COYNE MEDICAL

A PRACTICAL GUIDE TO PREVENTION

Your Heart Health Protocol



Know your risk.
Build your fitness.
Take action early.

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A practical plan for your heart

My approach to heart health combines early detection with practical action. First, it's important to understand your risk, then improve the habits that influence that risk and use medication only when the likely benefit justifies it.

This guide covers the areas I prioritise with my patients:

1. Know your numbers and your family history.
2. Measure and manage your blood pressure.
3. Reduce the particles that cause artery disease.
4. Build cardiovascular fitness and strength.
5. Improve your metabolic health.
6. Eat well and stay hydrated.
7. Support sleep and recovery.
8. Make time for relationships.
9. Look after your mouth and gums.

Start with the page below. You can return to the detailed sections whenever you need them.

This guide provides general information for adults. Your targets and treatment should reflect your medical history, current health and medication. Do not change prescribed treatment without discussing it with your doctor.

Start here: your first week

Choose a few actions you can repeat.

You do not need to overhaul your life next Monday morning. Start by choosing a few actions that you can repeat.

Know your starting point

- ☐ Do a seven-day home blood pressure record.
- ☐ Find your most recent blood results, including your full lipid panel and HbA1c.
- ☐ Check whether you have ever had ApoB and Lp(a) measured.
- ☐ Write down any close relatives who developed early heart disease or stroke.

Put the basics in your diary

- ☐ Schedule two strength sessions and two steady aerobic sessions.
- ☐ Choose Saturday or Sunday for a longer walk, cycle, swim or run.
- ☐ Make one useful food swap, such as olive oil in place of butter or beans in place of a processed meat meal.
- ☐ Choose a consistent waking time that leaves room for seven to nine hours of sleep.
- ☐ Arrange time with someone you really enjoy seeing.
- ☐ Check when your next dentist and hygienist appointments are due, and make daily interdental cleaning part of your routine.

Choose three habits to track this week: _____

Know your numbers

A useful heart health assessment looks beyond a total cholesterol result.

I want you to understand your blood pressure, the number of potentially harmful cholesterol-carrying particles in your circulation, inherited risk, blood glucose and the wider context of your health.

The blood tests I discuss with patients

Test	What it tells us
Full lipid panel	Includes total cholesterol, LDL-C, HDL-C, non-HDL-C and triglycerides. These describe different aspects of the cholesterol and fats circulating in your blood.
Apolipoprotein B: ApoB	Reflects the number of particles capable of contributing to plaque in artery walls. Two people with the same LDL-C can have different particle numbers and therefore different risk.
Lipoprotein(a): Lp(a)	Identifies an important, largely inherited cardiovascular risk factor. It requires a separate test and should generally be measured at least once in adulthood.
High-sensitivity C-reactive protein: hsCRP	Measures inflammation and can help refine cardiovascular risk. It is non-specific: infection, injury and inflammatory conditions can also raise it.
HbA1c	Reflects average blood glucose over roughly two to three months and helps identify increased diabetes risk or diabetes.

ApoB is particularly useful when triglycerides are raised, diabetes or insulin resistance is present, or the standard cholesterol result appears reassuring despite other risk factors.

Discuss this fuller assessment with your doctor. The tests should lead to decisions, rather than simply a longer list of results. More tests is not necessarily better.

Cholesterol, ApoB and inherited risk

Cholesterol and ApoB

A laboratory's reference range is not necessarily your prevention target.

For many people, my preferred prevention goals are ApoB below 0.8 g/L and LDL-C below 1.9 mmol/L. When both are available, I interpret them together: reaching an LDL-C target does not necessarily mean your particle number is adequately controlled.

These are starting points for an individual discussion. People with established cardiovascular disease or particularly high risk generally need lower levels.

Lowering these particles reduces the risk of cardiovascular events. Intensive treatment can also stabilise plaque and, in some people, reduce its volume.

Lp(a)

Your risk increases as the level rises. A result of at least 125 nmol/L, or 50 mg/dL when reported in mass units, is commonly treated as a risk-enhancing finding.

A raised result should prompt closer attention to your other risk factors. Also, because it is largely genetically inherited, it should also prompt consideration of testing close relatives.

MY PREFERRED PREVENTION GOALS FOR MANY PEOPLE

<0.8
ApoB / g/L

<1.9
LDL-C / mmol/L

Agree your personal targets with your doctor. Established cardiovascular disease or particularly high risk generally calls for lower levels.

Inflammation and blood glucose

hsCRP

The traditional cardiovascular risk categories are:

• Below 1 mg/L: lower risk.

• 1–3 mg/L: average risk.

• Above 3 mg/L: higher risk.

