

Skeltons Chemists

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Opening Times

Monday to Friday - 8.30am - 5.30pm

Saturday - 8.30am - 3pm

Sundays & Bank Holidays - Closed

Your FREE Healthy Living Leaflet for December 2023

1. What is angina?
2. What are the symptoms?
3. What is the immediate cause?
4. Should I go to the GP?
5. What is the treatment for angina?
6. What happens if they do not work?
7. Will I still be able to go to work?
8. What can I do to help besides taking medicines?
9. What should I do if I get another attack?
10. Can I still drive?

Suffering with chest pains?



You may have undiagnosed Angina

Answers on the bottom of P2

What is angina?

Angina is chest pain caused by reduced blood flow to your heart muscles. It is not usually life threatening but it is a warning sign that you could be at risk of a heart attack or stroke.

With treatment and healthy lifestyle changes it's possible to control angina and reduce the risk of these more serious problems.

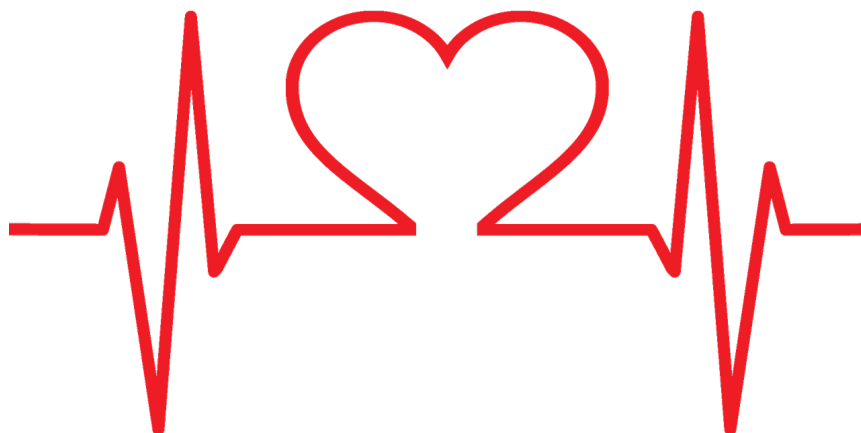
The main symptom of angina is chest pain which feels tight, dull or heavy and may spread to your arms, neck jaw or back. It is triggered by physical exertion or stress and stops within a few minutes of resting. Other symptoms may include

breathlessness, feeling sick, pain in your lower chest or belly and feeling very tired.

If you have not been diagnosed with angina, get an urgent GP appointment if you have an attack of chest pain that stops within a few minutes of resting. They can check if it might be a heart problem and refer you to hospital for tests. Call 999 for an ambulance if you have chest pain that does not stop after a few minutes as this could be a heart attack.

There are two main types of angina you can be diagnosed with:

- Stable angina (more common) where attacks have a trigger (such as stress or exercise) and



stop within a few minutes of resting.

- Unstable angina (more serious) where attacks are unpredictable (they may not have a trigger) and can continue despite resting.

Some people develop unstable angina after having stable angina.

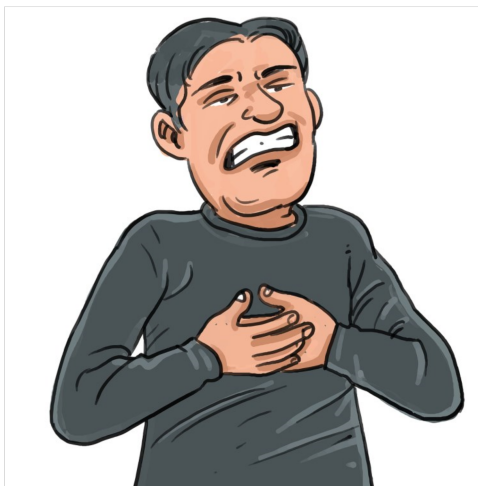
Treatment

If you have stable angina, you'll usually be given medicine to take when you have an angina attack, called glyceryl trinitrate (GTN) which comes as a mouth spray or tablets that dissolve under your tongue.

The reason you have to dissolve them under your tongue is because the drug will pass around your body before it gets to your liver when most of the active ingredient will be broken down, so it is more effective.

When you have an attack, you should take your medicine as described above but you can also use GTN to avoid an attack before doing something like exercise. You may have a headache, flushing or dizziness after using it. GTN tablets usually expire about 8 weeks after you open them at which point, you'll need to replace them. GTN spray last much longer so may be more convenient.

To avoid more attacks, you'll also need to take at least one other tablet every day for the rest of your life. Some people need to take 2 or more medicines. The main medicines to prevent angina are



betablockers to make your heart beat slower and with less force and calcium channel blockers which relax your arteries, increasing the blood supply to your heart muscle. If your medicines are not helping to control your angina, you may be recommended one of two types of surgery;

- ♦ Coronary artery bypass graft (CABG) - a section of blood vessel is taken from another part of your body and used to reroute blood around a blocked or narrow section of artery.
- ♦ Coronary angioplasty and stent insertion - a narrowed section of artery is widened using a tiny tube called a stent.

Living with angina

If your symptoms are well controlled and you make healthy lifestyle changes you can usually have a normal life with angina. To reduce the risk of serious problems you should have a healthy, balanced diet, cut down your alcohol consumption, stop smoking, lose weight and become more active.

You can continue to work, though if your work involves heavy lifting you may need to speak to your employer about changes you can make to reduce the risk of a heart attack. Some people worry that having sex will trigger an angina attack, but the risk of this happening is very low. Finally, you can usually continue to drive if you have angina. Ask your GP if it is safe for you to drive.

For more information about this or any other health concern you may have a chat with one of our trained team.

Answers: Q1, It is a chest pain caused by reduced blood flow to your heart muscles. Q2, Your chest will feel tight, dull or heavy which may spread to your arms, neck, jaw or back but stops within a few minutes of resting. Q3, Physical exertion or stress. Q4, Yes if you have not been diagnosed with angina, you need to make an urgent GP appointment. Q5, You'll probably need to take several different medicines for the rest of your life. Q6, You will need an operation to improve the blood flow to your heart. Q7, Yes but if your work involves heavy manual labour you might need to find a less arduous job within the company. Q8, Have a balanced diet, cut down on alcohol, stop smoking, lose weight and exercise regularly. Q9, Stop what you are doing and rest, take the medicine that has been prescribed for you, take another dose after 5 minutes if the first one does not help, call 999 for an ambulance if you still have symptoms 5 minutes after taking the second dose. Q10, Yes, usually. Ask your GP if it is safe for you to drive.