



TAKING CARE OF YOUR HEART FAILURE

POCKET GUIDE

TAKING CARE OF YOUR HEART FAILURE

It's sometimes called congestive heart failure, CHF, cardiac failure, left-sided heart failure and right-sided heart failure.

USE THIS GUIDE

for quick info on caring for heart failure and to organize your data and find resources. Relief is in sight!

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DISCLAIMER. This book provides general information about heart failure and related issues. The information does not constitute medical advice and is not intended to be used for the diagnosis or treatment of a health problem or as a substitute for consulting with a licensed health professional. Consult with a qualified physician or health care practitioner to discuss specific individual issues or health needs and to professionally address personal medical concerns.

Some of the reasons you may want to

**TAKE CARE
OF YOUR**

HEART FAILURE

**I WANT TO BE HEALTHY
AND LIVE LIFE TO ITS
FULLEST**

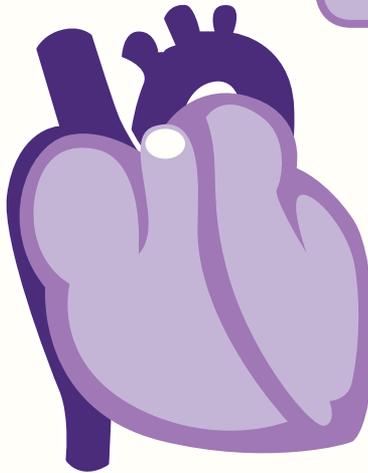
**I WANT TO BE THERE
FOR MY CHILDREN
AND GRANDCHILDREN**

**I WANT A
HEALTHY
LIFESTYLE
FOR ME
AND MY
FAMILY**

**I WANT
TO LOSE
WEIGHT**

**I WANT TO
HAVE MORE
ENERGY**

**I WANT
TO STAY
ACTIVE**



**I WANT
TO BE IN
CONTROL
OF MY
HEALTH**

**I WANT
TO LIVE
DISEASE-
FREE**

**I WANT TO REACH THE
PERSONAL GOALS I SET
FOR MYSELF**

**I WANT TO ENJOY THE
PEOPLE IN MY LIFE FOR
AS LONG AS I CAN**

**I WANT TO
LIVE WITHOUT
PAIN AND
DISCOMFORT**

MY CONTACTS

Emergency Contacts

Emergency response: 911

Name: _____

Relationship: _____

Cell Phone: () _____ Home Phone: () _____

Name: _____

Relationship: _____

Cell Phone: () _____ Home Phone: () _____

Medical

My General or Family Doctor: _____

Phone: () _____

My Heart Failure Specialist: _____

Phone: () _____

Other Specialist: _____

Phone: () _____

Hospital: _____

Phone: () _____

Health Insurance Provider: _____

Phone: () _____

Website: _____

Case Manager: _____

Phone: () _____

MY CONTACTS

Other Professional Contacts

Name: _____

Service/function: _____

Phone: () _____

Name: _____

Service/function: _____

Phone: () _____

Name: _____

Service/function: _____

Phone: () _____

Family Members

Name: _____

Phone: () _____

DEFINITIONS AND DIAGNOSIS

Heart failure? That doesn't sound good.

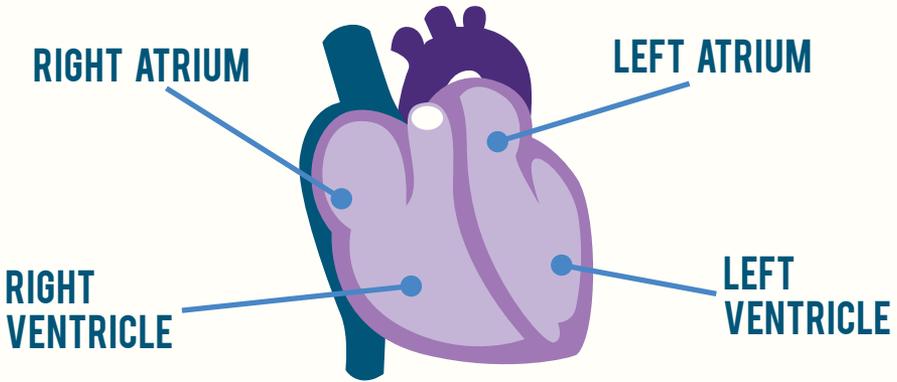
What is Heart Failure?

Anything with the words heart and failure linked together doesn't sound like it could end well. But the condition isn't as dire as the name makes it sound. It just means that the heart isn't pumping at its best. It can't quite keep up with the workload it's tasked with.

Heart failure (noun): the condition in which fluid collects around the heart and hinders its ability to pump well.

HF DEFINED

Heart failure means the heart is not filling up and pumping out blood as well as it should. There are many different potential reasons for this as well as different problems that result. The heart is becoming less efficient.



THE MOST IMPORTANT CONCEPT

There is good evidence in the treatment of heart failure that guideline-directed medical therapy is the key to getting better. Following your doctor's instructions and taking your meds as prescribed can reverse and remodel what has happened to your heart. These specific medications will be discussed later in this book. Diuretics, ACE inhibitors and ARBs, Beta- and Alpha-blockers, and digoxin have proven countless times to reverse damage to the heart when taken as prescribed.

HEART APPRECIATION

ENLARGING

When it can't pump as it's meant to, the heart and the body try to make up for the lack of production in other ways:

The heart chamber stretches more and contracts stronger. It pumps more blood. The body responds by holding onto fluid, congesting the lungs with fluid and causing the heart to beat irregularly.

MORE MUSCLE MASS DEVELOPS

The heart's cells get bigger so it can pump more strongly.

FASTER PUMPING

The heart tries to ramp up the output by going into overdrive.

BLOOD VESSELS NARROW

This keeps blood pressure up, trying to make up for the loss of power from the heart.

THE BODY CHANNELS THE BLOOD FLOW

It reroutes it away from the heart, brain, kidneys and the tissues that don't need it as much.

HEART FAILURE FACTS AND STATS

Nearly **5 million** Americans are living with heart failure right now.

LEFT HEART FAILURE

A problem with the left side of the heart means it can't pump all of the blood it gets. Fluids will back up into the lungs.

