

# Preventing cardiovascular disease

A booklet for patients, their families and carers



We would like to thank all the people who contributed to this booklet.

© Scottish Intercollegiate Guidelines Network  
ISBN 978 1 909103 59 7  
First published 2017

This booklet can be photocopied to be used in the NHS in Scotland.

# Contents

<b>Who is this booklet for?</b>	<b>1</b>
<b>What is this booklet about?</b>	<b>3</b>
<b>How can healthcare professionals tell if I am at risk of developing cardiovascular disease?</b>	<b>5</b>
<b>How often should my cardiovascular disease risk be checked?</b>	<b>8</b>
<b>What will happen if my risk of developing cardiovascular disease is high?</b>	<b>9</b>
<b>What changes can I make to my lifestyle to help reduce my cardiovascular disease risk?</b>	<b>10</b>
<b>Are there medicines I can take to reduce my risk of future cardiac events?</b>	<b>22</b>
<b>How does my mental health affect my risk of cardiovascular disease?</b>	<b>27</b>

<b>What information should I receive?</b>	<b>28</b>
<b>Where can I get information and support?</b>	<b>30</b>
<b>How are SIGN guidelines produced?</b>	<b>37</b>

# Who is this booklet for?

## This booklet is for you if:

- you are at risk of developing heart disease or having a **stroke**
- you already have heart disease or have had a stroke, or
- you are a friend, relative or carer of someone who has or is at risk of **cardiovascular disease**.

**Cardiovascular disease (CVD)** is any disease that affects the heart and blood vessels. Examples include coronary heart disease, peripheral arterial disease, acute coronary syndrome, stroke and heart failure.

**Coronary heart disease (CHD)** is a disease of the heart and blood vessels caused by a build-up of fatty materials in the blood vessels that supply the heart with oxygen. When this fatty build-up becomes too large, it can cause a heart attack, chest pain or **angina**.

In a **heart attack**, the blood flow to part of the heart muscle is completely blocked. This causes damage or injury to the heart muscle and may leave a scar.

**A stroke** happens when the flow of blood to the brain is stopped by a blocked blood vessel (ischaemic stroke) or a burst blood vessel that causes bleeding into the brain (haemorrhagic stroke).

**Peripheral arterial disease** affects the arteries that supply blood to the limbs. This usually causes leg pain when walking.

**Heart failure** describes what happens when your heart cannot pump blood around your body as well as it should.

**Acute coronary syndrome** (ACS) describes a group of problems that can be caused by a sudden reduction in blood flow to the heart. This happens because of narrowing or blockage of one of the arteries around the heart. The problems include unstable **angina** (chest pain without permanent damage to the heart muscle), and **heart attack**.

**Angina** is chest discomfort in people with narrowed blood vessels. It is usually brought on by such things as exercise and emotional stress, which make high demands on your heart to pump oxygen around your body.

# What is this booklet about?

**This booklet explains the recommendations in a clinical guideline, produced by the Scottish Intercollegiate Guidelines Network (SIGN), about:**

- cardiovascular risk assessment
- how you can be supported to make changes to the way you live to reduce your risk of cardiovascular disease, and
- what medicines can be used to reduce your risk of cardiovascular disease.

**It gives you information about the care you are likely to get.**

On pages 30 to 36 we give details of support organisations and other places where you can get more information about preventing cardiovascular disease.

The clinical guideline is based on what we know from current research. It also gives advice based on the opinion of healthcare professionals who are trained on how best to care for you.

On page 37 you can find out more about us at SIGN and how we produce guidelines.

**There are seven different types of recommendations which can be used in SIGN booklets.**



**Strong recommendation**  
based on good-quality research evidence



**Recommendation**  
based on the research evidence



**Recommendation against**  
based on good-quality research evidence



**Recommendation against**  
based on the research evidence



**Recommendation**  
based on clinical experience



**Recommendation against**  
based on clinical experience



**Not enough research evidence**  
to tell us if something is of benefit

If you would like to see the clinical guideline, please visit [www.sign.ac.uk](http://www.sign.ac.uk)



# How can healthcare professionals tell if I am at risk of developing cardiovascular disease?

The risk of a cardiovascular event such as a heart attack, stroke or angina is called your **cardiovascular disease risk**.



## Strong recommendation based on good-quality research evidence

Healthcare professionals will work out your cardiovascular disease risk.