Current American guidance also recognises hsCRP of 2 mg/L or above on repeated testing as a factor that can increase estimated cardiovascular risk.

These categories describe the contribution of this marker to your risk, rather than your overall risk. Make sure that you test when you are well. Infection, injury and other inflammatory conditions can raise hsCRP. An unexpectedly high result needs assessment and sometimes repeat testing; it does not establish that your arteries are inflamed.

HbA1c

American Diabetes Association thresholds are:

• Below 39 mmol/mol (5.7%): below the prediabetes range.

• 39–47 mmol/mol (5.7–6.4%): prediabetes.

• 48 mmol/mol (6.5%) or above: diabetes range, usually requiring confirmation if you have no clear symptoms. A result below the prediabetes range does not exclude every form of metabolic dysfunction. Some conditions, including certain anaemias, can affect the interpretation of the result.

Your baseline checklist

- ☐ I know my average home blood pressure.
- ☐ I have had a full lipid panel and understand the results.
- ☐ I have had ApoB testing.
- ☐ I have had Lp(a) measured at least once.
- ☐ I have considered whether hsCRP would help assess my risk.
- ☐ I know my HbA1c and whether it needs monitoring.
- ☐ I know whether close relatives developed early heart disease or stroke, or had very high cholesterol.
- ☐ I have agreed personal targets and a review date with my doctor.

Measure your blood pressure at home

7 days / morning and evening / 2 readings each time

High blood pressure often causes no symptoms. Measuring it properly is one of the most useful things you can do for your long-term health.

A set of home readings provides much more information than an isolated measurement taken while you are late for an appointment.

Choose the right equipment

Use a validated automatic upper-arm monitor with a cuff that fits your arm. Check the manufacturer's arm-circumference range before buying.

Bring the monitor to an appointment so your technique and equipment can be checked. Use a validated cuff monitor for decisions about diagnosis and treatment.

Your measurement checklist

- ☐ Avoid exercise, caffeine and smoking for at least 30 minutes beforehand.
- ☐ Empty your bladder.
- ☐ Sit quietly for five minutes.
- ☐ Keep your back supported, feet flat and legs uncrossed.
- ☐ Place the cuff on bare skin, with your arm supported at heart level.
- ☐ Stay still and do not talk or use your phone during the reading.
- ☐ Take two readings at least one minute apart, and record both.

Build a reliable average

Measure in the morning and evening for seven days, using the same arm and similar times each day.

Take two readings at each session. Average the readings across the monitoring period and share the complete record with your doctor.

European guidance recommends at least three days and ideally seven. A full week gives a more reliable picture of your usual blood pressure.

Record the readings as they are. Keep the less flattering ones too!

Aim for good control early

Understand your target

A home average of 135/85 mmHg or above meets the European home blood pressure threshold for hypertension. Either number can be raised.

That is a diagnostic threshold, rather than the level I would necessarily aim for.

The 2025 American guideline generally recommends a treatment target below 130/80 mmHg. The 2024 European guideline recommends a treated systolic pressure of 120–129 mmHg for most adults, provided treatment is well tolerated.

My approach is to aim for good control early. For many people, that means discussing a target below 130/80, with systolic readings in the low 120s. Your doctor should agree a specific home target, taking account of how the readings are measured, your medical history and any dizziness or postural symptoms.

My agreed home target: _____

My current home average: _____

My review date: _____

When to seek help

If a reading is 180 systolic or 120 diastolic or higher, repeat it after resting. If it remains this high, seek urgent medical advice the same day.

Call 999 if you have chest pain, severe breathlessness, new weakness, difficulty speaking or other possible heart attack or stroke symptoms. Do not delay because your blood pressure reading looks normal.

Lower blood pressure through daily habits

- ☐ Eat a DASH-style diet: plenty of vegetables, fruit, beans, whole grains, nuts and appropriate low-fat dairy.
- ☐ Reduce salt: compare labels and reduce salty sauces, processed meats, takeaways and heavily salted snacks.
- ☐ Include potassium-rich foods: beans, lentils, vegetables, fruit and yoghurt.
- ☐ Exercise regularly: combine aerobic activity with strength training (more on this later)
- ☐ Reduce excess body fat where appropriate.
- ☐ Reduce alcohol, particularly if your current intake is high.

These changes can produce meaningful reductions in blood pressure but individual responses vary. Their effects overlap, so adding together the biggest published reductions will overestimate what you can expect.

Potassium-based salt substitutes need to be checked with your doctor if you have kidney disease or take medicines that raise potassium.

If medication is needed, continue these habits alongside it. Do not postpone treatment indefinitely while waiting for the perfect lifestyle!