SYMPTOMS:

- » Shortness of breath
- » Dry hacking cough
- » Trouble seeing unless propped up
- » Feeling out of breath when waking
- » Swelling and bloating due to the body holding on to too much fluid

RIGHT HEART FAILURE

A problem with the right side of the heart makes blood back up into the veins. It isn't always easy to notice since veins can stretch and hold extra blood.

In time, the legs, ankles and feet may become swollen. The upper right side of the belly may feel sore or swollen. Tiredness and a lack of appetite are also symptoms.

Your doctor will study the factors to figure out the extent of your heart failure, such as:

- The cause of your heart problem
- Your heart's ability to fill and pump
- How your body reacts to the symptoms
- What other demands are on your heart, such as being overweight or having high blood pressure

WARNING SIGNS AND SYMPTOMS

Contact your doctor if you experience any of these signs.

First signs that condition has worsened:

- Fatigue
- Swelling in the ankles, feet and legs
- Weight gain
- More of a need to urinate, especially at night
- Irregular heartbeat
- A cough that starts from congested lungs
- Wheezing
- Shortness of breath, which may mean pulmonary edema

Signs that mean a severe heart condition. GET MEDICAL HELP RIGHT AWAY:

- Chest pain throughout upper body, which can also be a sign of a heart attack
- Quick breathing
- Skin that looks blue due to lack of oxygen in the lungs
- Fainting

HEART FAILURE BY THE NUMBERS:

11 million

Number of doctor visits each year as a result of heart failure

HOLDING ON

The reason why heart failure makes your body hold on to water is because a weak heart sends less blood to the kidneys. The kidneys assume there's not enough blood, so they keep the water and salt instead of passing it out in the urine.

MORE SIGNS AND SYMPTOMS

The warning signs for HF can vary by person. But as the disease gets worse, you may notice some or all of these:

Sudden weight gain:

two pounds overnight or three to four pounds in a day or two.

Swelling of the legs and ankles:

as the body holds on to fluids rather than passing them out, edema can affect these parts.

Swelling and bloating:

you feel full a lot faster during meals or feel pain in the belly.

Trouble sleeping:

you can only get relief at night when propped up by pillows. This can also be caused by problems other than heart failure.

Shortness of breath:

you may feel out of breath when you exert yourself, during the night or all of the time.

Dry hacking cough:

you may experience this all of the time or mainly when lying down.

Loss of appetite:

never feeling like you want to eat or having nausea.

Fatigue:

loss of blood flow may make you feel tired even when exerting little effort.

HEART FAILURE DEFINED:

Cardiologist (noun):

a doctor who specializes in the heart, the blood vessels and their functions.

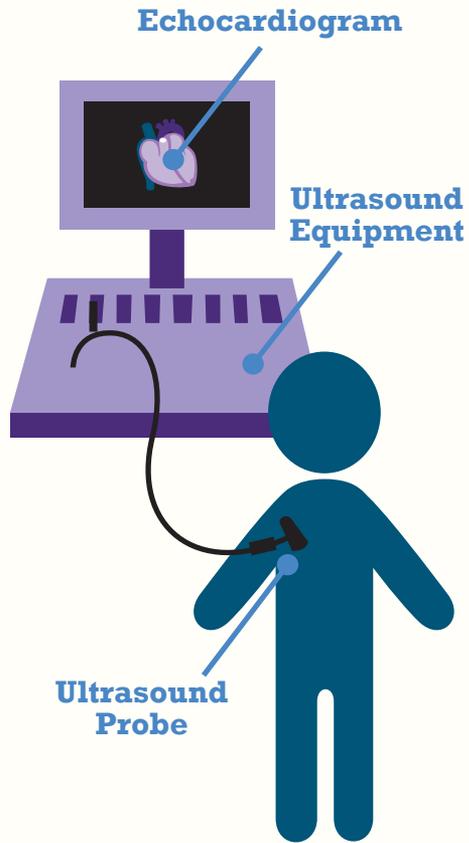
DIAGNOSING HEART FAILURE

Your health care provider may refer you to a cardiologist after reviewing your symptoms. Your cardiologist will then perform a physical exam. He or she will listen to your heart for irregular patterns. Further tests may be needed to look at your heart's valves and chambers, as well as your blood vessels.

TWO IMPORTANT STUDIES

An **ultrasound** of your heart (**echocardiogram**) will show if there is damage to the heart muscle that prevents the heart from pumping at its best. It will also evaluate the valves between the chambers of the heart.

The technician can watch the blood flow through the heart. This echocardiogram can give one of the most important measures of your heart's function - the Ejection Fraction. A good pumping strength (Ejection Fraction) is **above 50 percent**.



The other study is an **exercise test**. Your heart rate and blood pressure are measured before and after exercise. Sometimes there will be a special part to this test: the patient breathes through a small mask to measure how much oxygen the body is using. A good result will show that your heart is able to move oxygen well to all the areas that need it. The blood moves the oxygen all over your body.

SOME OF THE TESTS YOUR CARDIOLOGIST

OR HEART FAILURE SPECIALIST MAY ORDER

TEST	WHAT IT DOES
Electrocardiogram (EKG or ECG)	Records your heart's rhythm
Echocardiogram	Uses sound waves to record your heart's structure and motion
MRI	Takes pictures of the heart
Stress test	Shows how the heart reacts to different levels of stress, such as while exercising
Blood test	Checks for abnormal blood cells and infections
Cardiac catheterization	Shows blockage of the coronary arteries
PET scan or thallium scan	Sees if bypass surgery will help certain areas of the heart

These tests can detect and monitor any problems so your doctor can choose the best treatment for you. Many times this leads to fewer heart failure symptoms and can improve or get rid of your condition.

Treatment options will be covered in more detail in an upcoming chapter. These options look at the underlying cause of your heart failure. Medicines can go a long way in treating the disease. If other treatments fail, a heart transplant may be needed.

HEART FAILURE FACTS AND STATS

Each year in the U.S., about 550,000 new cases of HF are diagnosed.

The tests that your doctor had you undergo will help him or her see what's going on in your heart. They'll listen then decide the best treatment plan for you.

