



Preventing cardiovascular diseases that cause stroke and heart attacks

Information pack for the Muslim Community

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1. Introduction

This information pack is part of the British Muslim Heritage Centre's (BMHC) Greater Manchester Preventing Cardiovascular Disease (CVD) project. The main aim is to support the Greater Manchester Muslim Community in preventing CVD through providing meaningful and appropriate information, training, and guidance.

The approach will be two-way process where we are learning from the Muslim community and where they can learn from professionals working within this field. We hope the information pack provides an opportunity to learn and better understand the issues that lead to CVD so that solutions/initiatives can be co-produced with residents to maximise impact. The project is being developed, building on the existing "Bridging the diabetes inequalities gap" initiative. The project allows continuation of the existing infrastructure and sits within the wider BMHC tackling health inequalities programme. The centre will support the delivery of this training by engaging and promoting key information to mosques, Imams and other respected individuals who have local influence.

We would like to thank all our partners: The Greater Manchester Neurorehabilitation & Integrated Stroke Delivery Network, Greater Manchester & Eastern Cheshire Strategic Clinical Network, Diabetes UK and the Stroke Association for their contribution in implementing the project, including this invaluable information pack. We hope the resource will increase the awareness of preventing CVDs that cause stroke and heart attacks in the Muslim community.

We thank the Preventing CVD Oversight Group for their hard work and for ensuring that the information is cascaded down into the Muslim community through trainer the trainers' concept of delivery. We see this information reaching out to grass root community members particularly women, young people and Imams who have an influencing and leadership role within our Muslim communities.



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2. The importance of preventing cardiovascular diseases

The recent pandemic has highlighted existing health inequalities in the UK and the need to target the prevention and management of ill health, especially in ethnically diverse populations. To help address this, the NHS has outlined specific plans and targets to reduce the variation in health outcomes across the country.

There is increased risk of cardiovascular diseases (CVD) which can cause sudden events like strokes and heart attacks in ethnic minority populations. Targeted interventions involving local communities will be needed to reduce the incidence of these conditions and resulting CVD events in Greater Manchester.

CVD is the leading cause of mortality globally accounting for 17.9 million deaths a year and a third of total deaths. CVD accounts for a quarter of all deaths in England and having a CVD significantly increases the risk of having a stroke or heart attack.

Stroke is the fourth biggest cause of death in the UK. Over 100,000 people a year have a stroke, of which around 4,500 are in Greater Manchester. Strokes are more common in people of South Asian and Black Caribbean background who also have strokes at a younger age compared to White people. This increased risk is linked to the increased incidence of CVD in these populations.

Each year, over 86,000 people have a heart attack and are admitted to hospital across England, Wales and Northern Ireland, with an estimated 1.1 million people alive in England today having survived a heart attack.

This training pack is designed to provide evidence-based information and resources to local community influencers and faith leaders, as they often play a powerful role in shaping attitudes, opinions and behaviours in the wider Muslim communities. The education programme aims to engage different ethnic minorities within the Muslim community to raise awareness and change attitudes and behaviours to help embed sustained health improvements that will prevent CVD and stroke.

The Qur'an says:

"And whoever saves a life it is as though he had saved the lives of all mankind" Al-Ma'idah (5:32)

3. What are cardiovascular diseases

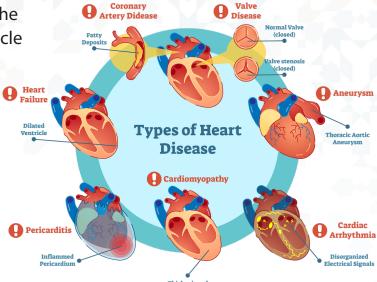
CVDs are a group of disorders of the heart and blood vessels, and are more common in people from a South Asian or Black ethnic background They include:

 Coronary heart disease – a disease of the blood vessels supplying the heart muscle

 Cerebrovascular disease – a disease of the blood vessels supplying the brain

 Peripheral arterial disease – a disease of blood vessels supplying the arms and legs

