

# Making your home a better place to live with heart disease

A common concern for people with heart disease is that symptoms such as shortness of breath, swollen legs and ankles, fatigue and worries about putting strain on the heart might make it harder to carry out ordinary daily tasks and so living in their own home could become difficult. But with the right support, some changes and adaptations, most people with heart problems can and do enjoy living in their own homes for the rest of their lives.

Some people choose to move to a house, flat or bungalow which they find more manageable. If you are thinking about moving, it is important to weigh up the pros and cons of various housing and care options. Knowing about the different possibilities, and being clear about what features to look for, can help you make decisions that will best suit your changing circumstances.

In this brochure we briefly outline the main heart disease symptoms and then consider what you can do to your home to make living with these more manageable. We describe the range of alternative housing options and after suggestions about where to find more detailed information, advice and help for your particular situation. These notes are particularly for older people who may be considering their long term housing and care options anyway.

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## Heart disease symptoms

"Heart disease" is a term that covers a number of problems relating to the heart and the circulatory system. Sometimes also called cardiovascular heart disease (CVD), it leads to the narrowing of arteries carrying blood round your body. The two main types of heart disease are:

### Angina

When arteries become narrow they may not deliver enough oxygen-rich blood to the heart; this causes pain in the heart.

### Heart attack

If a blood clot forms and blocks the coronary artery, then not enough oxygen-rich blood reaches the heart. This damages the heart muscle and may cause a heart attack.

The British Heart Foundation has further details about different types of heart disease as well as other general information and advice - [www.bhf.org.uk](http://www.bhf.org.uk)

## Making your home easier to live in when you have heart disease

If you or someone you know has been diagnosed with heart disease, there are several things that can be done to improve the home environment. These ideas can be applied whether you stay in your current home or move to special or supported housing. They include considerations about:

- general design and layout
- lighting and heating
- safety and security
- going out and about
- gadgets and equipment

If you are considering later life housing and care options such as supported or specialised housing (such as extra care or retirement housing), or residential care homes, then you may still find it useful to take these housing and design factors into account when making your choice.

If you live with and/or care for someone who has heart disease, these design features and changes may also make it easier for you to continue to look after them.

## **Design and layout of your home**

If you have heart disease you may find that you get very breathless when moving around or become dizzy when stretching or bending to reach for things, especially if this affects your blood pressure. Lifting heavy objects can put a strain on the heart and again, can become an issue.

In these circumstances you may find it helpful to change the layout and organisations of your home. This might include re-positioning the furniture to make walking around easier, keeping frequently used items close to hand; or putting a chair or a sturdy table in places where it would help you sit or to lean on whilst catching your breath.

Stairs may become a problem due to breathlessness and a worry about putting strain on the heart. It is currently considered best to try to use stairs for as long as it is practical and made safe (eg. by installing a second banister), as this contributes to maintaining mobility and muscle tone. However, there may come a point when this is no longer possible. Checking the viability of installation of a stairlift (not all stairs are suitable), or even a through-floor lift in some cases, prior to a crisis could help you to plan ahead.

In the morning, you may feel breathless and weak when you first get up. A higher bed with a well positioned high back chair with arms nearby can be a useful transition to standing in the morning. Such a chair placed where clothing can be easily reached can also help with dressing.

As with all other rooms, easy access storage to avoid bending and stretching is important if you have breathlessness problems. For

example, sliding door wardrobes and cupboards with regularly used items placed at an easy to reach height.

### \* **Kitchen**

In the kitchen lifting heavy items, or climbing/bending to retrieve awkwardly stored items can be a problem if exertion causes breathlessness and dizziness. To minimise lifting, install a level hob so you can slide pans across worktops; have an eye-level oven next to a work top rather than using a low oven.

Storage which limits the need to climb on chairs or bend down will enable you to continue to use the kitchen safely for longer. For example, drawers which slide out, rather than cupboards with fixed shelves, are much easier to use. There is also a range of specially designed kitchen items that are widely available to help with cooking - such as tilting kettles to avoid lifting (see asksara.org.uk in "Gadgets" below)

Simple low cost measures include keeping the things you use every day on work surfaces or stored at the front of the cupboards that are easiest for you to reach.