FIND OUT MORE

American Heart Association:
heart.org

National Heart, Lung and Blood Institute:
How is Heart Failure Diagnosed?:

www.nhlbi.nih.gov/health/health-topics/topics/hf/diagnosis

MY HEART FAILURE CARE TEAM

Building your health care support team plays an important part in managing your condition. Here are some of the players you'll need on your team while dealing with heart failure.

PRIMARY CARE DOCTOR

Your regular doctor is the first contact when medical issues arise. He or she will most likely stay in charge of your overall care throughout your treatment and will serve as the main point of contact for your questions and to get advice.

My primary care doctor: _____

Contact info: _____

CARDIOLOGIST/ HEART FAILURE SPECIALIST

This specialist diagnoses and treats heart and blood vessel problems. He or she will review your medical history and perform a physical exam. This may include checking your blood pressure, weight, heart, lungs and blood vessels.

My cardiologist: _____

Contact info: _____

CLINICAL NURSE SPECIALIST OR NURSE PRACTITIONER



Other nurses and doctor assistants may provide care, perform tests and give you info, educate and counsel you during your treatment.

My nurse specialist: _____

Contact info: _____

PHYSICAL AND OCCUPATIONAL SPECIALIST



These members of your care team help with cardiac rehab and develop the ideal plans for your physical therapy.

My physical/occupational therapist:

Contact info: _____

Other physical/occupational therapist:

Contact info: _____

DIETITIAN

This person teaches heart-healthy eating lessons and creates meal plans with your recovery in mind.

My dietitian: _____

Contact info: _____

MENTAL HEALTH PROFESSIONAL

He or she will help you and your family deal with emotional stress, anxiety and depression.

My mental health pro: _____

Contact info: _____

SOCIAL WORKER/ CASE MANAGER

You'll need someone to help with the complex financial, legal and insurance coverage issues. This person will also work with you to create an advance directive and find social support services.

My social worker/case manager:

Contact info: _____

PHARMACIST

This is your contact for all things related to your medication. He or she will advise you on drug interactions and help you understand how to take your meds.

My pharmacist: _____

Contact info: _____

YOU

You will be the team leader throughout your care. You're responsible for following the instructions of the health care pros and letting them know your progress. Good teamwork and communication leads to a better quality of life for you!

OTHER HELPFUL MEMBERS OF YOUR HEALTH CARE TEAM

Name: _____

Contact info: _____

Name: _____

Contact info: _____

FIND OUT MORE

CardioSmart: Your Health Care Team:
cardiosmart.org/Heart-Basics/Your-Health-Care-Team

HEART FAILURE MYTHBUSTING



When it comes to heart failure, there is a lot we assume, often incorrectly. Learning the truth about HF can help you better deal with the disease and get the best treatment.

HF MYTH

BUSTED!

Heart failure means your heart is no longer beating.

Not true. Heart failure happens when the heart muscle is damaged. The organ is not able to pump blood through the body as well as it should.

Heart failure is fatal.

While it's a very serious condition that can shorten one's life, heart failure can be treated effectively. A doctor and health care team can help those with HF make lifestyle changes that ease symptoms and prolong life.

Heart failure can't be cured.

While a definitive cure for HF is yet to be found, with medications, lifestyle changes and good care, those with the disease can lead normal lives.

If you have heart failure, you shouldn't exercise.

People with heart failure should make exercise a part of their daily routine. While you don't want to overdo it, the right amount of exercise can make blood flow better and relieve some symptoms.

Heart failure is a normal part of growing old.

Even though most people with heart failure are elderly, it isn't necessarily a part of aging. It's a condition that can be prevented and treated with a good care plan.

Heart failure happens suddenly.

Unlike a heart attack, HF is a long-term chronic condition in most cases. It's basically the result of many conditions that harm the heart over time.

HEART FAILURE MYTHBUSTING

(Continued)



HF MYTH	BUSTED!
<p>Strong and fit people don't get heart failure.</p>	<p>It's important for life to stay fit, strong and active. But that doesn't guarantee a person won't get HF. There are many causes. Fitness lessens the risk of heart issues but it can't totally do away with it.</p>
<p>Heart failure only affects old people.</p>	<p>HF is not a direct result of growing old. Again, it can result from many causes within the body. Some conditions are more likely to occur in older people. But even children and young adults may have heart failure.</p>
<p>Women don't get HF.</p>	<p>While some people believe this, more women die of heart diseases than they do from breast cancer.</p>
<p>It's OK to be overweight.</p>	<p>Obesity in itself is a kind of disease. It can also lead to diabetes and high blood pressure. Those two conditions can trigger the chances for heart failure.</p>

HEART FAILURE FACTS AND STATS

HF is equal among men and women.

FIND OUT MORE

**Centers for Disease Control and Prevention:
Heart Failure Fact Sheet:**

www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_heart_failure.htm

How much blood IS PUMPED OUT?



NORMAL Ejection Fraction

50 - 70 percent is pumped out during each contraction



BORDERLINE Ejection Fraction

41 - 49 percent is pumped out during each contraction



REDUCED Ejection Fraction

<40 percent is pumped out during each contraction



So...

An ejection fraction of 60 percent means that 60 percent of the total amount of blood in the left ventricle is pumped out with each heartbeat.

FYI

there are two types of ejection fraction heart failure:

1. Preserved Ejection Failure (HFpEF) — also known as **diastolic heart failure**. The heart muscle contracts as normal but the ventricles don't relax as they should during filling (or when the ventricles relax).

2. Reduced Ejection Failure (HFrEF) — also known as **systolic heart failure**. The heart muscle doesn't contract well. The heart pumps out less oxygen-rich blood to the body.

TESTS FOR MEASURING EF (not all may be done):

- Echocardiogram (echo) — most widely used test
- MUGA scan
- CT scan
- Cardiac catheterization
- Nuclear stress test

DO YOU KNOW YOUR EJECTION FRACTION PERCENT?



YES



NO



I WILL ASK MY DOCTOR

With good care and treatment, many patients improve their ejection fraction and live longer and healthier lives. Your doctor or health care provider will discuss your options.