If you have:

- angina, peripheral arterial disease, heart failure or have already had a heart attack or stroke
- **diabetes** (type 1 or type 2) and are over the age of 40
- kidney disease, or
- familial **hypercholesterolaemia** (which runs in families)

then your risk of having a cardiovascular event in the next 10 years is high enough for you to have preventative medications.

Risk testing is not necessary.

**Hypercholesterolaemia** is too much cholesterol in your blood.

**Diabetes** is a condition in which there is too much glucose (sugar) in your blood.

If you don't have any risk factors, your doctor will assess your risk of cardiovascular disease by asking about, considering or measuring:

- your age
- whether you are male or female
- if you smoke or if you are an ex-smoker
- your height and weight
- any family history of cardiovascular disease
- your blood pressure
- your cholesterol level
- your blood-sugar level
- your kidney function
- if you have rheumatoid arthritis, and
- if you have an irregular heart beat.

Healthcare professionals will use all the above information to work out where you lie on a scale of cardiovascular risk. They will use a computer program to estimate the risk for people who have not already developed cardiovascular disease.

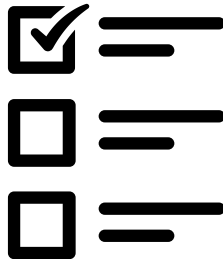
Healthcare professionals will also use the result to help them decide how to help you change your lifestyle and whether to offer you medication.



## Recommendation based on clinical experience

Healthcare professionals will take into account the following things when assessing your risk of cardiovascular disease, including:

- your ethnic background
- your body mass index (**BMI**)
- your heart rate
- how you feel, and
- the level of physical activity you do.



**BMI** is a measure of whether you are a healthy weight for your height.

# How often should my cardiovascular disease risk be checked?



## Strong recommendation based on good-quality research evidence

You should be assessed at least once every five years if you are over 40 and do not have:

- any history of cardiovascular disease
- diabetes
- high blood pressure, or
- high cholesterol.

If you are thought to be at high risk of developing cardiovascular disease, you should be checked more often.



## Recommendation based on clinical experience

Healthcare professionals will consider offering you a yearly review to discuss lifestyle changes and any medication you are taking. You and your healthcare professionals will decide how often your review should take place.

# What will happen if my risk of developing cardiovascular disease is high?



## Strong recommendation based on good-quality research evidence

If you are thought to be at high risk of developing cardiovascular disease, you should be supported to make lifestyle changes and should be offered treatment with medication.

Your healthcare professionals will discuss the following with you.



- Your diet – what you eat as well as how much



- How much activity you do



- Whether or not you smoke


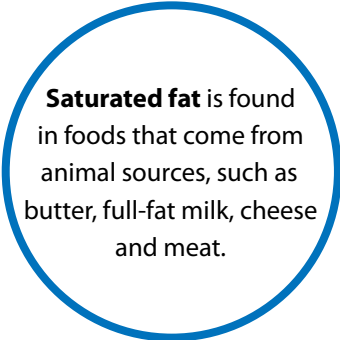






- How much alcohol you drink

“The advice from my doctor was to watch what I eat and drink, take my medication and be more active. By making simple changes to my health, I was able to reduce my risk of having another heart attack.”

# What changes can I make to my lifestyle to help reduce my cardiovascular disease risk?

You will be supported to make lifestyle changes to improve your health and wellbeing and reduce your chances of cardiovascular disease.

Eat a healthy, balanced diet	
 <p>Eat a diet low in <b>saturated fat</b> to reduce cardiovascular disease risk.</p>	
 <p>Men should eat no more than 30 g of <b>saturated fat</b> each day. Women should eat no more than 20 g each day.</p>	
 <p>Eat a healthy, balanced diet such as a <b>Mediterranean diet</b> where the main sources of added fat are olive oil and unsalted nuts (in moderation).</p>	

## Eat a healthy, balanced diet



Government dietary guidelines recommend you should eat two 140 g portions of fish a week, one of which should be oily fish, like salmon or mackerel.



You can use the Eatwell Guide at the back of this booklet to help you make food choices that are lower in saturated fat, sugar and salt.



Eat more fruit and vegetables.



You should eat less than 6 g of salt a day.



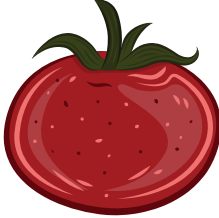
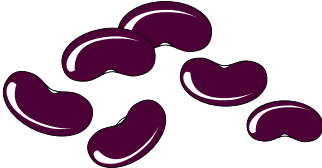


If you have high blood pressure, you should be advised to reduce your salt intake as much as possible to lower your blood pressure.