 Rheumatic heart disease – damage to the heart muscle and heart valves from rheumatic fever, caused by streptococcal bacteria



- Congenital heart disease birth defects that affect the normal development and functioning of the heart caused by malformations of the heart structure from birth
- Deep vein thrombosis and pulmonary embolism blood clots in the leg veins, which can dislodge and move to the heart and lungs

Often there may be no symptoms of the underlying disease of the blood vessels, and a heart attack or stroke may be the first sign of a problem. Heart attacks and strokes are often serious and sudden events, usually (but not always) caused by a blockage that prevents blood from flowing to the heart or brain.

KEY MESSAGES

CVDs are a group of disorders of the heart and blood vessels that are more common in people from a South Asian heritage.

There may be no symptoms associated with the diseases and a heart attack or stroke may be the first sign of a problem.

S Further information:

www.nhs.uk/conditions/coronary-heart-disease/ www.bhf.org.uk/

4. Impacts of cardiovascular diseases: Stroke; Transient Ischaemic Attack and heart attack

A stroke occurs when the blood supply to part of the brain is cut off, killing brain cells which can affect how the body works and also how someone thinks and feels. The after-effects of a stroke depend on where the damage takes place in the brain, and how big the area of damage is.

There are two different types of stroke:

- Ischaemic caused by a blood clot resulting in a blockage that cuts off the blood supply to the brain; 85% of strokes are caused this way
- **Haemorrhagic** caused by a bleed in or around the brain; 15% of strokes are caused this way

A Transient Ischaemic Attack (TIA) is also known as a mini stroke and can be a warning sign that a stroke may be about to occur. A TIA is where there are stroke symptoms but they only last for a short amount of time, 24 hours at most, but may be much briefer. People who have a TIA may think they are having a "funny turn" that can be ignored as symptoms may disappear quickly, but the response should be the same as for a stroke i.e. quickly dial **999**.

4.1. What are the common symptoms of a stroke or TIA?

The main signs of a stroke or TIA can be remembered by the acronym F.A.S.T. which stands for:

- Face may have drooped on one side, be unable to smile or the mouth or eye may have dropped
- Arms not be able to lift both arms and keep them there
- **Speech** may be slurred or garbled or may not be able to talk at all
- **Time** dial **999** immediately if any of these symptoms are present



Other symptoms of a stroke can include the sudden onset of:

- Confusion, difficulty speaking or understanding speech
- Difficulty seeing with one or both eyes
- Difficulty walking, dizziness and/or loss of balance or coordination
- Severe headache with no known cause; and/or
- Fainting or unconsciousness

The key thing to remember is that stroke is a medical emergency and time is brain! If you suspect that you or someone is having a stroke, act F.A.S.T. and dial **999** immediately and ask for an ambulance. The sooner people with stroke signs are taken to hospital, the less damage there may be to the brain and the greater chance of survival and recovery.

KEY MESSAGES

A stroke destroys brain cells and can cause death or disability.

A stroke or TIA is a medical emergency - the quicker the signs are recognised and 999 is dialled (i.e. act F.A.S.T.) the greater chance of survival and recovery.

A TIA is a warning sign that may look like a "funny turn" but should never be ignored and 999 should be dialled immediately.

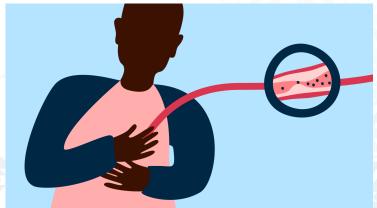
S Further information:

www.stroke.org.uk/what-is-stroke/what-are-the-symptoms-of-stroke

4.2. What are the common symptoms of a heart attack?

Heart attacks can present in different ways and people may not recognise the symptoms other than chest pain. Symptoms include:

- Chest pain a sensation of pressure, heaviness, tightness or squeezing across the chest
- Pain in other parts of the body it can feel as if the pain is spreading from your chest to your arms (usually the left arm is affected, but it can affect both arms), jaw, neck, back and tummy
- Feeling lightheaded or dizzy
- Sweating
- Shortness of breath
- Feeling or being sick
- An overwhelming sense of anxiety similar to having a panic attack
- Coughing or wheezing



Although the chest pain is often severe, some people may only experience minor pain - similar to indigestion. While the most common symptom of a heart attack in both men and women is chest pain, women are more likely to experience other symptoms such as shortness of breath, nausea/vomiting and back or jaw pain.

