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# Urgent symptoms and when to seek help

Age group	Gender	Question	Suggested response
Over 65	Man	What are the warning signs of possible cardiac problems and when should I ring an ambulance?	Our advice is simple: Any new chest discomfort, especially with breathlessness, sweating, nausea, dizziness, palpitations, or pain into the arm, jaw, back or stomach, should be taken seriously. Symptoms are not always dramatic, and sometimes they are subtle. If they are severe, persistent, new, or simply feel wrong for you, call 999 or 112 immediately. Do not drive yourself and do not wait at home hoping they will ease. Early action is always safer than delay.
45 - 54	Woman	If you had a heart attack recently & have been advised that 30% of muscle around my heart is now dead! How compromised is my heart now? Can I be expected to live a full lifespan with compromised heart muscle to the tune of 30%?	The long-term impact after a heart attack depends less on a percentage quoted and more on your pumping function, the amount of scar, symptoms, rhythm risk and response to treatment. Many people live well for years after a heart attack when they take secondary prevention seriously, including statins, antiplatelets where prescribed, blood pressure control, cardiac rehabilitation, smoking avoidance, exercise and diabetes management. Breathlessness, ankle swelling, blackouts, worsening chest pain or reduced exercise tolerance should prompt review.
55 - 64	Woman	I live on my own and am afraid of dying alone. I want to understand the symptoms of a heart attack and what to do if I have symptoms or warning signs.	If you live alone and are worried about dying alone, please do not try to be brave with possible heart symptoms. Any new chest discomfort, especially with breathlessness, sweating, nausea, dizziness, palpitations, or pain into the arm, jaw, back or stomach, should be taken seriously. Symptoms are not always dramatic, and sometimes they are subtle. If they are severe, persistent, new, or simply feel wrong for you, call 999 or 112 immediately. Do not drive yourself and do not wait at home hoping they will ease. Leave your front door openable when calling for an ambulance, and tell the emergency call centre that also, just in case your status disimproves. Early action is always safer than delay.

# Heart rhythm problems, palpitations & Atrial fibrillation

Age group	Gender	Question	Suggested response
45 - 54	Man	What is AFib	Atrial fibrillation is a common irregular rhythm. The key priorities are to confirm the rhythm, assess stroke risk and whether anticoagulation is needed, control the rate or consider rhythm control when appropriate, and manage risk factors such as high blood pressure, obesity, sleep apnoea, alcohol excess and thyroid disease. Seek urgent help for chest pain, fainting, severe breathlessness, or a persistent very fast heart rate.
45 - 54	Man	Arrhythmias, why they occur, what causes them and how can you prevent/manage Curious about palpitations,atrial fibrillation and the long term effect on the heart Rapid heart rate causes and effects	Palpitations are not always caused by an arrhythmia. Palpitations are the feeling of being aware of your heartbeat and can occur with stress, anxiety, caffeine, alcohol, poor sleep, fever, dehydration or other triggers, even when the rhythm is normal. When an arrhythmia is diagnosed, it means there is an abnormal heart rhythm. Arrhythmias can be related to age, scarring, coronary disease, valve disease, high blood pressure, thyroid problems, alcohol, stimulants, sleep apnoea or sometimes inherited conditions. Management depends on the exact cause and may include reassurance, lifestyle measures, medicines, ablation or, in some cases, a device. Urgent medical review is needed if palpitations are associated with blackouts, chest pain or severe breathlessness.
45 - 54	Woman	I am interested to know more about arrhythmia, high cholesterol when it naturally produces and what to do if there is a history of heart disease in family. Are there any new technologies to monitor heart daily.	Arrhythmia means an abnormal heart rhythm. It can cause palpitations, fluttering, dizziness or breathlessness, although some people have no symptoms. High cholesterol is common because the liver naturally makes cholesterol, and levels are affected by lifestyle as well as genetics. If heart disease runs in your family, it is worth having your risk reviewed early, checking your cholesterol, and asking whether a lipoprotein(a) blood test is appropriate. New technologies such as smartwatches, handheld ECG devices, patch monitors and loop recorders can help detect rhythm problems, but abnormal readings should always be confirmed by a healthcare professional.
Over 65	Woman	Could you please talk about Ventricular Tachycardia and the effectiveness of medication in controlling this in the long term e.g. 5 years+	Ventricular tachycardia is a potentially serious fast rhythm arising from the ventricles. Long-term treatment depends on the cause, heart function and risk profile, and may include medicines, catheter ablation or an ICD rather than tablets alone. Anyone with blackouts, severe dizziness, chest pain or suspected VT needs specialist assessment.
Over 65	Woman	Would love to know more about POTS	POTS causes an excessive rise in heart rate on standing and can lead to dizziness, palpitations, fatigue and brain fog. Management often includes fluids, salt where appropriate, compression garments, pacing of activity and sometimes medication, but other causes of tachycardia need to be excluded first.