"It's not that hard to eat 5-a-day. I start my day with a bowl of cereal and a banana. I add strawberries and blueberries to the cereal."

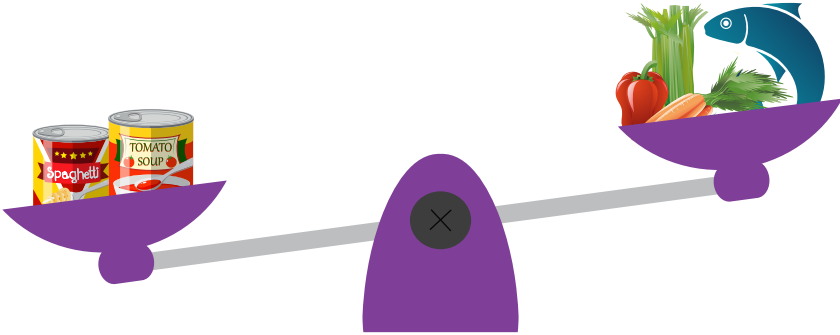
Avoid cooking oil that is high in saturated fat, and use only a small amount.

## What counts as a portion of fruit and vegetables?

Type of food	Example of what counts as a portion
<p>Fruit</p> 	<ul style="list-style-type: none"><li>• 1 medium-sized apple, pear, orange or banana</li><li>• 2 satsumas or kiwi fruits</li><li>• 7 strawberries</li><li>• 1 slice of melon (5 cm)</li></ul>
<p>Cooked vegetables</p> 	<ul style="list-style-type: none"><li>• 2 broccoli spears</li><li>• 8 cauliflower florets</li><li>• 3 heaped tablespoons of Brussels sprouts, swede or carrots</li></ul>
<p>Salad vegetables</p> 	<ul style="list-style-type: none"><li>• 1 medium tomato</li><li>• 7 cherry tomatoes</li></ul>
<p>Pulses and beans</p> 	<ul style="list-style-type: none"><li>• 3 heaped tablespoons of kidney beans, butter beans or chick peas</li></ul>



## How you can reduce salt in your diet

Foods you should avoid	Foods you should eat
	
Salty meats such as ham, bacon, sausage and pate	Fresh meat, fish, eggs, beans and lentils
Tinned, packet and instant soups	Fruit and vegetables including fresh, frozen, tinned without salt and juices
Soy sauce, stock cubes, gravy powders and salted flavourings	Fresh herbs, spices, pepper, vinegar, mustard and tomato purée
Any tinned foods containing salt	Rice, pasta, potatoes, bread, low-sugar breakfast cereals and unsalted crackers
Smoked meat and fish	Semi-skimmed milk, yogurt, soft white cheese and small amounts of hard cheese
Meat and yeast extracts	Unsalted nuts

Only use a small amount of salt when cooking.  
Don't add salt at the table.

## Can food supplements help?

You should not take food supplements unless you have a deficiency and they have been prescribed by a healthcare professional.



### **Recommendation based on good-quality research evidence**

Omega-3 fatty acid supplements should not be offered to you to reduce your risk of cardiovascular disease.



### **Recommendation against based on good-quality research evidence**

Antioxidant vitamin supplements are not recommended for preventing or treating cardiovascular disease. There is no evidence to show they help.

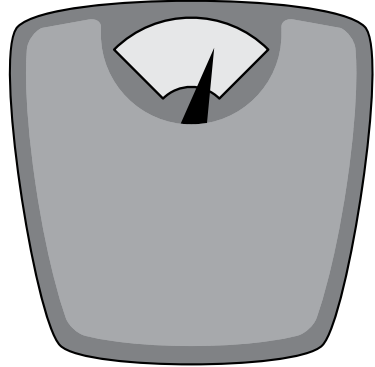
## Keep your weight within normal limits



If you are at risk of cardiovascular disease and are overweight, your doctor and other members of the healthcare team should help you lose weight and, ideally keep it off.



Your weight should be measured every year to make sure you are not gaining weight and to see if you may benefit from weight changes.



"I started a plan to lose weight safely. I plan family meals for the week and only buy what I need. I have smaller portions and try to be more active."

"I don't add any salt to my meals when cooking, instead I use herbs and spices to flavour dishes which is so much better for me and the family."

## Be more physically active

Regular activity will help to make you feel better now and will help to lower your cardiovascular disease risk.