My plan for this week

Reduce the particles that cause artery disease

Cholesterol is essential to the body. However, problems arise when too many ApoB cholesterol-containing particles circulate over time, enter artery walls and become retained there, contributing to plaque.

LDL-C measures the cholesterol carried within LDL particles. ApoB helps us estimate particle number. It is the number of particles that is the greatest determinant of risk.

That is why I look beyond total cholesterol and avoid describing cholesterol simply as “good” or “bad”.

Start with the food swaps that help

- ☐ Replace butter, ghee and coconut oil with olive oil more often.
- ☐ Replace some fatty or processed meat meals with beans, lentils, tofu, lean meats or fish.
- ☐ Eat oats, barley, beans or lentils regularly for soluble fibre.
- ☐ Include a modest portion of unsalted nuts most days.
- ☐ Build meals around vegetables, whole grains and a suitable protein source.
- ☐ Reduce ultra-processed snack foods and baked goods such as crisps, biscuits, pastries, cakes and doughnuts. These often provide combinations of refined starch, added sugar, salt and, particularly in pastries and biscuits, saturated fat.
- ☐ Consider adding psyllium husk to help lower LDL cholesterol.

The replacement is important. Swapping saturated fat for unsaturated fat and fibre-rich foods is more useful than replacing it with biscuits carrying an impressive “low fat” label.

Consider psyllium husk

Psyllium is a soluble, gel-forming fibre that can help lower LDL cholesterol alongside dietary changes and prescribed treatment.

A practical approach is to start with 3–5 g once daily, then gradually increase towards 5 g twice daily, if tolerated and consistent with the product instructions. Trials using around 10 g daily have found an average LDL-C reduction of approximately 0.3 mmol/L, although individual responses vary.

Mix each dose with at least 240 ml of water, drink promptly and maintain adequate fluid intake. Never swallow the powder dry. Starting slowly can reduce bloating.

Psyllium can interfere with the absorption of medicines. Do not take it at the same time as your tablets. Ask your pharmacist about the correct spacing for each medicine: some require a gap of three hours or longer.

Check suitability first if you have difficulty swallowing, a history of bowel narrowing or obstruction, or a prescribed fluid restriction.

When medication belongs in the plan

Statins have the longest-established evidence base for reducing cardiovascular events through LDL lowering. A moderate-intensity statin dose typically lowers LDL-C by 30–49%. In my practice, I often favour a low or moderate statin dose combined with ezetimibe to achieve a greater reduction while keeping the statin dose lower.

Your doctor should consider your overall risk, rather than prescribing from a total cholesterol result alone. Established cardiovascular disease, markedly elevated LDL-C and certain high-risk conditions can make treatment particularly important.

If a statin does not achieve sufficient reduction, or you cannot tolerate the recommended treatment, other options include ezetimibe, PCSK9 inhibitors and bempedoic acid. Several non-statin medicines also have evidence of reducing cardiovascular events.

For people at high cardiovascular risk, European guidance recommends LDL-C below 1.8 mmol/L and a reduction of at least 50% from baseline, with ApoB below 0.8 g/L as a secondary goal.

For very-high-risk patients, including many people with established cardiovascular disease, the corresponding goals are LDL-C below 1.4 mmol/L with at least a 50% reduction, and ApoB below 0.65 g/L. Your treatment should match your risk.

Your cholesterol checklist

- ☐ I understand my LDL-C, non-HDL-C and ApoB results.
- ☐ I know my personal targets.
- ☐ I know whether my Lp(a) changes my risk assessment.
- ☐ I have made specific food swaps.
- ☐ I have considered psyllium and checked any medication interactions.
- ☐ I have discussed the likely benefit of medication for me.
- ☐ I have a plan for repeat blood tests after treatment/ lifestyle changes.
- ☐ I will discuss side effects rather than abandoning treatment without a replacement plan.

Build a fitter heart

Start with two steady 30-minute sessions each week.

My exercise prescription has three parts: aerobic fitness, strength and everyday movement.

Aerobic fitness

Cardiorespiratory fitness describes how well your heart, lungs and muscles deliver and use oxygen during activity. Higher fitness is strongly associated with a lower risk of cardiovascular disease and premature death. Regular aerobic training also improves blood pressure and insulin sensitivity, while building the stamina to stay active and independent as you age. That is why I treat fitness as a core part of prevention.

Build towards 150–300 minutes of moderate activity each week, or 75–150 minutes of vigorous activity, or a combination. Start below this if necessary and increase gradually.

My practical starting point is two 30-minute sessions of steady aerobic exercise each week, building towards approximately 150–180 minutes as your routine develops.