As for stroke or TIA, it is extremely important to recognise the signs early and take immediate action by dialling **999**.

KEY MESSAGES

Heart attacks may involve chest pain including pressure, heaviness or squeezing of the chest.

There may be other symptoms including pain elsewhere, dizziness, sweating, shortness of breath, feeling/being sick, anxiety or coughing.

A heart attack is a medical emergency - the quicker the signs are recognised and 999 is dialled the greater chance of survival and recovery.

S Further information:

www.nhs.uk/conditions/heart-attack/ www.bhf.org.uk/informationsupport/conditions/heart-attack

5. Preventing cardiovascular diseases

Around 80% of strokes and 90% of heart attacks could be prevented. People have risk factors that can be altered (termed modifiable) to reduce the chances of having a stroke or heart attack, but there are also risks that can't be changed (i.e. unmodifiable).

5.1 Unmodifiable risk factors

Age

People aged over 50 years have an increased risk of CVD and stroke. As we get older, this naturally causes arteries to become narrower and harder and they are more likely to become clogged - called atherosclerosis.

Ethnicity

People of South Asian and an African or Caribbean background are more at risk due to their genetic make-up and also as they are more likely to have medical conditions such high blood pressure or type 2 diabetes although these can be prevented. As a result, South Asians are more likely to develop heart disease and strokes at younger age.

Family history

People may have a higher risk if people in their immediate family have CVD:

- Their father or brother were diagnosed with CVD before they were 55
- Their mother or sister were diagnosed with CVD before they were 65
- Or the above have had a stroke

KEY MESSAGES

Some risk factors for having a stroke and heart attack cannot be changed including age, ethnicity and family history.

5.2 Modifiable risk factors

5.2.1 Detection and treatment of medical conditions

The following increase the risk of having a stroke or heart attack:

- Atrial Fibrillation (heart flutter)
- High blood pressure (hypertension)
- High blood glucose (diabetes)
- High cholesterol (hyperlipidaemia or hypercholesterolemia)

High blood pressure (BP)

High BP is one of the most important risk factors for developing CVD and is thought to cause around 50% of strokes. If BP is too high it can damage blood vessels and when consistently elevated the heart has to work harder to pump blood around the body. High BP can run in families and worsen with age and is more common in people of South Asian, black African or black Caribbean descent.

It is really important to diagnose high BP early as if left untreated it can lead to a heart attack or stroke as well as kidney failure, heart failure, problems with sight and vascular dementia.

Patients with high BP are typically treated with anti-hypertensive drugs and will be looked after by their GP. Regular monitoring of BP is carried out by healthcare professionals but can also be done at home by people themselves as devices can be purchased relatively cheaply from chemists. Regularly checking BP is a good way to reduce the risk of a stroke or heart attack.

Atrial Fibrillation (AF)

AF is a common abnormal heart rhythm or arrhythmia that causes the heart to beat abnormally, which might feel like the heart is fluttering or racing. The heart may beat irregularly, with no set pattern so people can experience AF all the time (termed persistent) or every now and then (termed paroxysmal).

People with AF are five times more likely to have a stroke and if they do have a stroke then there is a greater chance it will be serious and result in death. The symptoms of AF are:

- Heartbeat feels strange and sometimes very fast, even when not exercising
- Palpitations heart racing, fluttering or flip flopping feeling the chest)
- Chest pain
- Finding it harder to exercise
- Tiredness
- Shortness of breath
- Dizziness or feeling faint

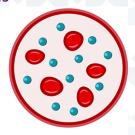
It is important that people have their heartbeat monitored for signs of AF if they have symptoms so they can be treated with blood thinning drugs called anti-coagulants.