You should do something that will make you feel slightly out of breath (moderate physical activity), for example, walking.

If you are already moderately active and can manage it, you should try to increase your activity level. This could be by increasing how often you exercise, or by increasing the length of time you exercise.



Exercise can include:

- any physical activity you do at work (for example, using stairs instead of lifts)
- any physical activity you do in your leisure time (for example, walking, housework, gardening, dancing), and sports (for example running, swimming, tennis).



"I wasn't active enough. I enjoy doing the garden but I would always take the bus into town. I walk into town now and get the bus back so I'm getting more exercise. I feel good for doing that."

## Stop smoking



If you smoke, you should stop. Your healthcare professionals should offer you advice and support to do this. If you have tried before and didn't succeed, this doesn't mean you won't succeed if you try again.



Breathing other people's smoke (passive smoking) also increases your risk of cardiovascular disease. Try to avoid it.



If you are depressed, giving up smoking can be harder. If you are a smoker with heart disease and depression, you should have your depression treated.

"I managed to stop smoking but my wife still smoked so I was still inhaling the smoke and so were our kids. I helped her to give up. I'm not out of breath now when I play football and I can taste my food."

## Stop smoking



Your doctor should also offer you professional support to help you stop smoking.

**Varenicline or combination nicotine replacement therapy (NRT)** can be used as part of a programme to help you stop smoking and to increase your chances of giving up for good.



**Bupropion and single nicotine replacement therapy (NRT)** may also be considered to help you stop smoking.

We can't recommend the use of electronic cigarettes as there is some **uncertainty** about their benefit. Their long-term effects on health are not known.

**Varenicline** is a prescription-only tablet and is usually taken for 12 weeks.

**Combination nicotine replacement therapy (NRT)** uses more than one method to get nicotine into your bloodstream without smoking.

**Bupropion** is a prescription-only tablet and is usually taken for two months.

**Single nicotine replacement therapy (NRT)** uses one method to get nicotine into your bloodstream without smoking, for example nicotine patches.

## Drink less alcohol



You should reduce the amount of alcohol you drink to reduce your cardiovascular disease risk.



- Men and women are advised not to drink regularly more than 14 units per week. This helps keep the health risks of drinking alcohol at a low level.
- If you do drink as much as 14 units per week, it is best to spread this evenly over three days or more.
- Binge drinking is not advisable. It can increase your risks in various ways that may lead to long-term illness and accidents.



### Information

Your doctor or practice nurse may help you reduce your alcohol consumption, if it is a risk to your health, by doing the following.

- Giving you information and advice.
- Telling you about the side effects of drinking too much.
- Suggesting you keep a drinking diary.
- Suggesting you make a drinking agreement with someone.
- Explaining the risks of drinking too much.

**If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.**

## Alcohol guidelines – what they mean for you



HM Government

The number of **units** you are drinking depends on the **size** and **strength** of your drink

2.8% ABV lager

4.8% ABV lager

**0.8** units



**1.4** units

284ml half pint

**1.2** units



**2.1** units

440ml can

**1.6** units



**2.7** units

568ml pint

**1.8** units



**3.2** units

660ml bottle

A home-dispensed measure tends to be greater than a measure given in a pub or restaurant.



## Alcohol guidelines – what they mean for you



HM Government

The number of **units** you are drinking depends on the **size** and **strength** of your drink

11% ABV wine

14% ABV wine

1.4 units



1.8 units

125ml glass

1.9 units



2.5 units

175ml glass

2.8 units



3.5 units

250ml glass

8.3 units








10.5 units

750ml bottle

A home-dispensed measure tends to be greater than a measure given in a pub or restaurant.

# Are there medicines I can take to reduce my risk of future cardiac events?

As well as making changes to your lifestyle, your doctor may give you medicines to help reduce your risk.