FIND OUT MORE

Heart Rhythm Society:

Ejection Fraction:

hrsonline.org/Patient-Resources/

[The-Normal-Heart/Ejection-Fraction](#)

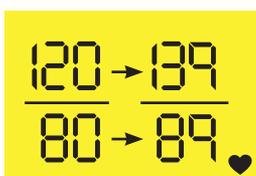
BLOOD PRESSURE *and* HEART FAILURE

BLOOD PRESSURE: SYSTOLIC VS. DIASTOLIC

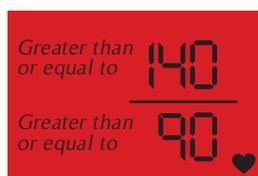
Do you know what the top and bottom blood pressure numbers mean? The top number is the systolic reading. The bottom number is the diastolic reading.



KEEP UP THE GOOD WORK



MAKE HEALTHY LIFESTYLE CHANGES



CHECK WITH YOUR HEALTH CARE PROVIDER AND TAKE MEDICINE AS PRESCRIBED

SYSTOLIC BLOOD PRESSURE (TOP NUMBER)

With every beat, the heart contracts and pushes blood through the arteries to the rest of the body. This force makes pressure on the arteries. This force is what is measured in the systolic reading.

Even people with prehypertension are at a higher risk of developing heart disease.

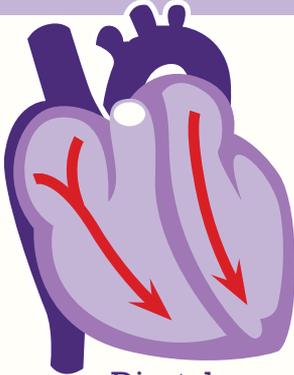
DIASTOLIC BLOOD PRESSURE (BOTTOM NUMBER)

This number shows the pressure in the arteries when the heart rests between beats. This pressure is what is measured in the diastolic reading.

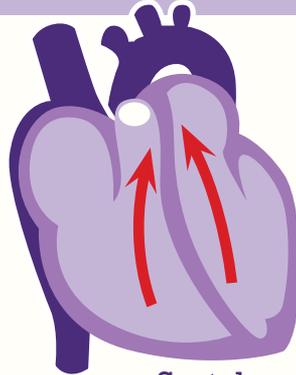
Think of it this way...

The **diastole** heart means it's filling with blood. The **diastolic** reading during this time measures the pressure in arteries.

The **systole** heart means it's pumping out blood. The **systolic** reading during this time measures the force of pressure in the arteries.



Diastole
(filling)



Systole
(pumping)

It's important to know both your systolic and diastolic blood pressure numbers. It could save your life.

THE HEARTBREAK OF HIGH BLOOD PRESSURE

When your blood pressure is under control, it helps your heart maintain a workload it can manage. But high blood pressure, or hypertension, can lead to heart failure.

High blood pressure harms the whole circulatory system. Heart failure means that the heart isn't supplying enough blood flow to the rest of the body. High blood pressure leads to blocked arteries.

High blood pressure makes the heart work harder. Narrowed arteries affect the blood's ability to flow through the body. The heart has to work harder, adding to its workload.

High blood pressure can enlarge the heart and harm it so it can't supply blood to the body. The heart can thicken and grow larger over time. A slightly larger heart can still pump blood, but if it gets too large, it will have a hard time meeting the body's needs for oxygen and nutrients.

FIND OUT MORE

Healthline: Hypertension Explained: How to Understand Blood Pressure Readings
[healthline.com/health/high-blood-pressure-hypertension/blood-pressure-reading-explained](https://www.healthline.com/health/high-blood-pressure-hypertension/blood-pressure-reading-explained)

GOOD ADVICE, WELL TAKEN

TAKING MEDS AS PRESCRIBED

Drugs don't work in people who don't take them.

-- C. Everett Koop, U.S. Surgeon General, 1982 - 1989

When dealing with heart failure, it's critical to follow your doctor's instructions to the letter.

It's a simple equation:

**TAKE YOUR MEDS
AS PRESCRIBED** → **GET BETTER**

HEART FAILURE FACTS AND STATS

In 2011, Consumer Reports published a survey of 660 doctors, "What Doctors Wish Their Patients Knew." By far, the #1 complaint was that patients don't take their doctors' advice or follow treatment recommendations.

The Bottom Line

Taking your doctor's advice leads to recovery. Those who follow guidelines and take their meds in the right dosage at the right time often see their condition improve, as well as their general health.

HEART FAILURE BY THE NUMBERS

50

Percentage of the 3.8 billion prescriptions written in the U.S. each year that are taken incorrectly or not at all.

Many people feel poorly when starting out on meds and stop taking them. Others don't feel an improvement right away and stop taking them. Some patients believe the meds are making their condition worse and stop taking them. But in most cases, the meds are working and will continue to do their job when taken correctly.

FOLLOW YOUR DOCTOR'S ORDERS AND TAKE ALL MEDS EXACTLY AS PRESCRIBED.

Taking medications as prescribed is a crucial part of heart failure self-care. Not taking prescribed meds leads to worsening symptoms and poor health that causes higher rates of hospitalization and death.

REMEMBER:

If you've stopped taking your meds or feel badly while you're on them, talk to your doctors, nurses or care managers. They can help you find ways to get back on your prescriptions and fight the bad feelings.

MY HF TREATMENT PLAN: MEDICATIONS

FIRST THINGS FIRST

Always take your meds as the doctor prescribes! Though you may feel poorly when taking them at first or feel like they aren't working, trust in your meds and let them do their job.

EACH HEARTBEAT IS MADE UP OF TWO PARTS:

♥ **Pumping:** the heart squeezes to send blood out to the organs and tissues

♥ **Filling:** the heart relaxes to take in blood.

HEART FAILURE FACTS AND STATS

Heart failure is responsible for more physician visits and more hospitalizations than all forms of cancer combined.

STRESS HORMONES

When oxygen-rich blood can't reach the organs and tissues, stress hormones and nerve signals tell the arteries to tighten. When that happens, the heart has a harder time pumping. Stress hormones also cause your body to hold on to salt and water. The extra fluid builds up in the blood vessels and makes the heart have to work harder. You'll be thirstier with extra salt and fluid in your body. But drinking more will only make the issue worse.