Choose brisk walking, cycling, swimming, jogging or another activity you enjoy. Work at a pace where you are breathing more deeply but can still speak in sentences.

This conversational effort is a useful way to guide steady training. You do not need a laboratory lactate measurement to go for a bike ride.

150–300

minutes of moderate activity each week

Progress towards the Norwegian 4 × 4

Once regular aerobic exercise feels comfortable, consider one interval session each week to improve cardiovascular fitness.

Start with shorter intervals and gradually build towards the Norwegian 4 × 4:

1. Warm up for 10 minutes, gradually increasing your effort.

2. Exercise hard for four minutes, at a controlled pace you can sustain.

3. Recover for three minutes with easy walking, cycling or another gentle version of the activity.

4. Complete four hard intervals in total, with recovery between them.

5. Cool down for five to ten minutes.

During the latter part of each hard interval, aim for around 85–95% of your maximum heart rate, or use a rating of perceived exertion (RPE) of 8–9 out of 10. This should feel hard to very hard: you are breathing heavily and can manage only a few words at a time.

Heart rate takes time to rise. Do not sprint at the start to force it into the target range. If medication affects your heart rate, use perceived effort instead: aim for around 8 out of 10, at a hard, controlled pace you can sustain for the interval.

Build from four two-minute intervals, to three-minute intervals, then four-minute intervals as your fitness improves. Progress at a pace you can recover from.

Cycling, uphill walking, running and rowing can all work. Choose an activity that allows you to work hard safely.

If you have known heart disease, uncontrolled blood pressure or symptoms during exercise, get advice before adding vigorous intervals. Stop and seek assessment for chest pain, faintness or unusual breathlessness.

The session you are building towards

4	3	4	3	4	3	4
MIN HARD	MIN EASY	MIN HARD	MIN EASY	MIN HARD	MIN EASY	MIN HARD

10-minute warm-up before / 5–10-minute cool-down after

Build strength and keep moving

Muscle strength helps you climb stairs, carry shopping and get up from the floor throughout later life. Resistance training helps preserve muscle and bone, supports blood glucose control and reduces the loss of physical capacity that can lead to frailty. People who strength train also have lower rates of premature death in observational studies. The practical goal is to preserve the strength to keep doing the things you enjoy. It also helps you look good in a T-shirt!

Train the major muscle groups at least twice a week.

Include movements such as:

- ☐ Squats or chair rises.
- ☐ Lunges or step-ups.
- ☐ A hip hinge, such as an appropriately taught deadlift.
- ☐ Push-ups or a chest press.
- ☐ Rows or another pulling movement.
- ☐ An overhead press if comfortable and suitable.

Start with manageable resistance and good technique. Gradually increase the challenge. Breathe throughout each repetition.

Move between workouts

Frequent movement reduces the time you spend sitting and gives your muscles repeated opportunities to use glucose. Small bouts of activity also make it easier to accumulate enough exercise across a busy week.

Aim towards 10,000 steps a day, building gradually from your current level.

If you currently average 3,000, start by making 4,000–5,000 achievable. Meaningful benefits occur below 10,000; it is a useful goal rather than a pass-or-fail test. Walk for short journeys. Take the stairs. Take phone calls on foot. Break up long periods at your desk and add a short walk after meals.

Cycling and swimming still count towards your activity even though they contribute little to your step total.

Your exercise session should be within an otherwise active day.

Your weekly exercise schedule

This is a week to build towards. If you are starting from a low activity level, shorten the sessions and increase gradually.

Day	Session	Practical guide
Monday	Full-body strength	30–60 minutes. Include a squat or lunge, hip hinge, push and pull.
Tuesday	Steady aerobic exercise / Zone 2	45 minutes of brisk walking, cycling, swimming or jogging at a conversational effort.
Wednesday	Interval training	Start with four two-minute efforts and progress towards the Norwegian 4 × 4. Include a warm-up, three-minute easy recoveries between efforts and a cool-down.
Thursday	Recovery and everyday movement	Comfortable walking and gentle mobility. Keep the intensity easy.
Friday	Full-body strength	30–60 minutes of strength.
Saturday	Longer steady aerobic session / Zone 2	60–90 minutes of walking, hiking, cycling, swimming or easy jogging. Choose something you enjoy and keep the effort sustainable.
Sunday	Recovery and social movement	An easy walk with family or friends. If Sunday suits you better for the longer session, swap the weekend days.

This provides 105–135 minutes of steady aerobic activity, alongside an interval session and two strength sessions. Brisk everyday walks can add to the aerobic total. When counting towards the weekly activity guideline, one minute of vigorous activity counts roughly as two minutes of moderate activity.

