

Heart information



Angina



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What to do when you have angina

1. As soon as you have an episode of angina, immediately stop and rest.
2. If rest alone does not bring rapid or effective relief, take a dose of your angina medicine. Wait 5 minutes.

Make sure that you are sitting or lying down before using your spray or tablet, because it can make you feel dizzy. It is best to find the smallest dose that usually works for you (e.g. a full, a half or even a quarter of a tablet).

Spray: one spray under the tongue will relieve angina quickly in most people.

Tablets: place the tablet under your tongue – do not swallow it. When your angina symptoms stop, spit out what is left of the tablet.

3. If the angina is not relieved within 5 minutes, take another dose of your angina medicine. Wait another 5 minutes.
4. If the angina
 - is not completely relieved within 10 minutes **or**
 - is severe **or**
 - gets worse quickly

Call Triple Zero (000)* now! Ask for an ambulance. Don't hang up. Wait for advice from the operator.

*If calling Triple Zero (000) doesn't work from your mobile phone, try 112.

If you are having a heart attack, getting to hospital quickly can reduce the damage to your heart and increase your chance of survival. Don't ignore the warning signs! Get help fast. Every minute counts.

It is always better to go to hospital and be told it's not a heart attack than to stay at home until it is too late.

Important

When using a spray angina medicine, always press the nozzle and spray it into the air twice before using it.

For more
information
on this topic
please call
1300 36 27 87



What is angina?

Angina is a temporary discomfort or pain that happens when part of your heart muscle is temporarily not able to get enough blood and oxygen to meet its needs. It usually happens during physical activity or extreme emotion and goes away after a few minutes of rest.

The pain or discomfort associated with angina usually feels tight, gripping or squeezing, and can vary from mild to severe. Angina is usually felt in the centre of your chest, but may spread to either or both of your shoulders, your back, neck, jaw or arm. It can even be felt in your hands. Sometimes angina is felt in the other areas of your body without being felt in your chest. Many people do not even feel pain – just an unpleasant sensation or discomfort in their chest. Angina may also be experienced as shortness of breath, rather than pain.

Is angina the same as a heart attack?

Angina is not the same as a heart attack.

Angina is associated with only a temporary reduction in your heart's blood supply and if relieved, doesn't damage your heart muscle.

Angina usually happens with physical activity and goes away after a few minutes of rest. It is also relieved by angina medicine (nitrate spray or tablets).

A heart attack is caused by a complete loss of blood flow to part of your heart muscle, generally due to a blood clot suddenly and completely blocking an already narrowed coronary artery. A heart attack causes permanent damage to the affected areas of your heart.

A heart attack can happen at any time – even when you are resting. The pain lasts much longer, is often (but not always) more severe and is not relieved by rest or by taking angina medicine.

Many people who have angina live to old age without having a heart attack. However, if you have angina, your risk of having a heart attack increases. If not treated appropriately, angina can interfere with an active lifestyle.

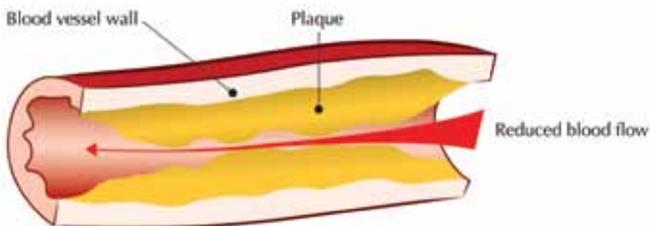
What causes angina?

Angina is caused by coronary heart disease (CHD). CHD is when your coronary arteries (the arteries that supply oxygen and nutrients to your heart muscle) become clogged with fatty material called 'plaque' or 'atheroma'. Plaque slowly builds up on the inner wall of the arteries, causing them to become narrow. This process is called 'atherosclerosis'. It can start when you are young and be well advanced by middle age.

If your arteries become too narrow, the blood supply to your heart muscle is reduced. Angina occurs when your heart has to work harder than usual, such as during physical activity or extreme emotion, but it can't get enough blood to meet its needs because of the reduced blood supply.

Angina does not happen all of the time because the blood supply to your heart muscle, although reduced, is usually able to keep up with your heart's demands.