# Monitoring, Holter monitors, loop recorders and wearables

Age group	Gender	Question	Suggested response
Over 65	Woman	Is wearing a holter monitor beneficial?	A Holter monitor records heart rhythm continuously, usually for 24–48 hours, and is best when symptoms happen frequently.
Over 65	Woman	What is a Loop recorder.	A loop recorder is a small long-term heart monitor used when symptoms such as blackouts or palpitations happen only occasionally. It can record heart rhythm over many months, making it more likely to catch an intermittent problem than a short-term monitor.
Over 65	Woman	What exactly is made clear by wearing a HOLTER MONITOR for one day?	A Holter monitor is a very useful test that records your heart rhythm over 24–48 hours to determine whether symptoms are caused by an abnormal rhythm and to identify fast, slow or irregular heartbeats. It is most useful when symptoms occur frequently.
Over 65	Woman	How effective is it to be fitted with a Loop Recorder?	A loop recorder is more useful when symptoms are infrequent because it can monitor for months to years and may help detect unexplained blackouts, atrial fibrillation or intermittent rhythm problems.

# Coronary artery disease (CAD), stents and cardiac testing

Age group	Gender	Question	Suggested response
55 - 64	Man	How come a cardiac MRI did not pick up an 80% blockage that was discovered 6 weeks later by angiogram	Different cardiac tests answer different clinical questions. Cardiac MRI is excellent for evaluating heart muscle, scarring and inflammation, while CT coronary angiography or invasive angiography provide a high resolution image of heart arteries and can evaluate Plaque buildup, calcium and narrowing; coronary angiogram can use Fractional Flow Reserve to assess whether a narrowing is actually limiting blood flow.
55 - 64	Man	I have had recent heart stents. How long do stents last and can they get blocked.	A stent is designed to stay in place long term. It can re-narrow or clot, especially early after insertion, which is why taking antiplatelet medication exactly as prescribed is essential. New chest pain after a recent stent needs urgent assessment, particularly if it is prolonged, occurs at rest, or is associated with sweating, breathlessness or nausea.
Over 65	Man	1) I had a Holter and it showed a sudden short spike in heart beat. The cardiologist is investigating via an MRI. But now every pain and ache frightens me. What symptoms should I look out for? 2) Apple watches. Good or bad?	A short spike on a Holter is often benign, but its significance depends on the type and context, which is why further tests may be arranged. It is common to become more aware of symptoms afterwards, but most aches are not heart-related. Seek urgent review for blackouts, chest pain, severe breathlessness, or a sustained rapid heartbeat. Wearables like Apple watches can help detect rhythm issues, but they do not replace proper medical testing and can sometimes cause false alarms.
Over 65	Man	Is a stress ECG as good as a FFR test in assessing if a stent is advisable? When will CIMT become more available( only one in Blackrock Clinic, Galway?	A stress ECG and an invasive FFR test are not interchangeable. A stress ECG looks for signs of reduced blood supply during exercise but is less precise, while FFR is measured during coronary angiography and helps decide whether a specific narrowing is actually severe enough to benefit from a stent. CIMT (carotid intima-media thickness) measures carotid artery thickness and is not routinely recommended for most people when standard cardiovascular risk assessment and established heart imaging are available.
Over 65	Woman	Clarify with simple words medical details, re. Stent, blockage, etc	In simple terms, a blockage means that plaque buildup in a heart artery has caused the vessel to become occluded (blocked). A stent is a small metal mesh tube used to hold an artery open in cases of proven flow limiting narrowing or occlusion. Not every narrowing needs a stent; the decision depends on symptoms, whether the narrowing limits blood flow, and whether medicines alone are likely to control the problem safely.