If you are new to exercise, establish the steady sessions first. Use an easy aerobic session on Wednesday until you are ready for intervals. Build duration before intensity and allow extra recovery when needed. Consider getting a personal trainer to assist with the strength movements especially if you are new to strength training.

Your weekly exercise checklist

- ☐ Two full-body strength sessions.
- ☐ Regular steady aerobic exercise.
- ☐ One interval session when ready, progressing towards four four-minute efforts.
- ☐ One longer aerobic session on Saturday or Sunday.
- ☐ Daily movement, building towards 10,000 steps.
- ☐ Enough recovery to maintain consistency.
- ☐ A useful measure of progress, such as walking pace, cycling endurance or strength.

Formal VO_2max testing can provide a useful fitness baseline and guide training. It is optional; you can start improving your fitness before arranging a test.

Progress your training
A good training plan is progressive. Gradually increase the weight you lift, the repetitions you complete or your speed as your fitness improves. Make small increases while maintaining good technique and allowing time to recover.

Plan lighter weeks
Varying training load over time is called periodisation. Every six to eight weeks, plan a lighter week by reducing training volume, intensity or both. This manages accumulated fatigue, gives your body time to recover and adapt and is a practical part of managing injury risk. Take a lighter week sooner if fatigue or niggles build up.

My plan for this week

Improve metabolic health

Blood pressure, blood glucose, triglycerides, abdominal fat and liver fat often move together.

Insulin resistance makes it harder for your body to manage blood glucose and often accompanies raised triglycerides, fatty liver and high blood pressure. Addressing these together helps reduce the risk of type 2 diabetes and cardiovascular disease, even when weight changes are modest.

A person can have an apparently reasonable body weight and still have metabolic risk. Equally, a change in weight alone does not describe everything that is improving.

Build meals around useful defaults

Why protein: protein supplies the amino acids needed to repair and maintain muscle. Adequate protein, combined with strength training, supports muscle retention as you age and during weight loss, helping preserve strength and independence. More is not endlessly better; the aim is enough for your needs.

Why fibre: fibre supports regular bowel movements, and some types feed gut bacteria. Soluble, gel-forming fibre can lower LDL cholesterol and slow glucose absorption. Diets rich in fibre are associated with lower rates of cardiovascular disease, type 2 diabetes and premature death. This is why I encourage a variety of fibre-rich foods each day.

- ☐ Include vegetables or fruit at each meal.
- ☐ Aim for around 30 g of fibre a day, increasing gradually.
- ☐ Include protein at each meal, using fish, beans, lentils, tofu, yoghurt, eggs or lean meat.
- ☐ Choose whole grains more often.
- ☐ Use olive oil, nuts and seeds as regular sources of unsaturated fat.
- ☐ Replace sugary drinks with water or unsweetened alternatives.
- ☐ Make minimally processed foods the basis of your diet.

For people doing regular resistance training, I often discuss protein intake around 1.6 g/kg/day, adjusted for body size, goals and medical history. Kidney disease requires individual advice.

Your metabolic health action plan

Use a sustainable energy deficit while maintaining strength training and adequate nutrition. Avoid a restrictive plan that leaves you hungry, exhausted and losing strength. For people with fatty liver and overweight, sustained weight loss of at least 5% can reduce liver fat. Around 7–10% may improve liver inflammation, with larger losses sometimes needed to improve scarring.

Exercise can also reduce liver fat without substantial weight loss. If fatty liver has been identified, ask whether you need assessment for liver scarring as well as a lifestyle plan.

Your metabolic health checklist

- ☐ I know my HbA1c and triglyceride results.
- ☐ I am following trends in my waist measurement and weight where useful.
- ☐ I am eating enough protein and fibre.
- ☐ I am maintaining or improving strength.
- ☐ I have reduced sugary drinks and excess alcohol.
- ☐ If I have fatty liver, I understand the follow-up plan.

An example day of eating

This is based on the foods I enjoy regularly and of course, you can adjust portions to your appetite, body size, activity and goals.

The meals put the same principles into practice: protein to support muscle, fibre-rich plants for bowel and metabolic health, and unsaturated fats in place of saturated fat to help lower LDL cholesterol. You can change the ingredients while keeping that overarching structure.

Consistency over perfection

I'm not asking you to eat perfectly all the time. I certainly don't. I occasionally enjoy a Five Guys with my girls or a pint of Guinness with friends. What counts is what you do most of the time. Build consistent habits, enjoy the occasional indulgence and return to your usual routine.

Breakfast: protein smoothie bowl

Blend together:

• 200 g plain high-protein yoghurt, choosing a lower-fat version when reducing saturated fat.