Medicine	
<p align="center"><b>Antiplatelet medicines</b></p> <p>Antiplatelet medicines help to prevent blood clots. This reduces the risk of having a heart attack or ischaemic stroke.</p>	
<p><b>Aspirin</b></p>	<p align="center"></p> <p>If you have cardiovascular disease, 75 mg of aspirin, each day, is recommended.</p>
<p><b>Clopidogrel</b></p>	<p align="center"></p> <p>If you have cardiovascular disease but can't take aspirin, clopidogrel should be considered instead.</p> <p align="center"></p> <p>Treatment with 75 mg each day should be considered if you have a history of stroke or heart attack.</p>
<p><b>Combination of aspirin and additional antiplatelet therapy</b></p>	<p align="center"></p> <p>If you have an acute coronary syndrome, you should be treated with both aspirin and a second antiplatelet medicine. This might be clopidogrel, prasugrel or ticagrelor. To prevent symptoms returning, this combination treatment would usually be for six months, before switching to a single medicine.</p> <p align="center"></p> <p>If you have a history of stroke or heart attack, you should be considered for treatment with low-dose aspirin (75–300 mg each day) and 200 mg of dipyridamole twice a day) to prevent the risk of a further stroke or cardiac event.</p>

## Medicine

### Cholesterol-lowering medicines (lipid-lowering medicines)

Cholesterol-lowering medicines help reduce the amount of fatty substances in your blood.

#### Statins



If you have cardiovascular disease, you should be given a high-dose statin (say 80 mg of atorvastatin a day) to lower the risk of future heart attacks or strokes.

If you are considered to be at high risk of cardiovascular disease, then 20 mg of atorvastatin a day is usually recommended.

If you have tried a statin before and stopped it because of side effects, you should be offered the same statin at the same dose or a lower dose, or a different statin. This is because many people with side effects are OK with a statin when they try it again, or when they try a lower dose or a different statin.

If you get side effects from taking medication, you should tell your healthcare professional straight away.

## What if I have high blood pressure?

If you have high blood pressure, your risk of coronary heart disease, heart failure, stroke and kidney failure is increased.

In a healthy adult, normal blood pressure is around 120/80 mmHg.

Your healthcare professional should tell you if your blood pressure is too high.

To make the initial assessment of high blood pressure, you might need to have a period of blood-pressure monitoring at home.



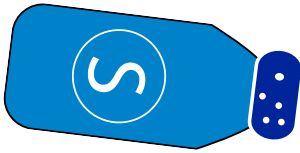
If your blood pressure is too high, your healthcare professional should give you lifestyle advice to help lower it and reduce your cardiovascular disease risk.



Some of the changes you can make to help reduce your blood pressure include:



- losing weight



- reducing the amount of salt in your diet



- limiting the amount of alcohol you drink



- doing more activity



- eating more fruit and vegetables, and



- eating less saturated fat in your diet.

These are discussed in more detail on pages 10 to 21.



### **Recommendation based on clinical experience**

If your blood pressure cannot be lowered by lifestyle changes, healthcare professionals should offer you blood-pressure-lowering medication.



### **Recommendation based on clinical experience**

A combination of medications may be recommended. This often means using lower doses of individual medications as the effects add up and are greater than taking one medication. Side effects are also minimised. The choice of medications should be tailored to your individual circumstances.

All the medications recommended will be part of a long-term treatment plan. It's important not to stop taking them without discussion with your health professional.

# How does my mental health affect my risk of cardiovascular disease?



## Strong recommendation based on good-quality research evidence

When your healthcare professional assesses your risk of developing cardiovascular disease, they should ask how you have been feeling emotionally and what kind of wider support network you have. This is because mental health difficulties such as depression, anxiety and social isolation or lack of support are risk factors for the onset and development of cardiovascular disease.



## Recommendation based on clinical experience

If you do have difficulties such as anxiety and depression, you may be referred for further assessment and treatments such as **cognitive behavioural therapy**.

"It is important for doctors and other cardiac specialists to discuss the psychological aspects of cardiac rehabilitation. Considerable benefit is to be gained from meeting others with similar medical conditions and discussing such matters with them."

**Cognitive behavioural therapy (CBT)** involves working with a therapist who will help you challenge unhelpful thoughts and behaviour.

# What information should I receive?

At the start and end of a consultation, healthcare professionals should offer you information in a format that suits you. You should work in partnership with them to better understand your cardiovascular disease risk and to reduce the chances of future cardiovascular disease events.

Healthcare professionals should make sure you understand the information they provide.



## Information

**Healthcare professionals involved in your care should do the following.**

- Explain the purpose of:
  - history taking
  - examination, and
  - blood tests.
- Discuss and prioritise lifestyle changes to reduce future cardiovascular disease risk.
- Provide advice about the need to start and continue medication and its possible side effects.
- Provide advice on stopping medications if you no longer need them.
- Ensure you understand the importance of attending follow-up appointments.





## Information

Across Scotland a number of cardiac support self-help groups work with various charities such as Chest Heart and Stroke Scotland (CHSS). These groups are run by people with experience of heart disease.