MEDS TO THE RESCUE

Removing the excess fluid and relaxing the tight arteries is the job of the meds your doctor may prescribe first. They'll make it easier for your heart to do the filling and pumping as it was intended. The doctor will most likely advise you to eat less salt. This will ward off fluid building up, easing the swelling and making it easier to breathe.

DOCTOR KNOWS BEST

For most heart failure patients, doctors will prescribe a daily treatment of:

- Taking three or more meds
- Keeping a weight chart to watch for fluid buildup
- Eating less salt and drinking less fluids
- Balancing mild exercise and rest
- Easing the demands on your heart when you're able to

HEART FAILURE FACTS AND STATS

Deaths from heart failure have gone down on average by 12 percent per decade over the past 50 years.

FOUR TYPES OF DRUGS

These are the kinds of drugs your doctor may prescribe for you:

WHAT IT IS

WHAT THEY DO

Diuretics

- > Cause you to pee more
- > Lessen the amount of blood your heart has to pump
- > Block a certain stress hormone
- > Save potassium that your body needs

Beta-blockers, Alpha-blockers or Beta- and Alpha-blockers

- > Slow the heart rate so the heart's main pumping chamber can fill
- > Help open tight blood vessels
- > Block stress hormones
- > Lessen blood pressure

Digoxin,

- > Controls heart rate

ACE inhibitors, ARBs and ARNis

- > Relax blood vessels
- > Make the heart's workload easier over time

DIURETICS/WATER PILLS



A
CLOSER
LOOK

Diuretics are also known as water pills. They help the kidneys make more urine and help you pass the extra built-up fluids. They also help get rid of the fluid in your lungs so you can breathe easier. The downside is that when you lie down at night, more blood goes to your kidneys, making more urine. So, frequent trips to the bathroom at night are part of the plan.

When your heart is weak, chances are your body will hold onto fluid. But taking diuretics each day and cutting down on salt can keep the fluid from building up.

Plan of Action

Weigh yourself daily. Look for fluid buildup. Call your doctor right away if you notice a sudden weight gain and suspect fluid buildup. Your doctor will have advice on making your heart's workload easier.

WARNING

When taking diuretics, always follow your doctor's orders. Taking too much on your own can cause serious problems that may even threaten your life. If you find yourself urinating a lot but still holding fluid, try eating less salt.

The Potassium Problem

Many diuretics cause you to lose the potassium your body needs through the urine. Blood potassium helps keep your heartbeat stable. So, replacing potassium — or taking certain diuretics that spare the potassium you have — is important. Regular blood tests will tell if you need more high-potassium foods or if you should stay away from those foods. Follow your doctor's advice for keeping your potassium at a healthy level.

ACE INHIBITORS AND ARBS



HEART FAILURE DEFINED

Angiotensin (noun): a peptide in the blood that causes arteries to tighten and high blood pressure.

ACE = Angiotensin-converting enzyme

Used to treat heart failure, these drugs limit the amount of angiotensin. Long term, they ease symptoms and keep heart failure from getting worse. ACE inhibitors can prolong life when used as prescribed. ACE inhibitors dilate or widen blood vessels. This makes blood flow better. They block the harmful angiotensin in the blood that narrows the blood vessels. They also control high blood pressure, prevent kidney damage for those with diabetes and fight off ongoing heart damage after a heart attack.

WARNING

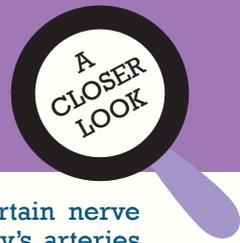
Feeling weak and dizzy, or having a cough that lingers on can be side effects when you start taking ACE inhibitors. If you have these symptoms after taking ACE inhibitors, tell your doctor. He or she can change the drug or dosage you're taking.

ARB = Angiotensin II receptor blocker

ARBs block a substance that makes blood vessels constrict and relax the vessels. As a result, blood pressure goes down. ARBs are given when a patient can't take ACE inhibitors and they help keep heart failure from getting worse. These meds also help the body get rid of water and salt through urine.

Don't stop taking your ACE inhibitor or ARB just because you're feeling better. Let your doctor make that decision.

BETA-BLOCKERS



These types of drugs block the effects of certain nerve signals and hormones. Once blocked, the body's arteries relax and the heart rate falls. The heart pumps out more blood to the kidneys and salt and extra fluid are passed through the urine. After two to three months, those with heart failure are likely to get better.

Some Side Effects

You may feel some side effects when you first start taking beta-blockers:

- Holding fluid
- Feeling more tired
- Slower heartbeat
- Feeling dizzy

These side effects don't last in most cases and allow you to use the treatment for long-term care.

THE RESULTS ARE IN...

- » Taking a beta-blocker or ACE inhibitor improves heart failure over time.
- » Patients with a weak heart muscle will live longer if they take an ACE inhibitor along with a beta-blocker.
- » To work best, take low doses at first and increase slowly, such as every two to four weeks. This will cut down on the chances of side effects.

HEART FAILURE FACTS AND STATS

HF can affect people of all ages, from children and young adults to the middle-aged and the elderly.

Work closely with your doctor on getting to the correct beta blocker dose. The side effects don't mean you're on the wrong medicine. You just need to carefully get to the correct dose with your doctor's help.

DIGOXIN

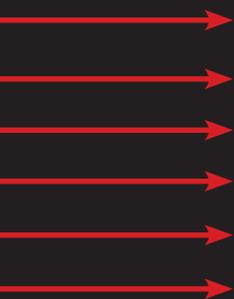


This helpful drug blocks an enzyme in the cardiac cells and tells the heart muscle to pump harder. For those with a weak-pumping heart and those who still have the symptoms after taking diuretics, and ACE inhibitor or ARB or a beta-blocker, digoxin may help. The drug is also used for people with irregular heartbeats.



CAUTION

The side effects of taking digoxin are usually minor compared to the good it does. But it can sometimes build up in the body over time. This can cause:



Loss of appetite

Bad taste in the mouth

Nausea or vomiting

Blue or yellow vision

Confusion

Skipped heartbeats, palpitations or rapid beating

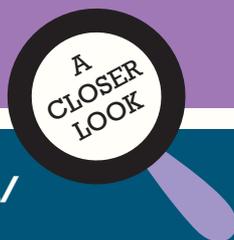
Tell your doctor right away if you have any of these symptoms. Only take digoxin as your doctor advises. Taking too much can cause other heart rhythm problems.