• A handful of berries, fresh or frozen.

• 1 banana.

• One tablespoon of ground flaxseed

• One tablespoon of chia seeds

• Let it sit for 10 minutes before eating, which allows the chia seeds to absorb water and makes them easier to digest.

Add whey or an unsweetened plant protein powder if needed to meet your protein goal. Serve in a bowl, with some berries left whole and a small sprinkle of nuts and seeds for texture.

Mid-morning: nuts or nut butter

Choose a small handful of unsalted nuts, around 25–30 g, or an apple or pear with a tablespoon of almond or peanut butter.

Choose nut butter made predominantly from nuts, without added sugar. Nuts, nut butter and olive oil are nutritious but energy-dense, so portions still count.

Lunch, dinner and everything between

Lunch: eggs, sourdough and avocado

Build your plate around:

• Two eggs, poached, boiled or scrambled.

• One or two slices of wholegrain sourdough.

• Half an avocado.

• Tomatoes, spinach or mushrooms.

• A teaspoon of extra-virgin olive oil.

• One or two tablespoons of sauerkraut.

If you need more protein, add some egg whites or a portion of lower-fat cottage cheese.

Choose wholegrain sourdough where possible. Keep sauerkraut portions modest and compare labels for salt, particularly if your blood pressure is raised.

Afternoon: kefir

Have 150–200 ml of plain, unsweetened kefir, with fruit if you are hungry.

Choose a lower-fat version if you are working on reducing saturated fat. This is an optional snack rather than something you need to eat regardless of appetite.

Dinner: air-fryer salmon, rice and grains, and vegetables

Serve:

• A salmon fillet, around 140–170 g.

• 150 g cooked brown rice and quinoa, or another rice-and-wholegrain mixture.

• A generous serving of broccoli, with peppers, courgettes or other vegetables.

• Lemon, herbs and a little extra-virgin olive oil.

Season the salmon with lemon, garlic, paprika and black pepper before air-frying. Add chickpeas or edamame to the grain mixture for extra fibre and protein.

Adjust the rice and grain portion to your activity and appetite. A longer training day may call for more.

An alternative: air-fryer chicken shawarma in a wholemeal pitta, with cucumber and tomato salad, yoghurt dressing and a serving of beans or chickpeas.

Keep fluids alongside your meals

Adequate fluid supports normal circulation, temperature control and exercise performance. It also helps fibre keep stools soft, which becomes especially relevant when increasing fibre or adding psyllium.

Drink regularly throughout the day. Around 1.6–2 litres of drinks daily is a reasonable starting point for many adults, with more needed during exercise, hot weather or heavy sweating.

Water should be your usual choice. Milk, kefir, tea and coffee also contribute; keep caffeine earlier in the day to protect sleep. Keep water on your desk, have a drink with meals and take a bottle when exercising. If you have been prescribed a fluid restriction, follow your individual plan.

If you use psyllium husk, take it with the recommended water and keep the agreed gap from medicines.

Your daily nutrition checklist

- ☐ A protein source at each main meal.
- ☐ Fibre from oats, whole grains, vegetables, fruit, nuts, seeds and pulses.
- ☐ Plenty of vegetables across lunch and dinner.
- ☐ Olive oil and other unsaturated fats in appropriate portions.
- ☐ Water and other unsweetened drinks throughout the day.
- ☐ Portions that support my energy needs and goals.

1.6–2 litres

of drinks daily is a starting point for many adults.
Adjust for exercise, heat and your individual plan.

Support sleep and recovery

7–9 hours / consistent bedtime and waking time

Sleep helps regulate blood pressure, glucose metabolism and appetite, and supports recovery from training. Persistently short, disrupted or irregular sleep is associated with higher cardiometabolic risk. Making enough time for regular sleep therefore supports both heart health and your ability to sustain the rest of this plan.

Sleep

Aim for seven to nine hours of sleep each night, with a consistent bedtime and, especially, a consistent waking time.

Give sleep a regular place in your day. A routine that works throughout the week is far better than repeatedly trying to catch up at weekends.

Your sleep habits checklist

- ☐ Keep regular hours. Aim for the same bedtime and waking time every day, including weekends. Keep waking time particularly consistent, and go to bed when sleepy rather than forcing an early bedtime.
- ☐ Reserve the bed for sleep and sex. Keep work, scrolling and television elsewhere.
- ☐ Get up if you cannot sleep. If you feel you have been awake for roughly 15–20 minutes, or are becoming frustrated, leave the bed and do something calm in dim light. Return when sleepy. Estimate the time; avoid checking the clock.
- ☐ Stop caffeine after early afternoon. Its effects can persist for six to eight hours or longer. Move your last coffee or caffeinated tea earlier if you remain sensitive.
- ☐ Avoid nicotine near bedtime and ideally avoid it at all. It is a stimulant and can interfere with sleep and increase blood pressure.
- ☐ Limit alcohol. It can make you feel sleepy initially but disrupts sleep later in the night. Avoid using it as a sleep aid.