You and your family may find it helpful to meet and talk to people who have gone through similar experiences. You can refer yourself to one of these support groups if your cardiac team hasn't already done so (details of CHSS are on page 31).

Support groups can give you and your family and friends:

- emotional and social support
- help with rehabilitation, through a structured exercise programme
- advice on preventing further cardiac events, and
- information and education.

"By attending exercise classes I have been able to discuss and share my coronary heart disease (symptoms and experience) with others. This social aspect I feel is of equal benefit to the physical exercise."

# Where can I get information and support?

## **NHS inform**

NHS inform provides a health and care information service for the people of Scotland, including information on over 850 medical conditions such as heart failure, high blood pressure, depression and diabetes.

Phone: 0800 22 44 88 (8am–10pm)

[www.nhsinform.scot/illnesses-and-conditions/heart-and-blood-vessels](http://www.nhsinform.scot/illnesses-and-conditions/heart-and-blood-vessels)

Email: [nhs.inform@nhs24.scot.nhs.uk](mailto:nhs.inform@nhs24.scot.nhs.uk)

## **Organisations that help with heart disease**

### **British Heart Foundation (BHF)**

The BHF is the nation's heart charity and the largest independent funder of cardiovascular research. The BHF provides vital information for patients and carers. To speak to one of its cardiac nurses for advice and support, call its helpline. To order any of its publications, visit <http://bhf.org.uk/publications> or

Phone: 0870 600 6566 or email [orderline@bhf.org.uk](mailto:orderline@bhf.org.uk)

Phone: 020 7554 0000 • Heart Helpline: 0300 330 3311

[www.bhf.org.uk](http://www.bhf.org.uk)

## **Chest Heart & Stroke Scotland (CHSS)**

This is Scotland's health charity set up to improve the quality of life for people in Scotland affected by chest, heart and stroke illness through research, influencing public policy, advice and information, and support in the community

Phone: 0131 225 6963

Advice Line Nurses: 0808 801 0899 (9.30am–4pm, Monday to Friday) free from landlines and mobiles

[www.chss.org.uk](http://www.chss.org.uk)

Email: [admin@chss.org.uk](mailto:admin@chss.org.uk)

## **Local support groups and telephone helplines**

Phone: 0800 22 44 88 (8am–10pm)

To find local support, visit the Support Service Directory on the NHS inform website.

[www.nhsinform.co.uk/support-services](http://www.nhsinform.co.uk/support-services)

## **Smokeline**

Phone: 0800 84 84 84 (Monday–Friday 8am–10pm, Saturday and Sunday 9am–5pm)

[www.nhsinform.scot/care-support-and-rights/nhs-services/helplines/smokeline](http://www.nhsinform.scot/care-support-and-rights/nhs-services/helplines/smokeline)

## **Other websites**

### **Action on Depression**

Action on Depression can refer people to local support. They provide advice and information on low mood and depression.

[www.actionondepression.org](http://www.actionondepression.org)

Email: [admin@actionondepression.org](mailto:admin@actionondepression.org)

### **Active Scotland**

This website gives information and ideas on a range of indoor and outdoor activities in Scotland on land, water and in the air.

[www.activescotland.org.uk](http://www.activescotland.org.uk)

### **Alcoholics Anonymous**

[www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)

### **Blood Pressure UK**

This charity is dedicated to lowering people's blood pressure to prevent disability and death from stroke and heart disease.

Phone: 020 7882 6218

[www.bloodpressureuk.org](http://www.bloodpressureuk.org)

Email: [help@bloodpressureuk.org](mailto:help@bloodpressureuk.org)

## **Breathing Space**

Breathing Space is a free, confidential phone and web-based service for anyone who has low mood or depression, or is unusually worried and needs someone to talk to.

Phone: 0800 83 85 87 weekdays: Monday to Thursday 6pm–2am  
weekend: Friday 6pm–Monday 6am

[www.breathingspace.scot](http://www.breathingspace.scot)

## **Diabetes UK**

Diabetes UK provides information, advice and support to help people with diabetes manage the condition well, and bring people together for support when it's needed most.

Phone: (Careline Scotland) 0141 212 8710

[www.diabetes.org.uk](http://www.diabetes.org.uk)

Email: [careline.scotland@diabetes.org.uk](mailto:careline.scotland@diabetes.org.uk)

## **Useful publications and resources**

We do not accept any responsibility for the content of the websites listed.