HEART FAILURE BY THE NUMBERS

5

Percent of people in
their 60s with HF.

ARNIS



ANGIOTENSIN-RECEPTOR/ NEPRILYSIN INHIBITOR

The newest heart failure guidelines mention medications that are good at relaxing blood vessels and lowering the stress on your heart. These are called **ARNIs** and sinoatrial node modulators. Your heart failure specialist will know best if you would benefit from one of these medications.

SUMMING UP

Take your medications exactly how your doctor prescribed them. Don't take non-steroidal (NSAID) medicines like Motrin or Advil. They may hurt the kidneys and reverse the effects of other important heart failure medications.

FIND OUT MORE
WebMD: Heart Failure
Treatment:

webmd.com/heart-disease/heart-failure/heart-failure-treatment

QUESTIONS TO ASK MY DOCTORS

Use this page to write down any questions you may have about your meds. Take this book with you to your doctor visits and write down the answers to your questions.

Q:

A:

Q:

A:

Q:

A:

Q:

A:

Q:

A:

MY TREATMENT PLAN:

Small changes, Big Results

There's no denying that a diagnosis of heart failure means making some lifestyle changes are in order. Following your doctor's advice of diet, exercise, giving up smoking and other habits will lead to easing your symptoms. It can slow the progress of your HF and make everyday life better. People with mild to moderate heart failure can often lead normal lives if they adjust their routine for a healthier lifestyle.

Breaking bad habits and adapting to new lifestyles is rarely easy. But doing so may just save your life. And no bad habit is worth cashing your life in for.

HEART FAILURE BY THE NUMBERS

480,000

The number of deaths caused by cigarette smoking each year in the United States. This is nearly one in five deaths.

Lifestyle Changes

Change #1: *Stop Smoking*

If you've never been a smoker, great! You're way ahead of the curve on the health spectrum and you get to skip ahead past this section. But if smoking has been a part of your life for a while, it's really time to put that habit to rest for good. Here's why:

Smoking can cause blood vessels that feed into the heart to clump or become sticky. This makes it harder for the heart to do its job.

Smoking makes the risk of heart disease go up.

THE GOOD NEWS:

Those who quit smoking are more likely to see their heart failure symptoms get better. Your lungs can start to heal themselves as soon as you stop harming them with more smoke. You can prevent and control heart disease. But you have to follow your treatment plan. Quitting smoking is a big part.

Talk to your health care team about ideas for quitting. There are many methods and your doctor will have answers for you. See smokefree.gov for plans, programs and tips.

Change #2: *Lose or Stay at the Same Weight*

IT:

- 
- » Makes it harder to take part in physical activity
 - » Raises the chances of blood clotting
 - » Causes your DHL (good) cholesterol to go down
 - » Raises your risk of artery disease, stroke and heart attacks

One of the signs of heart failure is sudden weight gain or weight loss. It can also indicate that the condition is getting worse. Weigh yourself at the same time each morning, before breakfast and after urinating if you can. Let your doctor know if you gain three or more pounds in one day, five or more pounds in one week, or whatever amount you were told to report.

The trick to losing weight is to reduce calories going in and increase the calories going out. Eat less, exercise more. See the upcoming sections on eating healthy with HF and exercising with HF.

Change #3: *Track Your Fluid Intake Each Day*

As mentioned earlier, heart failure causes your body to hold on to fluid. Your health care team may tell you to limit how much liquid you get. Diuretics will help get rid of excess water and salt and ease your heart's workload. Talk with your doctor about how much liquid to drink every day.

Some say that having one or two drinks of alcohol a day is good for the heart. For people with coronary heart disease and a normal heart muscle, this may be true. But alcohol is harmful for people with HF. Heart failure weakens the heart, of course. Because drinking alcohol makes the heart sluggish and can lead to high blood pressure, it's wise to stay away from it. Some people have heart failure only because they drink alcohol every day. This is called alcoholic cardiomyopathy. In these cases, the heart muscle function may get better once all alcohol is avoided.

Change #4: *Stay Away From Alcohol*



Alcohol can interact badly with HF meds. Certain beta-blockers can lower blood pressure by too much when mixed with drinking alcohol.

Talk to your doctor about drinking alcohol with your condition. There are some serious considerations to keep in mind because alcohol:

- May change how your meds work
- Can affect other health conditions you have
- Weakens the force of the heart's ability to pump
- May cause or worsen an irregular heart rhythm

Change #5: *Stay Away From or Limit Caffeine*

Since caffeine is a stimulant. It could cause a weakened heart to work harder than it should.

Caffeine has many effects on the body:

- » It stimulates the nervous system
- » It releases fatty acids and fatty tissue
- » It affects the kidneys and increases urination, which can cause dehydration

HEART FAILURE FACTS AND STATS

Caffeine speeds up the heart, causing irregular heartbeats. It also constricts blood vessels and forces the heart to squeeze with a faster force.

You'll find caffeine in coffee, tea, soft drinks, chocolate and some nuts. It isn't yet known if drinking a lot of caffeine makes the risk of heart disease go up. Studies show that moderate coffee drinking doesn't seem to be harmful.

For heart failure patients, doctors suggest drinking only a moderate amount of caffeine each day. Limit your intake to a cup or two of coffee.

Change #6: *Manage Stress*

Regardless of what stage you're at in your life, stress is never good on your body. Take 15 to 20 minutes a day to sit quietly, breathe deep and picture a calming scene. It can greatly help to ease stress. Meditating or taking a yoga class is also good, if your doctor approves it. When you feel angry, stop and count to 10 before acting on your emotions. This will help you ease the stress and better deal with the situation.

HEART FAILURE FACTS AND STATS

Unhealthy habits that can raise the risk for heart failure include smoking tobacco, eating foods high in fat, cholesterol and salt, not getting enough exercise and being obese.

Change #7: *Keep Track of Your Symptoms*

Any changes to your symptoms that concern you should be noted and reported to your doctor or health care team. **Use the Self-Check Plan on the following page** to help manage your condition.