Make recovery part of your routine

- [ ] Leave a gap after dinner. Aim to finish eating at least two hours before bed, allowing longer after a heavy meal or if you experience reflux.
- [ ] Give yourself time to settle after hard exercise. Schedule vigorous sessions earlier where possible, leaving a couple of hours before bed. Gentle evening movement is fine; adjust the timing if exercise leaves you alert.
- [ ] Keep the bedroom dark, quiet and comfortably cool. Use blackout blinds or an eye mask if needed. Turn the clock away and avoid checking the time during the night.
- [ ] Reduce bright light before bed. Dim the lights and avoid bright screens during the final hour. Keep stimulating work and scrolling out of your wind-down routine.
- [ ] Keep naps short and early. If you nap, aim for no more than 20 minutes, earlier in the day. If you struggle to fall asleep or stay asleep at night, try avoiding naps.

When to get help

If sleep problems persist, ask about cognitive behavioural therapy for insomnia, or CBT-I. It is a first-line treatment for chronic insomnia. Sleep hygiene alone is often insufficient.

Loud snoring, witnessed pauses in breathing or significant daytime sleepiness deserve assessment for sleep apnoea, particularly alongside high blood pressure. This is very under-diagnosed and incredibly important to identify early, as it increases the risk of several diseases.

Smoking

If you smoke, make stopping a priority and ask for support. Medication and structured cessation support can help.

Alcohol

Do not drink for supposed heart benefits. Reducing intake can help blood pressure, sleep, weight management and liver health.

Stress

Choose a short practice that helps you recover. It could be a ten-minute walk outdoors, breathing exercises, meditation or writing down your thoughts. Put it in your diary at a time you can keep. Choose whatever suits you best rather than the current trend on social media.

This is a way to make space in a busy day.

Make time for relationships

Close relationships belong in a health plan.

Long-term research, including the Harvard Study of Adult Development, links supportive relationships with better health and wellbeing as we age. Those connections include partners, family, friends and colleagues.

Loneliness and social isolation are also associated with higher risks of cardiovascular disease and premature death. This does not prove that scheduling more social activity will prevent a heart attack but it is a strong reason to take social wellbeing seriously.

Good relationships provide companionship, practical help and support during difficult periods. They can also make healthy habits easier to sustain.

Make time for people with whom you feel comfortable, supported and able to be yourself.

Your connection checklist

- ☐ I have regular contact with people I care about.
- ☐ I put time with friends or family in my diary.
- ☐ I combine movement with company: a walk, bike ride, class or game.
- ☐ I make room for shared meals and conversations without my phone.
- ☐ I have someone I can talk to when life is difficult.
- ☐ If I feel persistently lonely, I take a practical step towards support, such as contacting a friend, joining a group or speaking with my doctor.

A walk with a friend can cover several parts of this protocol at once. An unusually efficient meeting.

Look after your mouth and gums

The oral-systemic connection

Your mouth is a crucial part of your overall health. Gum disease, known as periodontitis, is a chronic inflammatory disease that damages the tissues and bone supporting your teeth. Inflamed gums can allow bacteria and their products into the bloodstream and contribute to inflammation elsewhere in the body.

People with periodontitis have higher rates of cardiovascular disease, including heart attacks, and cerebrovascular disease, particularly ischaemic stroke, where a blood vessel supplying the brain becomes blocked. Shared risks, such as smoking and diabetes, explain some of the association. Although the evidence does not yet establish that gum disease causes these events, or that flossing or periodontal treatment prevents them, looking after your gums protects teeth, reduces local inflammation and helps preserve comfortable eating. I include it in a prevention plan because oral health deserves attention alongside blood pressure, lipids and metabolic health.

Your oral health checklist

- ☐ **Brush twice daily for at least two minutes**, using fluoride toothpaste and a manual or electric toothbrush. Clean along the gumline as well as the tooth surfaces.
- ☐ **Clean between your teeth every day.** Use correctly sized interdental brushes where they fit, and floss where the gaps are too tight. Ask your hygienist to demonstrate the technique.
- ☐ **See your dentist regularly**, at an interval agreed for your oral health and risk. Ask whether you have signs of gum disease.
- ☐ **See your hygienist regularly**, with the frequency based on gum health and treatment needs. Professional cleaning complements daily care at home.
- ☐ **Get persistent bleeding, swollen gums, bad breath, receding gums or loose teeth assessed.** Gum disease can progress without pain, so do not wait for a toothache.
- ☐ **If you have periodontitis, follow the treatment and maintenance plan.** Ask whether specialist periodontal care is needed.
- ☐ **Tell your dental team about diabetes, cardiovascular disease and your medicines**, and tell your doctor if you have significant gum disease.