High blood glucose

Diabetes is a lifelong condition that causes the blood sugar level to become too high. High blood sugar levels can damage blood vessels, making them more likely to become narrowed. Type 1 and type 2 diabetes cause unused glucose (sugar) to build up in the blood which can damage







Hypoglycemia (low blood sugar)

Normal Level

Hyperglycemia (high blood sugar)

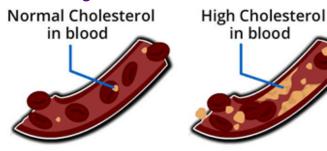
the arteries that carry blood, oxygen and nutrients around the body. When arteries get damaged, it's easier for fatty material to stick to the artery walls. This can clog the arteries and reduce the space for blood to flow properly. Clogged arteries can lead to a heart attack and stroke and also lower limb amputations.

The risk of diabetes can be reduced by attending regular diabetes reviews by NHS professionals which include getting HBA1c, BP and cholesterol checked. In Greater Manchester, there is an online service called Diabetes My Way that support people in managing their diabetes.

High cholesterol

Cholesterol is a fatty substance found in the blood. If there is an excessive amount of cholesterol in the blood it builds up in the walls of arteries causing atherosclerosis - a form of heart disease. When the arteries become narrowed and blood flow to the heart muscle is restricted, this increases the risk of heart attack and stroke.

What is high blood cholesetrol?



Cholesterol level in blood reach above normal is called High blood cholesterol

There are two forms of cholesterol that many people are familiar with:

- 1. Low-density lipoprotein LDL or "bad" cholesterol
- 2. High-density lipoprotein HDL or "good" cholesterol

LDL is the main source of artery-clogging plaque and is found in certain foods which should be consumed occasionally to reduce cholesterol levels. Typically, individuals need to watch their intake of saturated fat and focus on lean cuts of meat and limiting processed foods.

High cholesterol can also be caused by genetic conditions, where cholesterol is elevated from birth, such as Familial Hypercholesterolaemia. If untreated, about 50% of men and 30% of women will develop coronary heart disease by the time they are 55.

There are no obvious symptoms of high cholesterol, so it is important to get it checked by a GP or at a local pharmacy if the person is over 40 years old, has a family history, is overweight or has high BP or diabetes.

KEY MESSAGES

Underlying health conditions can increase the chances of having a stroke or heart attack. These include:

- Atrial Fibrillation (heart flutter)
- High blood pressure (hypertension)
- High blood glucose (diabetes)
- High cholesterol (hyperlipidaemia or hypercholesterolemia)

It is important that these conditions are diagnosed early so they can be treated.

Preventing these conditions from occurring in the first place is the best way to stop a stroke or heart attack.

S Further information:

www.nhs.uk/conditions/high-blood-pressure-hypertension/
www.stroke.org.uk/what-is-stroke/are-you-at-risk-of-stroke/high-blood-pressure
www.bhf.org.uk/informationsupport/risk-factors/high-blood-pressure
www.nhs.uk/conditions/atrial-fibrillation/
www.bhf.org.uk/informationsupport/conditions/atrial-fibrillation
www.stroke.org.uk/resources/atrial-fibrillation-af-and-stroke
www.diabetes.org.uk/diabetes-the-basics
www.diabetes.org.uk/guide-to-diabetes/complications/stroke
https://diabetesmyway.nhs.uk/
www.nhs.uk/conditions/high-cholesterol/
www.stroke.org.uk/what-is-stroke/are-you-at-risk-of-stroke/high-cholesterol

5.2.2 Healthier lifestyle choices

Living a healthier life can greatly reduce the risk of having a stroke or heart attack. The most important aspects of lifestyle that could be improved are:

- Weight
- Physical activity and the amount of time spent sitting
- Diet
- Smoking
- Use of alcohol

The Qur'an says:

"that you must not act in a way that harms your body"

(Al Bagarah Verse: 195)

KEY MESSAGES

Some risk factors for developing CVD or having a stroke or heart attack can be reduced by leading a healthier lifestyle.