## **Exercise**

Chest Heart and Stroke Scotland: Just Move!

[www.chss.org.uk/documents/2013/08/f30\\_just\\_move\\_web.pdf](http://www.chss.org.uk/documents/2013/08/f30_just_move_web.pdf)

British Heart Foundation: Staying Active

[www.bhf.org.uk/heart-health/preventing-heart-disease/staying-active](http://www.bhf.org.uk/heart-health/preventing-heart-disease/staying-active)

Diabetes UK: Getting Active and Staying Active

[www.diabetes.org.uk/keeping-active](http://www.diabetes.org.uk/keeping-active)

Age UK: Keeping Fit

[www.ageuk.org.uk/health-wellbeing/keeping-fit](http://www.ageuk.org.uk/health-wellbeing/keeping-fit)

## **Weight**

NHS Choices: 12 tips to help you lose weight on the 12-week plan

[www.nhs.uk/Livewell/weight-loss-guide/Pages/successful-diet-tips.aspx](http://www.nhs.uk/Livewell/weight-loss-guide/Pages/successful-diet-tips.aspx)

Chest Heart and Stroke Scotland: Losing weight

[www.chss.org.uk/documents/2013/12/losing-weight.pdf](http://www.chss.org.uk/documents/2013/12/losing-weight.pdf)

Diabetes UK: What's your healthy weight?

[www.diabetes.org.uk/Guide-to-diabetes/Enjoy-food/Eating-with-diabetes/Whats-your-healthy-weight/](http://www.diabetes.org.uk/Guide-to-diabetes/Enjoy-food/Eating-with-diabetes/Whats-your-healthy-weight/)

British Heart Foundation: 6 tips on losing weight

[www.bhf.org.uk/heart-matters-magazine/my-story/weight-loss/weight-loss-tips](http://www.bhf.org.uk/heart-matters-magazine/my-story/weight-loss/weight-loss-tips)

Weight Concern UK

[www.weightconcern.org.uk/](http://www.weightconcern.org.uk/)

## **Smoking**

NHS Inform

[www.nhsinform.scot/healthy-living/stopping-smoking/help-to-stop/local-help](http://www.nhsinform.scot/healthy-living/stopping-smoking/help-to-stop/local-help)

NHS Choices: 10 self-help tips to stop smoking

[www.nhs.uk/Livewell/smoking/Pages/Motivateyourself.aspx](http://www.nhs.uk/Livewell/smoking/Pages/Motivateyourself.aspx)

Chest Heart and Stroke Scotland: Stopping Smoking

[www.chss.org.uk/documents/2013/08/f1\\_stop\\_smoking-pdf.pdf](http://www.chss.org.uk/documents/2013/08/f1_stop_smoking-pdf.pdf)

## **Diet and Eating Well**

NHS: the Eatwell Guide

[www.nhs.uk/Livewell/goodfood/Pages/the-eatwell-guide.aspx](http://www.nhs.uk/Livewell/goodfood/Pages/the-eatwell-guide.aspx)

Chest Heart and Stroke Scotland: Healthy eating

[www.chss.org.uk/documents/2013/08/f24\\_healthy\\_eating.pdf](http://www.chss.org.uk/documents/2013/08/f24_healthy_eating.pdf)

Chest Heart and Stroke Scotland: Salt

[www.chss.org.uk/documents/2013/08/f2\\_salt-pdf.pdf](http://www.chss.org.uk/documents/2013/08/f2_salt-pdf.pdf)

British Heart Foundation: 10 minutes to change your life – time to eat well

[www.bhf.org.uk/publications/healthy-eating-and-drinking/10-minutes-to-change-your-life---time-to-eat-well](http://www.bhf.org.uk/publications/healthy-eating-and-drinking/10-minutes-to-change-your-life---time-to-eat-well)

British Heart Foundation: Eating well

[www.bhf.org.uk/publications/healthy-eating-and-drinking/eating-well](http://www.bhf.org.uk/publications/healthy-eating-and-drinking/eating-well)

British Heart Foundation: This label could change your life

[www.bhf.org.uk/publications/healthy-eating-and-drinking/this-label-could-change-your-life](http://www.bhf.org.uk/publications/healthy-eating-and-drinking/this-label-could-change-your-life)

## **Alcohol**

British Heart Foundation: 10 minutes to change your life – call time on alcohol

[www.bhf.org.uk/publications/healthy-eating-and-drinking/10-minutes-to-change-your-life---call-time-on-alcohol](http://www.bhf.org.uk/publications/healthy-eating-and-drinking/10-minutes-to-change-your-life---call-time-on-alcohol)