Daily brushing and interdental cleaning remove plaque that a toothbrush alone can miss; professional care addresses deposits and disease that home cleaning cannot manage. Your dental team can tailor both to your mouth.

Your seven-day habit tracker

Choose three small habits from this guide. Make them specific enough that you can tell whether you did them. Examples include a ten-minute walk after lunch, oats or beans with one meal, and waking at your chosen time.

My chosen habit	Mon	Tue	Wed	Thu	Fri	Sat	Sun
1. _____	☐	☐	☐	☐	☐	☐	☐
2. _____	☐	☐	☐	☐	☐	☐	☐
3. _____	☐	☐	☐	☐	☐	☐	☐

Appointments, blood tests and your seven-day blood pressure record can go in your diary as separate tasks. You do not need to turn every part of your health into a daily tick box.

End-of-week reflection

What worked well?

What got in the way?

What will I change next week?

Keep what worked. Adjust what did not. A missed day is information, not a failed protocol.

Your first 30 days

You can start the food, movement, sleep, relationship and oral-health habits together. The weeks below give you an order for gathering information and reviewing progress; they are not instructions to delay a useful change.

Week 1: establish your starting point

- ☐ Complete a seven-day home blood pressure record.
- ☐ Gather previous blood test results.
- ☐ Write down relevant family history.
- ☐ Choose three habits for the seven-day tracker.
- ☐ Arrange a review of missing tests or abnormal results.

Week 2: improve your food defaults

- ☐ Make three specific saturated-fat swaps.
- ☐ Add a daily source of soluble fibre.
- ☐ Consider psyllium husk and check how to separate it from medicines.
- ☐ Reduce your main sources of salt.
- ☐ Replace sugary drinks and establish a regular fluid intake.
- ☐ Review which of last week's habits were easy to repeat.

Build your routine and review progress

Week 3: build your routine

- ☐ Schedule aerobic activity at a level I can manage.
- ☐ Add two suitable strength sessions.
- ☐ Plan a longer aerobic session at the weekend.
- ☐ Record my current daily steps and gradually build towards 10,000.
- ☐ Keep a consistent bedtime and waking time.
- ☐ Brush twice daily, clean between my teeth daily and book any dental or hygiene appointments that are due.
- ☐ Arrange a walk, meal or activity with someone I enjoy spending time with.

Week 4: agree the longer-term plan

- ☐ Review my blood pressure and blood results.
- ☐ Agree personal targets.
- ☐ Discuss medication where appropriate.
- ☐ Set dates for follow-up and any repeat testing.
- ☐ Keep the habits I can sustain and adjust those that need a better fit.

Some changes take longer than a month to show their full effect. The first month is for establishing a routine and ensuring that important findings receive attention.

Your personal heart health record

Record the date and units with each result. Some measures, such as Lp(a), usually need measuring once; others may need follow-up after a treatment change. Agree the timing with your doctor.

Measure	Baseline result and date	Follow-up result and date	My agreed target or next action
Average home blood pressure			
LDL-C			
Non-HDL-C			
Triglycerides			
ApoB			
Lp(a), including units			
hsCRP, when relevant			
HbA1c			
Waist measurement, if useful			
Weekly aerobic activity			
Weekly strength sessions			
Average daily steps			
Usual sleep duration			
Usual bedtime and waking time			
Dental and hygienist reviews			
Regular time with friends or family			

My three priorities:

1. _____

2. _____

3. _____

My next review: _____

Make a plan for your heart health

At Coyne Medical, we can bring together your medical history, family history, blood pressure, blood results and lifestyle to agree a prevention plan that fits you.

Health screening with me

My regular patient list is full, so I am currently welcoming new patients only for Complete or Ultimate health screening. Please select Dr Hugh Coyne when booking, or contact our team to arrange your screening with me.

Book Complete screening | Book Ultimate screening

Book a heart health consultation at Coyne Medical

For a heart health review or general medical care, book with one of our excellent GPs. I work closely with the whole team, who share my focus on prevention and personalised care.

Book a consultation with the Coyne Medical team
Need help booking? reception@coynemedical.com | 020 7731 3077

For more practical discussions on prevention, follow my work on Instagram and listen to The Life Podcast.

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