The key risks are: being overweight; physical inactivity; sitting for prolonged periods of time; unhealthy diet; tobacco use; excessive use of alcohol.

Weight

Being overweight or obese can lead to fatty material building up in the arteries which clogs them up and increases the risk of developing serious health conditions including type 2 diabetes that can lead to a stroke or heart attack. Being overweight increases the risk of stroke by 22% and being obese increases the risk by 64%.

Generally, people are classified as being overweight when their Body Mass Index (BMI) is calculated to be over 25 or as obese if over 30. However, for those with ethnic or black origin, they are classed as overweight and obese at a BMI of 23 at 24 respectively. The BMI calculates whether people are a healthy weight for their height.

Obesity can also be defined as males having a waist measurement of 94cm or more or females with a waist measurement of 80cm or more.

A combination of regular exercise and a healthy diet can help people to lose weight and GPs or practice nurses can help with weight loss plans and recommend local services.

The Qur'an says:

"eat and drink but exceed not the bounds; surely, He does not love those who exceed the bounds."

(Surah al-A'raf, Ch.7: V.32)

KEY MESSAGES

Being overweight or obese increases the risk of a developing diabetes or having a stroke or heart attack.

A healthy weight for someone's height is having a Body Mass Index (BMI) of under 23 if of ethnic origin.

Regular exercise and a healthy diet can help lose weight and also maintain a healthy weight.

S Further information:

www.nhs.uk/conditions/obesity/
www.nhs.uk/better-health/lose-weight/
www.nhs.uk/live-well/exercise/
www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/exercise/resources

Physical activity and amount of time spent sitting

Exercising regularly keeps the heart and lungs healthy and can help with losing weight and maintaining a healthy BMI (23 or under). Physical inactivity and a sedentary (coach potato) lifestyle increases the risk of a stroke by 50% and research shows regular exercise to be as important in stroke prevention as medication. Moderate exercise can reduce the risk of stroke by nearly a third.

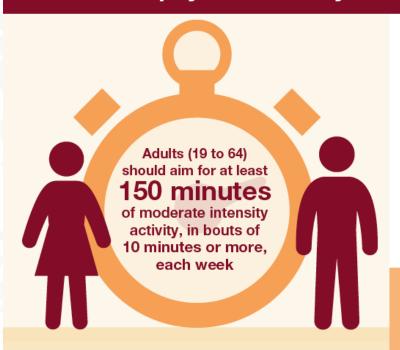
Adults are advised to do at least 150 minutes of moderate activity a week, such as cycling or brisk walking. It is important to start at a level that feels comfortable and gradually increase the duration and intensity of activity as fitness improves. It is important that physical activity, such as walking, swimming or cycling, be undertaken in bouts of no less than 10 minutes. GPs offer health checks for those who haven't exercised before or are returning to exercise after a long break. There are lots of local groups or opportunities to help people be active and this is a key priority for Greater Manchester.

Abu Hurairah (May Allah be pleased with him) narrated that the Messenger of Allah (peace and blessings be upon him) said:

"Keenly pursue what benefits you, seek help only from Allah, and do not give up."

The Prophet also personally engaged in and encouraged others to take part in sports such as wrestling, running, horse racing, camel racing, swimming and archery. He rode horse and camel regularly and kept himself active.

How much physical activity should you do?



This can also be achieved by 75 minutes of vigorous activity across the week or a mixture of moderate and vigorous.

All adults should undertake muscle strengthening activity, such as







exercising with weights

or carrying heavy shopping

at least 2 days a week

Minimise the amount of time spent sedentary (sitting) for extended periods



KEY MESSAGES

Exercising regularly keeps the heart and lungs healthy and can help an individual lose weight or maintain a healthy weight.