# Cholesterol, statins, Lp(a) and plaque prevention

Age group	Gender	Question	Suggested response
55 - 64	Man	Opinion on use of Statins	Statins lower “bad” LDL cholesterol and help reduce the risk of heart attack and stroke. They may be used in people without established heart disease if their overall future risk is high enough, and they are a key first-line treatment in people with known cardiovascular disease because they reduce the chance of further events. Muscle aches can happen, but serious muscle damage is rare. If side effects occur, there are other options, including changing the dose, switching statin, using alternate-day dosing, or adding or using another cholesterol-lowering treatment. Treatment decisions should be based on overall cardiovascular risk rather than one cholesterol number alone.
45 - 54	Woman	Interested to hear more about familial high cholesterol & also, can you reverse plaque build up in any way..	Cholesterol matters because LDL and apolipoprotein B (ApoB) containing particles contribute to plaque build-up over time. Risk assessment should consider lifetime exposure plus other factors such as age, blood pressure, diabetes, smoking, family history, Lp(a) and evidence of plaque, rather than HDL alone. Plaque can often be stabilised and progression slowed, sometimes modestly regressed, with LDL lowering, smoking cessation, exercise, healthy diet and weight control.
45 - 54	Woman	I've recently discovered I have high lipoprotein (a). How far are we away from being able to treat this and reduce levels, in Ireland.	Lipoprotein(a) is an inherited risk factor. Current guidance supports measuring it at least once in adult life and then treating overall cardiovascular risk aggressively, especially LDL cholesterol and other modifiable risks. Specific Lp(a) lowering drugs are in late-stage development, but routine approved treatment access remains limited, so specialist review is reasonable if levels are very high or family history is strong.
45 - 54	Woman	Dietary advice re cholesterol, exercise prescription for patients with heart failure	For cholesterol, the usual dietary pattern advised is Mediterranean-style: more vegetables, fruit, pulses, nuts, wholegrains and unsaturated fats, with less ultra-processed food, trans fats and excess saturated fat. In heart failure, exercise is usually recommended but should be paced to symptoms, starting gently and increasing gradually; cardiac rehabilitation or a clinician-guided plan is ideal, especially if breathlessness or reduced pumping function is present. Rapid weight gain, worsening breathlessness or swelling should prompt review.
55 - 64	Woman	Any alternative to statins?	Statins remain first-line treatment for lowering LDL cholesterol because they reduce heart attack and stroke risk. Muscle aches can occur, but severe muscle injury is uncommon; dose adjustment, switching statin, alternate-day dosing, ezetimibe or other non-statin therapies can be considered if intolerance is genuine. The decision should be based on overall cardiovascular risk, not one cholesterol number alone.

# Cholesterol, statins, Lp(a) and plaque prevention (continued)

Age group	Gender	Question	Suggested response
55 - 64	Woman	Statins and usage of them affects on leg muscles	Statins remain first-line treatment for lowering LDL cholesterol because they reduce heart attack and stroke risk. Muscle aches can occur, but severe muscle injury is uncommon; dose adjustment, switching statin, alternate-day dosing, ezetimibe or other non-statin therapies can be considered if intolerance is genuine. The decision should be based on overall cardiovascular risk, not one cholesterol number alone.
55 - 64	Woman	Cholestrol - raised LDL , but very good HDL , need for medication with normal blood pressure, active lifestyle and no weight issues ??	A high HDL level does not automatically cancel out a raised LDL level. The need for medication depends on your overall cardiovascular risk, including age, smoking history, diabetes, blood pressure, family history and whether there is known plaque or established vascular disease. In someone with raised LDL, treatment is guided mainly by absolute risk and LDL level rather than HDL alone, so a clinician would usually look at the full risk picture before advising for or against a statin.
55 - 64	Woman	Family history of heart issues, cholesterol, bypass surgery, stents My total cholesterol is 5.6 normal BP ,very active and low body weight due to restricting cake biscuits and other high fat foods.Should I just eat what I like within reason and stop obsessing about cholesterol	Cholesterol matters because LDL and ApoB-containing particles contribute to plaque build-up over time. Risk assessment should consider lifetime exposure plus other factors such as age, blood pressure, diabetes, smoking, family history, Lp(a) and evidence of plaque, rather than HDL alone. Plaque can often be stabilised and progression slowed, sometimes modestly regressed, with LDL lowering, smoking cessation, exercise, healthy diet and weight control.
Over 65	Woman	Cholesterol & Rosuvastatin dose levels	Rosuvastatin lowers LDL cholesterol and reduces heart attack and stroke risk. The dose depends on your overall cardiovascular risk and how much cholesterol reduction is needed. Statins are first-line treatment; muscle aches can occur but serious side effects are uncommon. If needed, the dose can be adjusted, a different statin used, or other therapies added. Treatment decisions are based on overall risk, not a single cholesterol number.