### \* **Bathroom**

Some people find that using a shower in a well ventilated room is preferable to a hot, steamy bath, particularly if blood pressure is an issue or mobility is compromised. Getting in and out of a bath can become more difficult anyway as you get older; half of all requests to social services for help with home adaptations are for bathing. Installing a level access shower (or wet room) may make a significant difference to being able to look after yourself in the longer term.

<b>QUICK CHECK - DESIGN AND LAYOUT</b>	
Arrange furniture so you can easily move around/sit down.	
Think about storage to avoid lifting, bending and stretching.	
Keep everyday items close to hand or stored where easy to reach, particularly in the kitchen.	
Consider viability of adaptations and possible equipment, eg stairlift, bathing aids, shower.	

# Heating and Lighting

## \* Heating

Living in a cold home puts you at a greater risk of exacerbating heart problems, as well as other circulatory diseases (eg. stroke), so having an efficient central heating system (and using it) is important. Maintain a higher background level of warmth throughout all of the parts of the home that are used, to prevent major fluctuations in temperature. Moving out of a warm, well heated living room into a cold hall, kitchen or bedroom can be particularly risky for people with circulatory problems.

Sitting by a fixed heat source (eg. a gas or electric fire) is often a preferred option. However, it is still best for the reasons described above to keep background central heating on, using the fixed fire as a top-up.

A home which is warm and dry especially in colder weather is critical for people with heart disease, as cold homes can make their symptoms worse. At the time of producing this information government schemes for helping older and disabled people with heating, insulation and fuel bills were under review, but the organisations listed at the end of this brochure should be able to provide further information.

## \* Lighting

Being able to use lighting and heating controls is an important part of living independently at home. Think about the position of light switches, sockets and heating system control panels. Consider lowering light switches and raising sockets. The latter is especially useful as it avoids the need for stretching and bending down behind furniture.

A cheap alternative is to use extension cables leading from low sockets and placing these where they are easy to reach, though be careful to avoid trailing wires or overloading. Many ordinary DIY stores as well as shops selling disability aids, sell plug handles or pulls which can be attached to the back of electric plugs making them easier to use if you have a limited grip.

If you find bending down or stretching to reach switches on lamps awkward, try touch-sensitive lights - these are activated by simply touching any part of the lamp base. They are particularly useful in the bedroom. There are also "motion-sensitive" lights which come on when you walk past them. Lights with movement sensors can be fitted to switch on when you get out of bed or if a person enters a room. Remote controlled lighting can also be useful.

If you find it hard to use the controls on electric or gas fires, you can ask the manufacturers if they have alternative controls that can be positioned to make it easier for you to reach or grip. The "gadgets" information below may also help.

<b>QUICK CHECK - HEATING AND LIGHTING</b>	
Install a good central heating system and use it to avoid large drops in temperature from room to room.	
Make sure your home is well insulated.	
Have sockets and switches positioned at an easy to reach height.	
Consider motion-sensitive and/or touch sensitive lights especially for use at night.	

## **Safety and security**

With any chronic or worsening health condition which can also have associated acute attaches, it is worth thinking about how you might make your home safer, especially if you live alone.

In many areas, "*Home Safety and Security Check*" services for older people are offered by voluntary organisations such as local Age UK or home improvement agencies - see Contacts section at the end.

### **\* Staying safe at home**

As a minimum install smoke alarms and carbon monoxide indicators. If testing and battery replacement are difficult install low maintenance and mains connected options that do not require batteries.

Falls are a major hazard as you get older. Simple measures such as keeping rooms free of general clutter on the floors, removing loose rugs or frayed carpets and having good lighting can help reduce risk of falls.