WARNING SIGNS TO WATCH FOR:

With heart failure, you and your caregivers need to pay close attention to any changes in your symptoms. Notify your doctor right away if you find a new condition or symptom that gets worse.



REMINDER!

Don't forget to weigh yourself every day and write down the results. If you notice a weight gain in a short period of time, be sure to let your doctor know.

- » Rapid weight gain
- » Trouble sleeping
- » Pain or swelling in the belly
- » Shortness of breath when at rest
- » Swelling in the lower legs and ankles
- » Frequent dry, hacking cough
- » Feeling tired most of the time
- » Loss of appetite
- » Feeling sad or depressed

HEART FAILURE SELF-CHECK PLAN

Use this form to check off how you feel on a daily or weekly basis.

CODE GREEN: CONDITION — EXCELLENT

Shortness of Breath: No new or worsening instances	Physical Activity: Normal level for me	Swelling: No worsening instances in the feet, legs or belly	Weight: Weight is stable: Weight: _____	Chest Pain: No signs of pain
--	--	---	--	--

GREAT! CONTINUE TO > »Check weight daily »Take meds as prescribed »See doctor regularly

CODE YELLOW: CONDITION — CAUTION

Dry Hacking Cough	Shortness of Breath: Gets worse with activity	Swelling: Swelling getting worse in legs, feet and ankles	Weight: Sudden weight gain of 2 - 3 pounds in a 24 hour span, or 5 pounds in a week	Discomfort or Swelling in the Belly	Trouble Sleeping
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CHECK IN WITH YOUR HEALTH CARE TEAM.

Based on your symptoms, you may need to: » Contact your doctor » Ask about changing your meds

CODE RED: CONDITION — WARNING!

Frequent Dry, Hacking Cough	Shortness of Breath at Rest	More Discomfort or Swelling in the Lower Body	Sudden Weight Gain of More Than 2 - 3 Pounds in a Day or 5 Pounds in a Week	Dizziness, Confusion, Sadness or Depression	Loss of Appetite	More Trouble Sleeping; Can't Lie Flat
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CALL YOUR DOCTOR OR 911 RIGHT AWAY! YOU NEED TO BE SEEN!

Change #8: Monitor Your Blood Pressure

Along with checking your blood pressure in your doctor's office, it's a good idea to monitor it at home. Keeping track of your blood pressure readings will help you and your health care team understand what's going on with your condition.

TOP # Systolic	BOTTOM # Diastolic	YOUR CATEGORY	WHAT TO DO
Below 120	And below 80	Normal blood pressure	Maintain or adopt a healthy lifestyle.
Between 120-139	Or between 80-89	Prehypertension	Maintain or adopt a healthy lifestyle.
Between 140-159	Or between 90-99	Stage 1 hypertension	Maintain or adopt a healthy lifestyle. Talk to your doctor if you don't reach your BP goal in a month.
160 or higher	Or 100 or higher	Stage 2 hypertension	Maintain or adopt a healthy lifestyle. Talk to your doctor about taking meds to control your BP.

TIPS FOR CHECKING YOUR BLOOD PRESSURE

- Empty your bladder. A full bladder could produce readings that aren't correct.
- Find a quiet place to sit. You'll need to be able to hear your heartbeat.
- Roll up the sleeve on your arm or remove any tight-sleeved clothing.
- Rest in a chair beside a table for five to 10 minutes. Make sure your arm is resting comfortably at heart level.
- Sit up straight with both feet on the floor and your back against the chair. Rest your forearm on the table with the palm of your hand facing up.

Follow your doctor's instructions or those that came with your blood pressure equipment. Because there are several different types of devices, you'll want to make sure you follow the directions exactly.

Use the Blood Pressure log on the next page to record your readings daily.

Change #9: *Get the Right Amount of Sleep*

The right blend of activity and sleep is crucial to maintaining heart health. If you have trouble sleeping comfortably at night, try sleeping with your head propped up on pillows. Don't eat big meals or nap close to bedtime. Napping after lunch or putting your feet up for a few minutes every couple of hours is a smart way to relax and rest during the day.

Let your doctor know if you snore at night or feel sleepy during the day. A sleep study may help find out if you have sleep apnea. These pauses in your breathing patterns while sleeping can affect your heart.

Change #10: *Follow Your Doctor's Guidelines for Sexual Activity*

Many people with heart failure can still be sexually active. Pick a time when you're feeling rested and free of stress. Don't be shy about talking with your doctor about heart failure and your sex life. He or she will offer good and honest advice.

BEST ADVICE

Don't skip the meds that could help with heart failure symptoms because you're concerned they could affect your sex drive or function. Your heart health should always be Concern No. 1!

Change #11: *Take Care to Not Catch the Flu or Pneumonia*

These sicknesses pose greater risks for people dealing with any heart condition. Lung infections like pneumonia keep your body from using oxygen as well as it should. This makes more work for your heart as it pumps blood through the body. The extra stress on the heart is a burden for those with HF.

A yearly flu vaccine and a one-time pneumococcal vaccine guards you against these threats. Ask your doctor or pharmacist about getting these.

Change #12: *Wear the Right Clothing*

Don't wear tight-fitting socks or stockings like thigh-high or knee-high hose. These can slow down blood flow to the legs and cause clots. Don't subject yourself to extreme heat or cold. Dress in layers on colder days so you can add or remove clothes as you need.

LIVING THE LIFESTYLE

It isn't easy making these adjustments to your life. Changing the way you've done something for decades can be a great challenge. New restrictions and responsibilities are never a piece of cake. But the upside is that when you work these changes into your daily routine, you can make a real difference in the quality of your life.

FIND OUT MORE [MedicineNet: What Lifestyle Changes Can Help Treat Congestive Heart Failure?](https://www.medicinenet.com/congestive_heart_failure_chf_overview/page10.htm)

[medicinenet.com/congestive_heart_failure_chf_overview/page10.htm](https://www.medicinenet.com/congestive_heart_failure_chf_overview/page10.htm)

MY TREATMENT PLAN: The Surgery Option

HEART FAILURE DEFINED:

Coronary artery bypass graft [CABG] (noun): an option for certain patients with severe narrowing and blockages of the heart arteries. The bypass graft for a CABG can be a vein from the leg or an inner chest wall artery. CABG surgery is one of the most commonly performed major operations.