# Blood pressure and vascular risk

Age group	Gender	Question	Suggested response
Over 65	Man	bi - atrial enlargement, atrial fibrillation, mitral valve regurgitation + high blood pressure risks + strategies	These conditions are often connected: high blood pressure or valve problems can enlarge the atrium and lead to atrial fibrillation. The priorities are stroke prevention, controlling the rhythm or rate, and treating the underlying causes.
35 - 44	Woman	adhd medications and high blood pressure	ADHD stimulant medicines can raise heart rate and blood pressure in some people, so blood pressure should be checked before starting and monitored during treatment. They are not automatically unsafe, but the decision depends on baseline blood pressure, symptoms, other heart disease and overall cardiovascular risk. If blood pressure is persistently elevated, the prescriber may adjust the dose, change treatment, or treat the blood pressure separately.
45 - 54	Woman	How to deal with high blood pressure (female 53)	High blood pressure often has no symptoms, so home readings and repeated clinic checks matter. Treatment focuses on reducing salt, maintaining healthy weight, regular exercise, limiting alcohol, good sleep and medication when blood pressure remains above target or overall risk is elevated. Persistently high readings, severe headache, chest pain, breathlessness or neurological symptoms need prompt review.

# Exercise, physical activity and healthy living

Age group	Gender	Question	Suggested response
Over 65	Man	How much exercise is appropriate for me ? Age 89, Intra-cardiac Pacemaker. ( 4th )	Most people with a pacemaker should stay physically active. The general goal is regular walking, strength and balance work, but the safest level depends on symptoms, underlying heart disease and the reason for pacing. For an older adult, gentle daily activity tailored to function and falls risk is usually better than prolonged inactivity; any new dizziness, syncope, chest pain or breathlessness should be reviewed.
Over 65	Man	How important is regular exercise to maintaining a healthy heart in later years?.	For most adults, the target is at least 150 minutes per week of moderate activity, or 75 minutes of vigorous activity, plus strength work on at least 2 days each week. In older adults, walking, cycling, swimming, resistance training and balance work are all valuable; start where you are and increase gradually. If you have known heart disease or symptoms, exercise advice should be individualised.
Over 65	Man	Advice on best activities/exercises for 65 years plus to help avoid heart disease	For most adults, the target is at least 150 minutes per week of moderate activity, or 75 minutes of vigorous activity, plus strength work on at least 2 days each week. In older adults, walking, cycling, swimming, resistance training and balance work are all valuable; start where you are and increase gradually. If you have known heart disease or symptoms, exercise advice should be individualised.
45 - 54	Woman	Link heart health and brain health / Information on exercise after Spontaneous Coronary Artery Dissection	Heart health and brain health are closely linked because the same risk factors such as high blood pressure, diabetes, smoking, inactivity and cholesterol affect both the heart and blood vessels to the brain. After spontaneous coronary artery dissection, exercise advice should be individualised, but most people are encouraged to return gradually to regular light-to-moderate aerobic activity and avoid extreme exertion, heavy straining or sudden high-intensity bursts unless their specialist advises otherwise. A supervised plan through cardiac rehabilitation is often the safest route.
Over 65	Woman	What is the best exercise for a retired person to keep the heart healthy	For most adults, the target is at least 150 minutes per week of moderate activity, or 75 minutes of vigorous activity, plus strength work on at least 2 days each week. In older adults, walking, cycling, swimming, resistance training and balance work are all valuable; start where you are and increase gradually. If you have known heart disease or symptoms, exercise advice should be individualised.
Prefer not to say	Woman	How much exercise is enough ? Too much ?	For most adults, the target is at least 150 minutes per week of moderate activity, or 75 minutes of vigorous activity, plus strength work on at least 2 days each week. In older adults, walking, cycling, swimming, resistance training and balance work are all valuable; start where you are and increase gradually. If you have known heart disease or symptoms, exercise advice should be individualised.