Adults are advised to undertake at least 150 minutes of exercise a week at a moderate intensity, although to move to an active from a sedentary lifestyle is essential.

Start exercising by doing as much as you can initially, perhaps 3 x 20 minute walks per week.

S Further information:

www.gmactive.co.uk/

www.gmmoving.co.uk/data-and-learning/greater-manchester-sporting-equals-research

Diet

A healthy, balanced diet is recommended for a healthy heart and helps maintain a healthy weight or can help to lose weight. On average, the UK population are overeating, eating too much fat and not earting enough fibre from fruit and vegetables.

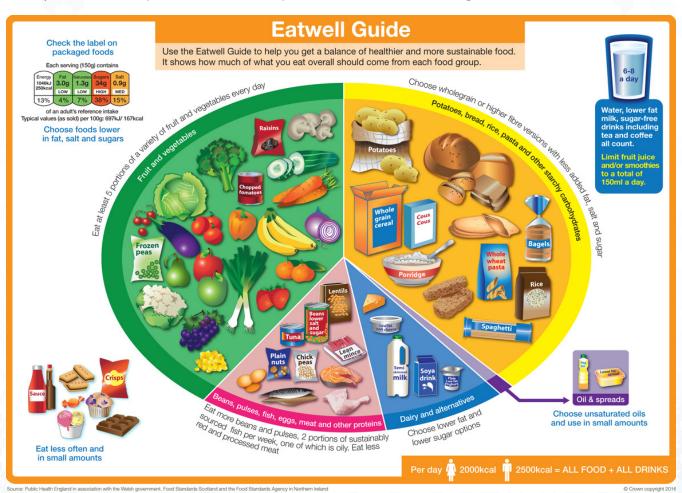
The Prophet (peace and blessings be upon him) said:

"A few morsels that keep his back upright are sufficient for him. If he must, then he should keep one-third for food, one-third for drink and one-third for his breathing"

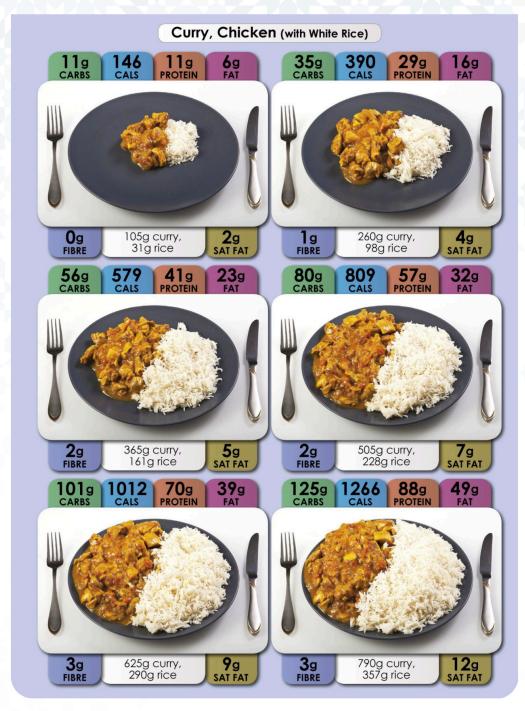
Imam Ahmad and At-Tirmidhi and authenticated by Al-Albani

The government guidelines say that females should consume no more than 2000 kcal and males 2500 kcal per day - assuming regular physical activity is being undertaken.

The diet should be made up of approximately 15% of energy intake as protein, 50% from carbohydrates and no more than 35% as fat. The Eatwell Guide has been created to help people see what a typical plate should look like in terms of portions of starchy carbohydrates (rice, potatoes, bread), protein and fruit and vegetables (fibre).



For someone trying to lose weight, the green section can be increased, and the yellow section reduced. Controlling the portion size of meals is an easy way to prevent overeating and gaining weight.