Angina can affect people in different ways, and individuals can experience different symptoms at different times. You may get angina early in the morning only, or you may get it when you are resting or even sleeping. Many people tend to get it in cold weather, after a heavy meal or after physical activity.



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Coronary angiogram

How do I know if I have angina?

Talk to your doctor to find out if you have angina.

Your doctor will ask you about your symptoms, if you smoke, what you eat, how much physical activity you do and your family's medical history. Your doctor will measure your blood pressure and weight, listen to your heart and chest, and order blood tests to measure your cholesterol and glucose levels. You may have some other tests too, including an ECG (electrocardiogram), a chest X-ray and an exercise stress test.

You may also be referred to another doctor to have a coronary angiogram – a procedure involving an X-ray of your coronary arteries – to see if they are narrowed or blocked. If you have angina, this test will also help your doctor to decide if you need to have coronary angioplasty or bypass surgery (see page 8).

How is angina treated?

Angina can be treated and managed with medicines and surgery, and by making healthier lifestyle choices.

Work closely with your doctor to find the best treatment for you. Agree on a suitable management plan and follow it to help to reduce your angina symptoms and your risk of more heart problems.

Medicines

Taking medicines as prescribed by your doctor can help to prevent, treat and manage angina and your risk of further heart problems.

These medicines work in different ways and you may need to use a combination of them. However, taking more than one medicine can be confusing and difficult, so talk to your doctor or pharmacist if you have any questions.

Angina medicines

Angina (or 'nitrate') medicines work by making the blood vessels in your body bigger ('dilated') to increase blood flow to your heart.

There are two types of nitrate medicines.

- **Short-acting nitrate medicines** are absorbed through the lining of your mouth into your bloodstream to relieve angina symptoms within a few minutes. This is why they are called 'short-acting'.

Short-acting nitrate medicines can be a spray or a tablet that goes under your tongue. The most common is glyceryl trinitrate (sometimes called 'GTN').

If your doctor prescribes this type of nitrate medicine, make sure that you carry it with you all the time.

Side effects

You may feel a tingling or burning feeling in your mouth when you take short-acting nitrate medicines. You may also get a headache, a heavy feeling in your head, or a hot and flushed feeling. These are normal reactions and will usually go away.

If your headache is severe, try taking a smaller dose of medicine next time and spit out any undissolved part of the tablet once your angina symptoms go away.

Nitrate medicines temporarily lower your blood pressure so you may feel a bit faint. The best thing to do is to sit or lie down before you take it. If you feel faint, you may need to take a smaller dose next time.

Even if you experience side effects, it is still safe to take several sprays or tablets in a day if you need to, to relieve the symptoms of angina.

- **Long-acting nitrate medicines** are different from short-acting nitrate medicines because they are used to reduce angina symptoms over time rather than relieve an angina episode within a few minutes.

Long-acting nitrate medicines often come as tablets that you swallow (not put under your tongue like short-acting nitrate medicines). You may need to take several doses a day to get the best effect, but always follow your doctor's directions.

This type of nitrate also comes as patches that let the medicine absorb through your skin gradually. Patches should only be worn for 10 to 12 hours every day (during the day or night, whenever you are most likely to get angina), so your body doesn't build up resistance to it. You can put the patches anywhere on your body, but change their position regularly so that you don't get a skin irritation.

Storing medicine

Angina tablets can lose their effect if they aren't stored properly.

- Store tablets in their original glass container and protect them from moisture, light and heat.
- Don't throw out the cotton wool-like substance in the top of the container because it stops the tablets deteriorating.
- Don't carry tablets close to your body because the heat of your body will make them deteriorate. Instead, carry them in their container in a bag or put them in a special container that will help to protect them against heat. You can buy one of these special containers from a chemist.
- Throw away tablets three months after you open the bottle.

Spray angina medicines must be 'primed' when they are opened and if they haven't been used for some time. To prime a spray, press the nozzle five times and spray it into the air. If you don't use the spray regularly, prime it once a week.

Want to speak
with a health
professional? Call
1300 36 27 87



Other medicines

Aspirin

Small doses of aspirin are commonly prescribed for people who have CHD because aspirin can help to prevent clots forming in a narrowed artery.

