THE LONDON HEART · PATIENT GUIDE

What Every Adult Should Know About Their Heart at 40, 50 and 60

The 12-page guide I give every new patient — boiled down to what actually matters, written entirely in everyday language.

40 — 50 — 60

Dr Debashish Das

Consultant Cardiologist

CLINICAL LEAD, CARDIOLOGY — BARTS HEALTH NHS TRUST · THE LONDON HEART

A NOTE FROM DR DAS

Before you read on

I wrote this guide because I found myself repeating the same conversation, in different words, several times a week.

A patient in their 40s asks whether it's "too early" to worry about their heart. A patient in their 50s asks what their cholesterol numbers actually mean. A patient in their 60s asks what a healthy heart even looks like at their age. The questions change slightly with time, but the underlying worry is always the same: *am I doing enough, and would I know if something was wrong?*

This guide won't replace a consultation. But it will give you the same starting point I give every new patient in clinic — what matters at each decade, what's worth checking, and what genuinely isn't worth losing sleep over.

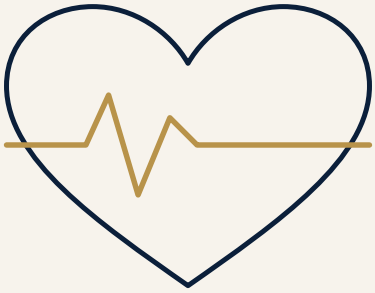
> HOW TO USE THIS GUIDE
>
> Read it once, cover to cover. Then keep it somewhere you'll find it again in ten years — the advice for your 40s is not the advice for your 60s.

Dr Das

Consultant Cardiologist, The London Heart

How your heart actually ages

Your heart doesn't "wear out" the way people imagine.



What changes, gradually and quietly, is three things:

THE ARTERIES

They stiffen slightly with age, which is why blood pressure tends to creep up even in healthy people.

THE ELECTRICAL SYSTEM

The heart's natural pacemaker becomes slightly less responsive, which is why heart rate and rhythm patterns shift over time.

THE HEART MUSCLE

It stays strong with use, much like any other muscle, and loses capacity mainly through inactivity, not age itself.

> WHY THIS MATTERS
>
> None of this is alarming. It's the reason a heart check means something different at 40 than at 60 — and why the advice in this guide is split by decade rather than given as one generic list.

40 YOUR DECADE

Build the baseline

This is the decade to find out where you actually stand, before anything has had time to become a problem.

WHAT TO GET CHECKED

- Blood pressure — annually, even if you feel completely well
- Cholesterol panel, including ApoB if available
- Fasting glucose or HbA1c
- A conversation about family history — this is the single most useful five minutes you can spend

> WHY NOW
>
> Most heart disease takes decades to develop. Nothing detectable at 40 is usually reversible with simple changes. Wait until 60 to check, and the same finding may need medication for life.

THE ONE HABIT WORTH BUILDING

Consistent, moderate exercise — 150 minutes a week of anything that raises your heart rate. It matters more than any supplement or superfood.

50 YOUR DECADE

Watch the trends, not just the numbers

A single blood pressure reading or cholesterol result tells you less than the trend over several years.

What changes in this decade

- Blood pressure and cholesterol often rise gradually, even with an unchanged lifestyle — this is partly hormonal, especially around menopause
- Family history starts to matter more, particularly if a parent or sibling had heart disease before 60
- Symptoms that were easy to dismiss at 40 — breathlessness on stairs, unusual tiredness — deserve a proper look now

What to get checked

Everything from your 40s, plus a baseline ECG if you haven't had one. Ask your GP whether a formal cardiovascular risk score (QRISK3) is due.

> A WORD ON MENOPAUSE
>
> The drop in oestrogen removes a layer of natural protection the heart had. It's a reason for more attention, not alarm — and a good reason to have this conversation with your GP around this time, not just your gynaecologist.

60 YOUR DECADE

Precision over guesswork

By 60, "eat well and exercise" is no longer specific enough. This is the decade for targeted checks.

WHAT TO GET CHECKED

- Echocardiogram if you've never had one, or if it's been over 5 years
- A closer look at heart rhythm, especially if you've ever noticed palpitations
- Kidney function alongside cholesterol — the two are more connected than most people realise
- A direct conversation about any new breathlessness, chest discomfort, or reduced exercise tolerance

> WHY THIS DECADE MATTERS MOST
>
> Most of what a cardiologist can meaningfully treat — narrowed arteries, valve changes, rhythm problems — becomes detectable now. Early treatment at this stage is usually far simpler than late treatment ten years later.