# Women's heart health, menopause and diabetes

Age group	Gender	Question	Suggested response
45 - 54	Woman	Heart health changes with menopause? Womens Heart Health - Impact no Oestrogen following Menopause/unable to take HRT/ What Screening needs to be initiated early rather than when symptoms could lead to Alzheimers/Dementia Heart  and menopause health for women over 50 Impact of on heart health Type 1 diabetes and menopause	Menopause can increase cardiovascular risk through inflammation, blood pressure, metabolic effects or hormonal change. The practical message is earlier risk-factor review: blood pressure, cholesterol, diabetes screening, weight, smoking, exercise and symptom assessment. Management should focus on controlling the underlying condition as well as standard cardiovascular prevention.
55 - 64	Woman	Women specific symptoms of heart attack and blood pressure when you should be on medication	Possible warning signs include chest pressure or tightness, pain spreading to the arm, jaw or back, unexplained breathlessness, sudden sweating, nausea, fainting, or a marked drop in exercise tolerance. Women may present with less typical symptoms such as unusual fatigue, breathlessness, nausea or back/jaw discomfort. If symptoms are causing concern, DO NOT DELAY, call emergency services immediately and do not drive yourself.

# Genetics, family history and congenital heart disease

Age group	Gender	Question	Suggested response
45 - 54	Woman	My Mother has dilated cardio myopathy although she responded very well to medication. I am wondering about the hereditary considerations of heart health. Genetic heart defects What role does genetics play in cardiac health.	Genetics can strongly influence cholesterol levels and risk of heart disease. Familial hypercholesterolaemia and high Lp(a) are important inherited causes of early cardiovascular disease, and in families with cardiomyopathy or inherited rhythm disease, first-degree relatives may need ECG/echo-based screening. A strong family history of early heart attack, bypass, stents, cardiomyopathy or sudden death should prompt earlier risk assessment.

# Heart failure and recovery after cardiac injury

Age group	Gender	Question	Suggested response
Over 65	Man	Heart failure & what exactly it is and how to manage the condition.	Heart failure means the heart cannot pump or fill as efficiently as it should; it does not mean the heart has stopped. Management usually includes confirming the cause, echocardiography, treating fluid overload if present, and guideline-directed medicines where appropriate, alongside salt moderation, exercise within limits, vaccination and symptom monitoring. Worsening breathlessness, swelling, rapid weight gain, dizziness or chest pain should prompt review.

# Sleep, breathing and recovery

Age group	Gender	Question	Suggested response
55 - 64	Woman	Sleep apnea effect on the heart	Sleep apnoea is strongly linked with high blood pressure, atrial fibrillation, heart failure and coronary disease. Loud snoring, witnessed pauses in breathing, morning headaches and daytime sleepiness are clues. Treating sleep apnoea, often with weight loss and sometimes CPAP, can improve symptoms and may help cardiovascular control.

# Stress, psychological impact and recovery

Age group	Gender	Question	Suggested response
Over 65	Woman	How would high cortisol levels due to stress affect your heart. How can we naturally help ourselves. CBT & mindfulness is often very difficult when One is under tremendous stressors. The psychological impact of a diagnosis of heart disease.	Chronic stress can affect blood pressure, sleep, eating, activity levels and rhythm symptoms, so it can indirectly and sometimes directly worsen heart health. Recovery plans should include sleep, physical activity, social support and treatment for anxiety or low mood where needed; psychological recovery after a cardiac diagnosis is part of good care, not an optional extra.

