he says. “In the past, people would need open heart surgery for problems such as holes in the heart, narrow arteries, faulty valves and arrhythmias. Now, so many problems can be treated through doctors performing a procedure, entering through a vein or artery or implanting a device such as a pacemaker.”

**If you are diagnosed with a problem, take heart: most cardiac problems can be treated**

Dr Broughton, like the rest of the cardiac team at The Alfred, sees hundreds of patients a year. Some have heart disease as a result of lifestyle choices, while others have congenital problems, heart failure or arrhythmia.

Many people don't know they have a heart problem until it is picked up in a routine visit to the doctor or another health professional who notices high blood pressure, a heart murmur, or an irregular heartbeat. Others don't know they have a heart problem until they are on the way to hospital in an ambulance.

If a GP or an emergency doctor is concerned about your heart, you will be referred to a cardiologist. Before your first consultation, record:

- Any symptoms, even those that seem unrelated
- Personal information including family medical history and any recent stresses
- Any medications (including vitamins or supplements), and
- Any questions you'd like to ask.

Be ready to discuss your diet, smoking and exercise habits with the specialist. It's useful and comforting to take a relative or friend with you so they can remember things you might not.

Cardiologists commonly ask you to undertake a blood test or chest X-ray but there are several other tests which also help doctors to better understand your condition.

- Electrocardiogram (ECG), this measures electrical activity of your heart through wires attached to the chest. You can have resting ECGs (lying down), ambulatory ECGs (a Holter ECG is worn for about 24 hours), or a cardiac stress test ECG, where it records your heart rate while on a treadmill or exercise bike.
- Echocardiograph ('echo'), an ultrasound examination of your chest to see how your heart is beating and pumping blood.
- Cardiac catheterisation, in which a tube is inserted into a vein or artery in your groin or arm, and threaded through to your heart. Dye measures pressures and blood flow. If you have narrowing in one or more of the arteries, it may be possible to repair the narrowing immediately by stretching the wall of the arteries with a small balloon.

- CT scan, which can check for heart failure or heart arrhythmia. You lie on table inside a doughnut-shaped machine. An X-ray tube inside the machine rotates around your body and collects images of your heart and chest.
- Cardiac MRI, in which you lie inside a long tube-like machine that produces a magnetic field. Images of your heart are created from signals.

Dr Broughton says, “People are living longer and treatments are becoming less traumatic so we are able to safely undertake procedures in older patients – even up to 90 years old – and give them a better quality of life.”

“Improved treatments also allow for better quality of life for patients with heart failure who are awaiting transplants.”

“We can now better help patients who have weak heart muscle and save them from sudden death,” he says. “The Alfred is one of the few hospitals in



Australia that does use primary prevention in helping people in this situation.”

Heart transplants are performed when other treatments for heart problems haven't worked, leading to heart failure.

The Alfred has been a leading Australian heart transplant centre since 1988. The centre was started by internationally renowned cardiothoracic surgeon, the late Professor Don Esmore.

# DRIVERS BEWARE



**Stay clear of the yellow line.  
Always check for trams before turning.**

## Glossary

Here are some common medical terms explained.

### Angina

Is chest pain or discomfort caused by insufficient blood flow and oxygen to the muscle of the heart. It can be a warning sign of an impending heart attack.

### Arrhythmia

Is an abnormal or irregular heart rhythm.

### Blood pressure

Is the pressure of your blood in your arteries as the heart pumps it around your body.

### Cardiac arrest

Is the sudden loss of heart function. The term is often confused with 'heart attack'. Cardiac arrests can be reversed if cardiopulmonary resuscitation (CPR) is performed as quickly as possible.

### Cardiac catheterisation

Is used by doctors to perform many tests available for diagnosing and for treating coronary artery disease. The method involves threading a long, thin tube (called a catheter) through an artery or vein in the groin or arm and into the heart.

### Cardiologists

Are specialists in diagnosing and treating diseases or conditions of the heart and blood vessels.

### Cardiovascular surgeons

Specialise in operations on the heart, lungs and blood vessels.

### Cholesterol

Is a fatty substance produced naturally by your body and found in your blood. If you have high cholesterol levels you may be at risk of heart disease.

### Congenital heart defect or condition

Is a condition that is present at birth. Sometimes they are serious and need surgery; sometimes they just need to be monitored.

### Coronary heart disease (CHD)

Develops when a waxy substance called plaque builds up inside the blood vessels that supply blood to your heart. When plaque builds up, making it difficult for the blood to flow, the condition is called **atherosclerosis**.

### Defibrillators

Are devices or machines used to shock the heart to restore normal rhythm. They can be external or implanted in the body.

### Heart attacks (or myocardial infarctions)

These occur when there is a sudden blockage to an artery that supplies blood to an area of your heart. You usually have warning signs of a heart attack.

### Heart bypass surgery

Creates a new route – called a bypass – for blood and oxygen to reach your heart.

### Heart disease

There are many different types – some are congenital (people are born with heart problems) but most develop over the course of time and affect people later in life.

### Heart failure

Happens when the heart muscle has become too weak to effectively pump blood through the body.

### Pacemakers

Are surgically implanted devices that help regulate heartbeats.

### Stent

Is a small wire mesh tube used to open an artery and is left there permanently. They help keep coronary arteries open and reduce the chance of a heart attack.



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Your heart keeps you alive. It's like your body's engine, beating up to 100,000 times a day to circulate blood through the body.

Each year, The Alfred treats approximately half a million patients. Many are men, and many come to us with heart problems.

Cardiovascular disease is the country's leading cause of death, with more than 45,000 deaths attributed to cardiovascular disease in Australia in 2011.

Cardiovascular disease kills one Australian every 12 minutes.

Some men have no idea they have heart disease until it's too late, others are referred to us by their family doctor, while others are born with conditions that need treatment.

This edition of Healthy Men offers an easy-to-read overview of heart problems – what they are, how you can reduce the risk, and what actions you can take.

Put simply, this little book could save your life.

**Professor Tony Dart**

*Director of Cardiovascular Medicine,  
The Alfred*

This publication was produced with the help of Alfred hospital staff:

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