Aspirin is generally very safe, but like all medicines, it can have side effects. For example, it can make stomach or duodenal ulcers worse. In a small number of people, aspirin can be dangerous. Therefore you should only take aspirin to reduce your risk of blood clots if your doctor tells you to.

If you can't take aspirin, your doctor might prescribe another anti-clotting (anti-coagulant) medicine, such as clopidogrel.

Cholesterol-lowering medicines

If you have angina, ask your doctor to regularly check your cholesterol.

Your doctor is likely to prescribe a cholesterol-lowering medicine, such as a statin, even if your cholesterol is in the 'normal' range.

Beta-blockers

Beta-blockers lower your heart rate and blood pressure, and can be used to treat irregular heartbeats.

Like all medicines, beta-blockers can have side effects, such as making you feel more tired when you are doing physical activity, so you need to weigh up the risks and benefits of taking them.

Calcium channel blockers

Calcium channel blockers work on your heart and blood vessels to lower your blood pressure.

Quick tip

If you know when you are likely to get angina, you can use medicine to try to prevent it. For example, take your nitrate spray or tablet dose five to 10 minutes before going for a walk in cold weather or before a stressful situation.

Remember

If you have any concerns about side effects, tell your doctor. It is important that you work closely with your doctor to find the medicine (or medicines) that work best for you.

Did you know?

Thousands of Australians have angina and, if properly treated, there is no reason for it to interfere with an active lifestyle. Advances in treatment mean that you can work with your doctor to manage angina and its symptoms.

Surgical treatments

Some people with angina may need to have surgery to help to relieve their angina symptoms.

Coronary angioplasty

Coronary angioplasty is a procedure used to treat CHD. During coronary angioplasty, a small balloon is inflated inside one or more of your coronary arteries to open up an area of your arteries that has become very narrow. This will improve blood flow to your heart.

After angioplasty is performed to open a narrowed artery, a special expandable metal tube (a 'stent') is usually put into your artery, expanded, and left in place to keep your artery open.

Many people won't have angina again after successful coronary angioplasty. However, some people's coronary artery might narrow again in the section where their angioplasty was done, often within three to six months. Other people might develop narrowing in a different section or in another coronary artery. Either situation can lead to a return of angina symptoms. Usually this can be treated successfully with another coronary angioplasty and stent procedure.

Bypass surgery

Coronary artery bypass graft surgery (often shortened to 'CABG' and pronounced 'cabbage') is an operation in which a blood vessel is taken from your chest, leg or forearm and grafted to your coronary artery to let blood 'detour' past a narrowing in this artery. Bypass surgery improves blood flow to your heart muscle and reduces angina.

Lifestyle changes

As well as taking your medicines as prescribed and having surgery, you can help to prevent angina and reduce your risk of further heart problems by:

- being smoke-free
- enjoying healthy eating
- being physically active
- managing your blood pressure and cholesterol
- achieving and maintaining a healthy body weight
- maintaining your psychological and social health.

People with diabetes should generally aim to maintain their blood glucose levels within the normal non-diabetic range and follow individual advice from their doctor or accredited diabetes educator.

Sex

Most people with angina can still have sex without any problems. This is particularly true if your angina is well managed by medicines and a healthy lifestyle. However, having sex can put strain on your heart, so if you have angina during sex, talk to your partner about finding a way to make sex less strenuous for you.

Remember to stop any activity, including sex, if you have any pain or discomfort in your chest.

If you have any questions, talk to your doctor.

Working

Usually there is no medical reason for you to stop working if you have angina, if your angina is well managed by medicines and a healthy lifestyle.

If you have angina at work, talk to your doctor and employer. Your job might need to be adjusted to reduce physical and emotional strain.



Want to know
more? Call
1300 36 27 87



Still have
questions? Call
1300 36 27 87



Alcohol

You are likely to be able to drink some alcohol if you have angina, but check with your doctor first.

Overall, drinking too much alcohol is harmful and it can interfere with how well some medicines work. If you are taking medicine to treat high blood pressure, have no more than one standard drink (for women) or two standard drinks (for men) a day. If you have chronic heart failure, you shouldn't drink at all, but if you do, have no more than one or two standard drinks a day. The important thing is that you talk to your doctor to find out what is right for you.

What do I do if my angina gets worse?