Many falls happen on steps, stairs and in bathrooms. As mentioned above, fitting a second handrail, putting up grab rails and clearly marking the edges of steps and stairs are just some of the measures worth taking sooner rather than later. Grab rails and a toilet seat rise can help with being unsteady when going from sitting to standing.

Occupational therapists (OTs) are the specialists who can advise about the equipment and adaptations that can help around the home, such as bath lifts and electronic bath seats, stairlifts, hoists and a range of other options. You may be able to get help and advice from an OT via your GP or Social Services, but this varies across the country.

There are also private OTs who can offer independent advice. You can find a properly trained and registered OT via the Independent Practice enquiry line on 0207 9890681 or on [www.cotss-ip.org.uk/directory/index.htm](http://www.cotss-ip.org.uk/directory/index.htm).

### **\* Telecare**

There is an increasing range of devices that use a variety of sensors fitted around the home to monitor activity by the occupant or changes in "normal" activity. The sensors are linked via a telephone line to a nominated person or a call centre. By monitoring the person's activities the system can detect potential problems and trigger an alarm to a relative, carer, neighbour or emergency services. This is broadly referred to as telecare.

Sensors can be used to detect factors such as:

- Normal daily activity eg. flushing the toilet, turning on taps, opening the fridge. If these actions don't take place at the "normal" time a response can be made.
- Getting out of bed at night - bed occupancy sensors or pressure-mat sensors placed by the bed can activate an alarm when the person gets up in the night, eg. to alert a carer.
- Floods - when sensors are fitted on skirting boards or floors in kitchens or bathrooms, if the taps are left running and cause a floor, the system will shut off the water and raise the alarm.

Specially designed plugs can also be used to prevent floods from taps that have been left running.

- Extreme temperatures - sensors send a warning signal if the temperature is very low or very high, or if the temperature suddenly goes up. In the kitchen, for example, this would detect a pan that has boiled dry. It can also detect if the temperature in a room is so low there may be a risk of hypothermia.
- Gas - sensors detect if someone forgets to turn the gas off, and a device will automatically shut this off and raise the alarm.
- Falls - sensors worn on the hip can detect the impact of a person falling.
- Unexpected absence from a bed or chair - if someone doesn't get up in the morning, a bed or chair occupancy system can raise an alarm.

There is also a growing range of equipment or Assistive Technology (AT) that can make independent day to day living easier eg. enabling washing, dressing, cooking and eating.

Controlling who can come into and out of your home can be especially useful. One of the most commonly used pieces of equipment is a "Keysafe". This is a small, secure box which is fitted outside the home to contain the front door key. It can be opened by people ie. relatives and carers, who know the secure number code set for that specific safe. Fitting a door entry system is another (but more expensive) alternative, reducing the need to get up to answer the door if you can't move very quickly.

<b>QUICK CHECK - SAFETY AND SECURITY</b>	
Fit and maintain smoke alarms and carbon monoxide indicators.	
Fit a keysafe.	
Keep floors clear of clutter and cables tidy.	
Find out about special equipment and adaptations.	
Consider the range of telecare options.	

## Going out and about from your home

For people whose heart condition particularly affects their ability to walk any distance, going out and about can become a challenge. Yet not getting out of your home can limit your sense of independence and your ability to do tasks like shopping; get to health appointments or simply for out for pleasure.

In this brochure we do not cover the various transport and mobility schemes - your local council should have more information about what is available where you live, or look up [www.shopmobilityuk.org](http://www.shopmobilityuk.org) - but here we look briefly at some of the main housing related considerations.

### \* Steps and ramps in and out of your home

Steps at the front and back doors can be a major obstacle to getting out and about. Occupational therapists and some home improvement agencies (noted above) can offer practical help and advice about options and arrange installation of adaptations, such as ramps or grab rails.

### \* Electric Mobility Scooters

Having somewhere to store a scooter with access to an electrical supply to recharge the battery can be a key consideration. Think ahead about how this might be organised, and whether you need an external power point to be fitted.