Notice the difference in calories, fat and carbohydrate between portion sizes

(26cm dinner plate)

The Qur'ān discourages overeating:

"eat and drink but do not over eat"

Al-Araf: 31

The table below highlights what a daily balanced diet should consist of with an approximate amount identified alongside based on females and males consuming 2000 kcal and 2500 kcal respectively.

	Female	Male
Carbohydrates	250g maximum	312g maximum
- total sugar	90g	90g
- added sugar	30g	30g
Total fat	75g	90g
- saturated fat	20g	30g
Protein	1g/kg body weight (minimum)	1g/kg body weight (minimum)
Fibre	30g/day	30g/day
Salt	6g/day maximum*	6g/day maximum*

^{*}for someone with hypertension (high blood pressure), no more than 2.4g/day should be consumed.

A balanced diet includes:

- Low levels of saturated fat found in foods such as fatty cuts of meat, lard, cream, cakes and pastries biscuits
- Low levels of salt
- Low levels of sugar
- Plenty of fibre and wholegrain foods
- Plenty of fruit and vegetables at least 5 portions of fruit and vegetables a day

A portion size of fruit and vegetables usually equates to the size of your own palm, but the table (page 19) can be used as a guide. A minimum of 5 portions of fruit and vegetables should be consumed per day as fibre can reduce the absorption of bad cholesterol (LDL) and is also good for digestion.



There are easy ways to substitute unhealthy foods for healthy alternatives to ensure a balanced diet such as:

- Ghee is a very saturated fat and could be replaced with healthier cooking oils such as vegetable or olive
- Replace fried food with air fried or grilled substitutes
- Reduce the amount of sugar in desserts such as halvas and kheer
- Be aware when eating traditional Asian sweets (methai) as these are full of fat and sugar
- Choose lean cuts of meat but no more than twice a week for red meat
- Consume oily fish twice a week
- Minimise discretionary salt consumption i.e. adding to meals after cooking
- Use low salt alternatives instead of sodium-based salts (e.g. table salt)
- Minimise intake of many processed foods such as ready meals, snacks, cakes, biscuits
 or cereals as often contain a considerable amount of salt, sugar and saturated fats

KEY MESSAGES

A healthy and balanced diet keeps the heart healthy and can help weight loss or to maintain a healthy weight.

Changes can be made to reduce the amount of saturated fat, salt and sugar in people's diets and increase the amount of fibre from fruit and vegetables.

It is easy to remove or substitute unhealthy foods for healthier alternatives.

Further information:

www.nhs.uk/live-well/eat-well/
www.nutrition.org.uk/healthy-sustainable-diets/
www.bhf.org.uk/informationsupport/support/healthy-living/healthy-eating
www.nutrition.org.uk/putting-it-into-practice/food-labelling/looking-at-labels/
www.diabetes.org.uk/guide-to-diabetes/enjoy-food/eating-with-diabetes/whats-yourhealthy-weight/lose-weight

Smoking

The chemicals in cigarettes make the walls of the arteries sticky and causes fatty material to adhere to the artery walls which begin to clog them. This reduces the space for blood to flow which can lead to a heart attack or stroke. Smoking also causes cancer and is the second biggest killer in the UK today.

Shisha (hookah) smoking carries the same risks as cigarettes – an hour-long shisha session is the equivalent of smoking 100-200 cigarettes. Tobacco-free shisha produces smoke that has harmful levels of toxins which may be more dangerous than smoke from tobacco-based shisha.

Smoking cigarettes and shisha smoking can affect the heart and blood vessels by:

- Increasing the risk of blood clots
- Causing an instant rise to the heart rate and/or BP
- Reducing the amount of oxygen delivered to the rest of the body

The best way to reduce the risk of getting cancer or having a stroke or heart attack is to give up smoking and GPs can prescribe treatments to help people quit or signpost to local services for support.

The Qur'an, does not specifically prohibit or denounce smoking, but gives behavioural guidance:

"Don't throw yourself into danger by your own hands..."

(Al Baqarah 2:195)

KEY MESSAGES

Smoking can cause heart attacks and stroke as well as causing cancer. Quitting is the best course of action to reduce the risks.