Drink Aware: how to stop drinking alcohol completely

[www.drinkaware.co.uk/advice/how-to-reduce-your-drinking/how-to-cut-down/how-to-stop-drinking-alcohol-completely](http://www.drinkaware.co.uk/advice/how-to-reduce-your-drinking/how-to-cut-down/how-to-stop-drinking-alcohol-completely)

NHS Choices: Tips on cutting down

[www.nhs.uk/Livewell/alcohol/Pages/Tipsoncuttingdown.aspx](http://www.nhs.uk/Livewell/alcohol/Pages/Tipsoncuttingdown.aspx)

Alcohol Concern: Apps and tools

[www.alcoholconcern.org.uk/Pages/Category/apps-and-tools](http://www.alcoholconcern.org.uk/Pages/Category/apps-and-tools)

MIND: addiction and dependency resources

[www.mind.org.uk/information-support/guides-to-support-and-services/addiction-and-dependency/#.WVYn3YVpfoA](http://www.mind.org.uk/information-support/guides-to-support-and-services/addiction-and-dependency/#.WVYn3YVpfoA)



# How are SIGN guidelines produced?

Our guidelines are based on the most up-to-date scientific evidence. We read research papers to find evidence for the best way to diagnose, treat and care for patients. If we cannot find this out from the research evidence, we ask healthcare professionals to use their clinical experience and judgment to suggest treatments.



**1** Gather lived experience



**2** Identify the questions



**3** Search for the evidence



**4** Look at the evidence



**5** Make judgements & recommendations



**6** Ask people for feedback



**7** Publish



**8** Let everybody know about our guidelines

You can read more about us by visiting [www.sign.ac.uk](http://www.sign.ac.uk) or you can phone **0131 623 4720** and ask for a copy of our booklet 'SIGN guidelines: information for patients, carers and the public'.

**The Scottish Intercollegiate Guidelines Network (SIGN) writes guidelines which give advice for healthcare professionals, patients and carers about the best treatments that are available.**

We write these guidelines by working with healthcare professionals, other NHS staff, patients, carers and members of the public.

We are happy to consider requests for other languages or formats. Please phone **0131 623 4720** or email [sign@sign.ac.uk](mailto:sign@sign.ac.uk)

## Check the label on packaged foods

Each serving (150g) contains

Energy 1046kJ 250kcal	Fat <b>3.0g</b>	Saturates <b>1.3g</b>	Sugars <b>34g</b>	Salt <b>0.9g</b>
	LOW	LOW	HIGH	MED
13%	4%	7%	38%	15%

of an adult's reference intake

Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fat, salt and sugars

Use the Eatwell Guide to help you get a balance of nutrients. It shows how much of what you eat overall should be...

Eat at least 5 portions of a variety of fruit and vegetables every day



Eat less often and in small amounts

Beans, pulses, fish, eggs, meat and other protein. Eat more beans and pulses, 2 portions of fish per week, one of which is oily fish, and red and processed meat



# Guide

ance of healthier and more sustainable food.  
should come from each food group.

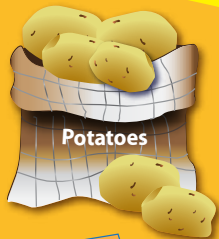
Choose wholegrain or higher fibre versions with less added fat, salt and sugar

Potatoes, bread, rice, pasta and other starchy carbohydrates



Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Limit fruit juice and/or smoothies to a total of 150ml a day.



Potatoes



Whole grain cereal



Cous Cous



Porridge



Bagels



Whole wheat pasta



Rice



Spaghetti



Low fat soft cheese



Semi skimmed milk



Soya drink



Plain Low fat yoghurt



Lean mince

Other proteins

of sustainably  
ily. Eat less

Dairy and alternatives

Choose lower fat and lower sugar options



Oil & spreads

Choose unsaturated oils and use in small amounts

Per day  2000kcal  2500kcal = ALL FOOD + ALL DRINKS



[www.sign.ac.uk](http://www.sign.ac.uk)



[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

**Edinburgh Office**

Gyle Square | 1 South Gyle Crescent | Edinburgh EH12 9EB  
Telephone 0131 623 4300

**Glasgow Office**

Delta House | 50 West Nile Street | Glasgow | G1 2NP  
Telephone 0141 225 6999

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are key components of our organisation.