# General heart health, medicines and long-term prevention

Age group	Gender	Question	Suggested response
45 - 54	Man	How helpful can wearable tech be in maintaining heart health/identifying any potential concerns?	Wearables can be very useful for detecting possible rhythm problems, especially atrial fibrillation, but they do not replace a medical ECG. They are best used as a prompt to seek assessment if symptoms or alerts occur, rather than as a stand-alone diagnosis tool. Choose a device that records ECG or irregular rhythm alerts and bring the recordings to your clinician.
45 - 54	Man	Life long heart disease prevention intervention strategy for high risk category population?	The highest-yield prevention steps are: do not smoke, keep blood pressure/cholesterol/diabetes well controlled, stay physically active, maintain a healthy weight and waist size, and follow a Mediterranean-style eating pattern. For people at higher risk, earlier lipid-lowering treatment and tighter risk-factor control may be appropriate.
55 - 64	Man	Is there a blood test for calcium build up in the heart?	There is no routine blood test that shows calcium build-up in the heart arteries. Coronary calcium is assessed with a CT calcium score, not a blood test. Standard blood tests such as cholesterol, HbA1c, kidney function and sometimes Lp(a) help estimate risk but do not measure plaque directly.
Over 65	Man	Oral bacteria may get into the blood and travel to the heart and cause damage.	Poor oral health is associated with higher cardiovascular risk, and some heart valve conditions carry a risk of infective endocarditis. Good dental hygiene, regular dental care and informing your dentist if you have prosthetic valves, prior endocarditis or certain congenital heart conditions is important. Routine antibiotics are not needed for most people.
Over 65	Man	How can one know if breathing issues are indicative of heart issues	Breathlessness can come from the heart, lungs, anaemia, deconditioning or anxiety. Warning features for a possible cardiac cause include breathlessness on exertion or when lying flat, ankle swelling, chest pressure, palpitations, fainting, or reduced exercise tolerance. Sudden severe breathlessness, chest pain or collapse needs urgent assessment.
Over 65	Man	Removing heart medication safely	Heart medicines should not usually be stopped suddenly without a plan, because symptoms can rebound and risk may increase. The right approach is to understand why the medicine was started, what it is preventing, and whether there is a safer alternative or tapering strategy. Any change should be supervised by the prescribing clinician.

# General heart health, medicines and long-term prevention

Age group	Gender	Question	Suggested response
Over 65	Man	Advice for an overweight male in their late 60's to try improve heart health and also indicators to advise on the current heart condition.	Excess weight, especially abdominal fat, increases the risk of coronary disease, high blood pressure, diabetes, sleep apnoea and atrial fibrillation. Even modest weight loss can improve blood pressure, glucose control and symptoms. Waist size is useful because it reflects central fat, which carries more cardiovascular risk than weight alone.
35 - 44	Woman	Would love to hear expert opinions on mild valve regurgitation	Mild valve regurgitation is common and often just needs periodic follow-up rather than treatment. What matters is whether it is worsening, causing symptoms, enlarging the heart or affecting function. New breathlessness, ankle swelling, palpitations or reduced exercise tolerance should prompt reassessment.
35 - 44	Woman	What is the most important lifestyle change to make in order to improve your Heart health?	The highest-yield prevention steps are: do not smoke, keep blood pressure/cholesterol/diabetes well controlled, stay physically active, maintain a healthy weight and waist size, and follow a Mediterranean-style eating pattern. For people at higher risk, earlier lipid-lowering treatment and tighter risk-factor control may be appropriate.
35 - 44	Woman	Omega 3 for vegetarians	For most people, heart-healthy eating matters more than supplements. Vegetarian omega-3 sources such as flax, chia, walnuts and algae-based DHA/EPA can contribute to a healthy diet, but routine omega-3 supplements are not a substitute for controlling LDL, blood pressure, diabetes and smoking. People with high triglycerides or established cardiovascular disease should discuss specific indications with their clinician.
45 - 54	Woman	Psoriatic Arthritis and Acromegaly conditions and heart health?	These conditions can increase cardiovascular risk through inflammation, blood pressure, metabolic effects or hormonal change. The practical message is earlier risk-factor review: blood pressure, cholesterol, diabetes screening, weight, smoking, exercise and symptom assessment. Management should focus on controlling the underlying condition as well as standard cardiovascular prevention.
45 - 54	Woman	What do we need to do in mid-fifties to look after our heart health	The highest-yield prevention steps are: do not smoke, keep blood pressure/cholesterol/diabetes well controlled, stay physically active, maintain a healthy weight and waist size, and follow a Mediterranean-style eating pattern. For people at higher risk, earlier lipid-lowering treatment and tighter risk-factor control may be appropriate.