Smoking shisha (even tobacco free) carries the same risk as smoking cigarettes.

S Further information:

www.nhs.uk/conditions/stop-smoking-treatments/ www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit/ www.nhs.uk/better-health/quit-smoking/ www.bhf.org.uk/informationsupport/risk-factors/smoking/shisha#:~:text=In%20a%20 shisha%20session%20(which,cancers

Use of alcohol

Alcohol is forbidden in Islam as it is seen an intoxicant and a Muslim is out of the bounds of faith when in consumption, however, some people may choose to drink alcohol. There are recommended limits for males and females per week, as excessive drinking in the longer term can increase BP and blood cholesterol levels.

Alcohol consumption is measured in units, with beverages that contain more alcohol having a higher number of units. It is recommended that people do not drink more than 14 units of alcohol a week, and that it should be spread over at least 3 days, with drink free days also recommended. GPs can provide advice to help cut down alcohol consumption.

KEY MESSAGES

Excessive alcohol consumption can lead to CVD that increases the risk of a heart attack or stroke.

Drinking within recommended levels of 14 units a week, including alcohol free days, can reduce the risk.

S Further Information:

www.nhs.uk/live-well/alcohol-support/

6. Key references and sources of support

6.1 References

About Islam - https://aboutislam.net/shariah/hadith/hadith-collections/10-hadiths-on-health-and-hygiene/

British Heart Foundation - www.bhf.org.uk/

Diabetes UK - www.diabetes.org.uk/

NHS Choices - www.nhs.uk/

Stroke Association - www.stroke.org.uk/

6.2 Sources of support

Stroke Association

- **Stroke Helpline:** 0303 3033100 and **helpline@stroke.org.uk** is available for anyone who would like to talk to someone who understands the effects of stroke.
- Stroke Association website:
 - https://www.stroke.org.uk/our-publications/information-other-languages
 For a wealth of information and fact sheets that cover many stroke related topics including information documents available in Bengali, Urdu, Punjabi.
- Here For You is a volunteer telephone support service, set up in 2020. It is free and available to all stroke survivors and their carers, regardless of location. It is a matching service to ensure people receive the right support with a weekly call up to 30 minutes, for eight weeks. We also have volunteers who can support in the following languages: English, Punjabi, Bengali, Urdu, Hindi, Shona, Somali, and others.
- My Stroke Guide is an online tool. It includes helpful videos that can support you
 to understand stroke, manage its effects and has tips on how to improve health and
 mental wellbeing.

The Stroke Association continue to offer, everywhere except South Manchester and Bury, Stroke Recovery services that aim to provide practical advice, emotional support and high-quality information following a stroke. Whether a stroke survivor, carer or family member, they will work to identify and address needs through a personalised plan, and support people to rebuild their life after stroke. The local teams can be contacted via the Helpline on 0303 3033100 or via https://www.stroke.org.uk/finding-support/support-services.

Carers UK telephone Helpline is available on **0808 808 7777** from Monday to Friday, 9am-6pm or you can contact by email **advice@carersuk.org**. You can find details of local carers' organisation on the website at *www.carersuk.org/local-support*.

Diabetes UK

- Worried about the risk of type 2 diabetes? www.diabetes.org.uk/preventing-type-2-diabetes
- Living with diabetes? www.diabetes.org.uk/guide-to-diabetes
- **Diabetes UK Support Forum** Log on 24/7 to find help, tips and a friendly welcome from other people living with diabetes. *www.diabetes.org.uk/forum*
- Diabetes UK helpline Call or email our specially trained counsellors to get help or support Monday to Friday 9am to 6pm. We can provide a translator service too.
 0345 123 2399 or email helpline@diabetes.org.uk
- **Learning Zone** Join our free online Learning Zone and get to grips with your diabetes when it suits you. *www.diabetes.org.uk/learningzone*
- Diabetes UK Your friends in the North Facebook group www.facebook.com/groups/193410685443622

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