If you are considering moving home and plan to use a scooter, storage facilities are worth thinking about, as is the space for scooters in the corridors of retirement or sheltered housing schemes. Similarly, if you, your partner or carer mostly get about by car, the availability of car parking bays for disabled drivers may be an issue to consider.

## Gadgets and Equipment

There is an increasing range of gadgets and equipment to enable independence. The Disabled Living Foundation's website [www.asksara.org.uk](http://www.asksara.org.uk) has a lot of information about products to use in daily life.

There are around 40 Disabled Living Centres linked to AssistUK which have permanent exhibitions of equipment and offer professional advice about what may be of most use to you. To find your nearest centre see [www.assist-uk.org](http://www.assist-uk.org).

There are a number of "independent living centres" where some equipment is on display and can be tried out. You can find your nearest centre using a search on the National Centre for Independent Living (NCIL) website <http://www.ncil.org.uk.categoryid21.html>. NCIL are part of Disability Rights UK ([www.disabilityrightsuk.org](http://www.disabilityrightsuk.org)) and you can also call their Advice Line on 0845 026 4748.

#### **Meeting the Cost of Home Adaptations and Equipment**

If you are on a limited income you may be eligible for a Disabled Facilities Grant from the local council to help to pay for the home adaptations that you are assessed as needing now. They will not pay for something that you may need in the future. Some social landlords (the council or a housing association) help tenants who need adaptations. Your local Social Services and hospital are obliged to provide certain essential items of special equipment.

To find out more about your possible entitlement to Disabled Facilities Grants see the factsheet from Disability Rights UK ([www.disabilityalliance.org/f49.htm](http://www.disabilityalliance.org/f49.htm)), or contact one of the helplines listed below.

## **Thinking about moving home**

You may decide that having thought about the suitability of your current home, moving might be a better option.

It is worth bearing in mind that many of the issues described above about living at home also apply to other housing options - such as the design and layout. If breathlessness when walking is a major issue, a major factor to consider may be the location of a new home eg. hills, slopes, steps, availability of public transport or mobility scooter and parking space (noted above).

Your main housing options if you decide to move home include.

- A more suitable and better located "ordinary" property (ie. not one which has been built specially for older people) such as a bungalow or a flat that you might buy or rent.
- Special housing built for older people, such as retirement or sheltered housing. In some, but not all, of these types of accommodation help may be at hand if you need it. Some will be designed to make them easier for older people with health problems manage, such as having space for adaptations and equipment and with no steps or stairs.
- Specialist housing with 24 hour on-site care, such as extra care housing or an "Assisted Living" apartment. These may be available to buy or to rent.
- A care or nursing home.

Information about the pros, cons, costs and local availability of these housing options is available from the national, government backed, independent information and advice service *FirstStop Housing and Care Advice*.

Their website [www.firststopcareadvice.org.uk](http://www.firststopcareadvice.org.uk) lists in detail local specialist housing developments (both for sale and rent) as well as related services. They produce brochures about housing and care options and offer a free telephone helpline 0800 377 70 70.

Wherever you choose to live, you might need help with day to day living, such as washing, dressing, cleaning and so on. FirstStop, as well as some of the organisations listed below, can offer information about how to find and pay for the care and support you need.

## Sources of Related Advice and Information

### **The British Heart Foundation**

0300 330 3311  
[www.bhf.org.uk](http://www.bhf.org.uk)

### **Carers**

#### **Carers UK**

Advice Line 0800 808 777  
[www.carersuk.org](http://www.carersuk.org)

### **Older People**

#### **Age UK**

Advice line 0800 169 6565  
[www.ageuk.org.uk](http://www.ageuk.org.uk)

### **Housing and Care Information for Older People**

#### **FirstStop**

Advice line 0800 377 70 70  
[www.firststopcareadvice.org.uk](http://www.firststopcareadvice.org.uk)

### **Home Repairs and Adaptations Services**

#### **Foundations (for home improvement agencies)**

Tel: 08458 645210  
[www.foundations.uk.com](http://www.foundations.uk.com)

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