UNDERSTANDING YOUR RESULTS

Your cholesterol numbers

Cholesterol confuses almost every patient I see, so here is the short version.

MARKER	WHAT IT MEANS
LDL ("bad" cholesterol)	The number to focus on. Lower is better — there is no natural floor below which it becomes harmful.
HDL ("good" cholesterol)	Helps clear LDL from the bloodstream. Higher is generally favourable, but the weakest lever to focus on.
Triglycerides	Closely tied to diet and alcohol; often the first number to improve with lifestyle change.
ApoB	A more precise marker than LDL alone. Ask for it if it isn't automatically included.

THE NUMBER THAT MATTERS MOST

Isn't a single reading — it's your LDL trend over years, in the context of your overall risk.

Blood pressure: the silent one

High blood pressure has almost no symptoms. That's precisely what makes it dangerous — and precisely why checking it regularly matters more than almost anything else in this guide.

READING	WHAT IT MEANS
Under 120/80	Optimal
120–139 / 80–89	Worth monitoring and addressing through lifestyle
140/90 and above	Typically warrants a treatment discussion with your GP

> ONE READING IS NOT A DIAGNOSIS
>
> Blood pressure varies through the day and with stress, including "white coat" anxiety in clinic. If a reading is high, the right response is repeated home monitoring — not immediate panic.

WHAT ACTUALLY MOVES THE NUMBER

Reducing salt, regular exercise, moderating alcohol, and weight loss where relevant — usually more effective, more quickly, than people expect.

WHEN TO ACT

Symptoms worth never ignoring

Most chest twinges are not the heart. But some patterns deserve same-day attention, regardless of your age.

CALL 999 FOR

- Chest pain or tightness lasting more than a few minutes, especially with sweating, breathlessness, or pain spreading to the arm or jaw
- Sudden, severe breathlessness with no clear cause
- Fainting with no warning, especially during exertion

SEE YOUR GP PROMPTLY FOR

- New breathlessness on exertion that's a change from your normal
- Palpitations that are new, prolonged, or accompanied by dizziness
- Ankle swelling that's new and doesn't settle overnight

TRUST THE PATTERN, NOT THE INTENSITY

A dull, persistent, unfamiliar symptom is often more worth checking than a sharp, fleeting one.

What genuinely moves the needle

Set aside the noise. These four things have the strongest evidence behind them, in order of impact.

1 · Regular movement

150 minutes a week of moderate activity, or 75 minutes vigorous. Consistency beats intensity.

2 · Not smoking

The single biggest modifiable risk factor there is, at any age.

3 · A Mediterranean-pattern diet

More vegetables, fish, and olive oil; less processed food and red meat. Not a strict rulebook — a general direction.

4 · Sleep and stress

Chronically poor sleep and unmanaged stress measurably raise blood pressure and inflammation over time.

> Everything else — supplements, extreme diets, wearable-tracked "heart age" scores — is secondary to these four.

The family history conversation

If a parent or sibling had a heart attack, stroke, or sudden cardiac event before the age of 60, that changes your own risk calculation meaningfully — regardless of how healthy you feel.

Worth finding out from relatives

- Any heart attacks, stents, or bypass surgery, and at what age
- Any sudden or unexplained deaths in the family, particularly in younger relatives
- A history of high cholesterol, particularly if it was described as "genetic" or "familial"

> Bring this information to your next appointment — even a rough version. It's one of the few risk factors that can't be picked up by a blood test, only by asking.

IN CLOSING

Your next step

You don't need to act on everything in this guide today. You need one starting point.

- **If you haven't had a heart check in the last 2 years** — that's it. Book one.
- **If you have a family history you've never mentioned to a doctor** — that's it. Mention it at your next appointment.
- **If you've been quietly ignoring a symptom from page 9** — that's it. Get it looked at this week.

I'm happy to talk through any of this before you book anything formal — a short phone call with no charge is always available.

Dr Debashish Das

Consultant Cardiologist · The London Heart

Tel 0333 772 1175

Email enquiries@thelondonheart.com

Web thelondonheart.com

This guide is for general information and does not replace individual medical advice. If you are experiencing symptoms now, please seek urgent medical attention.