# General heart health, medicines and long-term prevention

Age group	Gender	Question	Suggested response
55 - 64	Woman	What's are the negative effects of have a hole in the heart and the aftermath of surgery to correcting it.	A congenital heart defect can range from minor to significant. After repair, many people do very well, but some still need long-term follow-up because of rhythm issues, valve problems, residual shunts or changes in the heart over time. Adult congenital heart disease follow-up is important when advised by your cardiology team.
55 - 64	Woman	My mother had a valve replacement and a triple bypass in her 70's. Several of her sibilgs had heart issues. Should I at 64 be having my heart tested if I am not symptomatic ?	Mild valve regurgitation is common and often just needs periodic follow-up rather than treatment. What matters is whether it is worsening, causing symptoms, enlarging the heart or affecting function. New breathlessness, ankle swelling, palpitations or reduced exercise tolerance should prompt reassessment.
55 - 64	Woman	Once you have heart disease, is it possible to reverse it?	Once heart disease is present, the aim is usually to stabilise plaque, prevent progression and reduce future events rather than promise a cure. Stopping smoking, lowering LDL cholesterol, controlling blood pressure and diabetes, exercising regularly and taking evidence-based medicines can markedly lower risk and sometimes modestly reduce plaque burden.
55 - 64	Woman	Would like to know more about left fascicular block and whether this is a predictor for future heart disease.	A fascicular block is a low risk electrical conduction finding on ECG. On its own it does not point to serious heart disease, but its significance depends on symptoms, other ECG changes and whether there is structural heart disease. Fainting, chest pain or breathlessness would increase the need for assessment.
Over 65	Woman	How hiatal hernia symptoms mimic cardiac symptoms, more specifically when exercising and an acute episode of what feels like like cardiac involvement.	A hiatal hernia and reflux can mimic heart discomfort, but chest symptoms during exertion should never be assumed to be non-cardiac without assessment. New or exertional chest pressure, breathlessness, sweating or collapse should be treated as potentially cardiac until reviewed.
Over 65	Woman	What is one item health professionals would recommend to maintain heart health?	The highest-yield prevention steps are: do not smoke, keep blood pressure/cholesterol/diabetes well controlled, stay physically active, maintain a healthy weight and waist size, and follow a Mediterranean-style eating pattern. For people at higher risk, earlier lipid-lowering treatment and tighter risk-factor control may be appropriate.

# General heart health, medicines and long-term prevention

Age group	Gender	Question	Suggested response
Over 65	Woman	Why does my cardiologist not order annual testing for me. Im on my heart meds for life but why no annual tests /screening?	Follow-up intervals depend on the condition. Annual review may be advised to check symptoms, medication safety, blood pressure, kidney function, cholesterol, rhythm burden or progression of structural disease, but not everybody needs yearly imaging. The reason for each test should be clear and worth asking your cardiology team about.
Over 65	Woman	Is 200mg of magnesium as supplement daily safe. Which form of magnesium do you recommend for cardiovascular health, e.g.citrate, glycinate.) Should I have my magnesium levels tested before starting.	For most adults, 200 mg of magnesium daily is usually safe. Stomach upset or diarrhoea can occur, and people with significant kidney disease should seek medical advice before taking it. There is no clear evidence that one form, such as citrate or glycinate, is uniquely best for cardiovascular health; the choice is usually based on which form is best tolerated. A magnesium blood test is not needed for everyone before starting, but it can be helpful if you have palpitations, an arrhythmia, kidney disease, symptoms of deficiency, or take medicines such as diuretics.
Over 65	Woman	Does PMR effect the heart muscle ?	PMR stands for polymyalgia rheumatica. It is an inflammatory condition that causes pain and stiffness, usually in the shoulders, neck and hips, particularly in people over 50. It does not usually affect the heart muscle directly. However, PMR is linked to a related condition called giant cell arteritis, which causes inflammation of blood vessels and can be more serious. New headache, jaw pain, scalp tenderness or any visual symptoms should be assessed urgently
Over 65	Woman	I'd like your opinion on smart watches what value for heart monitoring.. Is there one for ladies thats not big & not too expensive!	Wearables can be very useful for detecting possible rhythm problems, especially atrial fibrillation, but they do not replace a medical ECG. They are best used as a prompt to seek assessment if symptoms or alerts occur, rather than as a stand-alone diagnosis tool. Choose a device that records ECG or irregular rhythm alerts and bring the recordings to your clinician.
Over 65	Woman	New medication developments	Recent advances include stronger LDL-lowering options beyond statins, expanding therapies for heart failure, and new drugs in development for lipoprotein(a). Together, these treatments will have a significant impact on reducing cardiovascular health
Over 65	Woman	Does a takotsubo heart event normally leave lasting effects?	Takotsubo syndrome, sometimes called “broken heart syndrome”, often improves significantly and many people recover within a few weeks to months. Most do well, but some people can have lingering symptoms such as fatigue, breathlessness, chest pain or palpitations, and a small number may have another episode in the future. Follow-up with repeat heart imaging is usually advised to make sure recovery is complete.