Talk to your doctor if your angina:

- becomes more severe
- happens more often
- lasts longer
- doesn't respond as well to medicine
- happens with less exertion
- happens at night or when you are resting

If your symptoms don't go away within 10 minutes of rest and using your nitrate medicine, you may be having a heart attack. Call Triple Zero (000)* immediately and ask for an ambulance.

Also talk to your doctor about any other changing or new symptoms, such as increasing breathlessness, swollen feet or cold limbs.

*If calling Triple Zero (000) does not work on your mobile phone, try 112.

Heart attack

A heart attack is an emergency. Getting to hospital quickly can reduce the damage to your heart and increase your chance of survival.

A heart attack occurs when an area of your heart muscle is seriously deprived of its blood supply. This usually happens when an area of plaque within a coronary artery cracks. Blood cells and other parts of the blood stick over the damaged area and form a clot that suddenly and completely blocks the blood flow to your heart muscle. As a result, the part of your heart muscle that is not getting enough blood starts to die.

It is important that you know what to do if you or someone else has a heart attack.

Will you recognise your heart attack?

Do you feel any
pain pressure heaviness tightness

In one or more of your
chest neck jaw arm/s back shoulder/s

You may also feel
nauseous a cold sweat dizzy short of breath

Yes

1 STOP and rest now

2 TALK Tell someone how you feel

If you take angina medicine
• Take a dose of your medicine.
• Wait 5 minutes. Still have symptoms?
Take another dose of your medicine.
• Wait 5 minutes. Symptoms won't go away?

Are your symptoms severe or getting worse?

or

Have your symptoms lasted 10 minutes?

Yes

3 CALL 000 Triple Zero

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

*If calling Triple Zero (000) does not work on your mobile phone, try 112.

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What is cardiac rehabilitation?

Cardiac rehabilitation programs are designed to help people who have had heart problems to make practical, potentially life-saving changes to the way that they live. The programs also help patients and their families to deal with physical, emotional, psychological, marital, sexual and work-related issues. The right rehabilitation program will help most people to reduce their risk of further heart problems.

The Heart Foundation and the World Health Organization recommend that all patients who have had a heart attack, heart surgery, coronary angioplasty, angina or other heart or blood vessel disease attend an appropriate cardiac rehabilitation and prevention program.

Talk to your doctor about whether or not cardiac rehabilitation is suitable for you.

Want to know more?

If you think you might be at risk of getting angina or want to find out if you have it, talk to your doctor.

If you want to know more about medicines, ask your doctor, pharmacist or call the **Medicines Line** on **1300 633 424**.

If you have general questions about angina or anything we have discussed in this booklet, call our Health Information Service on 1300 36 27 87 (local call cost) and talk to one of our trained health professionals. You can also visit our website at www.heartfoundation.org.au.

Health Information Service

The Health Information Service is our national telephone information service. For the cost of a local call from anywhere in Australia, you can obtain information on issues such as heart disease and stroke, healthy eating, managing blood pressure, cholesterol, smoking cessation, physical activity and heart surgery.*

Our Health Information Service is open during business hours, Australia wide. To speak to a trained heart health professional, call our Health Information Service on 1300 36 27 87 or email health@heartfoundation.org.au.

* Please note that our Health Information Service is not an emergency, diagnostic or counselling service. We support giving free heart health information to the Australian public—many of our brochures are free of charge for single copies. If you have any questions, call our Health Information Service on 1300 36 27 87.



To speak with a health professional
call 1300 36 27 87





For heart health information
1300 36 27 87
www.heartfoundation.org.au

Key points to remember about angina

Angina is a temporary chest discomfort or pain that usually happens during physical activity or extreme emotion and goes away after a few minutes of rest or by taking angina medicine.

Angina is not the same as a heart attack.

Angina symptoms can be treated and managed with medicines and surgery, and by making healthier lifestyle choices.

Short-acting nitrate medicines are used to treat angina when it happens. They can be prescribed as a spray or tablet that goes under your tongue.

As well as taking your medicines as prescribed and having surgery, you can help to prevent angina and reduce your risk of further heart problems by:

- being smoke-free
- enjoying healthy eating
- being physically active
- managing your blood pressure and cholesterol
- achieving and maintaining a healthy body weight
- maintaining your psychological and social health.

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