When heart failure becomes too severe for meds and lifestyle changes alone to help, surgery may be the best option. Bypass surgery can often make blood flow to the heart better. This is especially true when a fatty blockage or a clot in an artery is about to harm part of the heart. Bypass can keep new damage from occurring when there is severe narrowing in one or more arteries.

CARDIAC ELECTRICAL DEVICES

Surgeons can often provide relief to HF patients by implanting a device into the heart to regulate beating and blood flow. Here's a quick overview of these devices.

BIVENTRICULAR PACEMAKER

Some patients with HF have an electrical delay in their heart muscle contraction. The delay causes the heart chambers to not beat in the right rhythm. An implanted pacemaker forces the heart to beat in the right sequence. This can greatly help with HF symptoms and give you more energy.

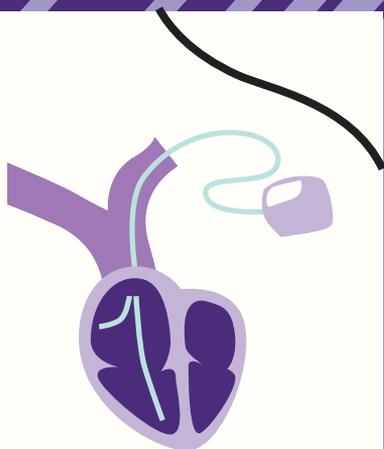


ICD (Internal Cardio Defibrillator)

An ICD stops life-threatening heart rhythms before they happen. The device senses rhythms and sends a shock to the heart to try to stop the harmful rhythm. Like a pacemaker, the ICD also keeps the heart beating in a regular pace.

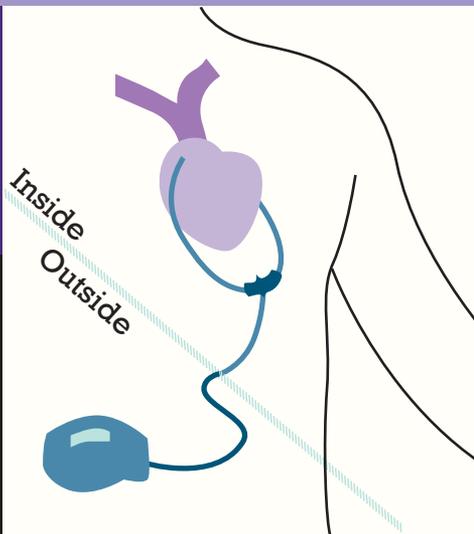
NOTE:

You must stay clear of large electromagnetic fields if you have an ICD.



VAD (Ventricular Assist Device)

A VAD is a small pump placed in the chest that boosts blood flow from a lower heart chamber to a large body artery. VAD pumps have drive-line tubing that comes through the skin. It connects to a control pack that's powered by batteries or AC power. There are many precautions and steps for taking care when you have this device. Your surgeon and doctors will discuss these with you. VAD patients can live at home with family support and often have more energy, take fewer meds and have a better quality of life.



CARDIAC CAUTION

If you have a cardiac device, you'll have to take a few precautions. Having any of the devices calls for regular follow-ups and monitoring. Follow all of the directions given to you when using cardiac devices.

HEART TRANSPLANT

When a heart can no longer support the body it lives within, a heart transplant may become necessary. Those with severe heart failure who meet the guidelines and have healthy other organs may be suitable for a transplant. This procedure is a serious process.

HEART FAILURE FACTS AND STATS

There are far more patients who need a heart transplant than there are heart donors.

A heart transplant patient will require costly medicines and lifelong follow-up to ensure that the body won't reject the new heart. While waiting for a new heart, a patient in severe need may use a VAD system to bridge the gap until a new heart is available.

In a heart transplant, skilled surgeons take out the damaged heart and replace it with a healthy one from a donor who has been declared brain-dead. Doctors must find a heart that closely matches the tissue of a patient getting the heart. This process can take a long while. The closer the new heart matches the patient's, the better the chances his or her body will accept the new heart.

During a transplant, doctors hook the patient to a heart-lung machine. This machine takes over the functions of those organs during the surgery. After the new heart is connected, the surgeon reconnects the major blood vessels. The new heart is ready to do its job.

There are only about 2,500 people who receive heart transplants each year. Because of the shortage of donors, this number is very low. The outlook remains good for those with transplants during the first few years after surgery.

HEART FAILURE BY THE NUMBERS

90

Average percentage of patients who live for a year or more after a heart transplant.

FIND OUT MORE

Food and Drug Administration: Devices that Keep the Heart Beating: www.fda.gov/ForConsumers/ConsumerUpdates/ucm048705.htm

National Heart, Lung, and Blood Institute: What is a Heart Transplant?
www.nhlbi.nih.gov/health/health-topics/topics/ht

HEART FAILURE, DIET AND Nutrition

EAT TO LIVE

The proper diet is a critical part of the HF treatment process. The first and foremost point in maintaining a healthy diet: cut way back on salt. Salt/sodium makes the body hold fluid. This extra water collects in the lungs, legs and belly. Then it causes swelling and makes it hard to breathe. Cutting out the salt helps get rid of that extra fluid.

SALT BUSTERS

One teaspoon of table salt has about 2,300 milligrams of sodium. If you're treating heart failure, your daily intake should be about 2,000 mg.

HINTS FOR LOWERING SALT IN YOUR DIET:

- >> Don't cook with salt or add it to foods at the table.
- >> Eat fresh vegetables or unsalted canned or frozen veggies.
- >> Season foods with fresh or dried herbs, veggies or no-salt seasoning.
- >> Bake, broil, boil, steam, roast or poach foods without salt.
- >> When dining out, order foods to be prepared without salt.
- >> Stay away from canned veggies and soups and soy sauce.
- >> Try out different spices on your meals that don't contain salt.
- >> Go light on salad dressings. Most contain a lot of salt.
- >> Don't eat processed meats like sausage, hot dogs and salami.
- >> Meet with a dietitian who will help you find out where salt is hiding in your diet and for alternate seasoning tips.
- >> Try to stick to three meals each day and limit snacking.
- >> Find a low-sodium cookbook for meal ideas.
- >> Have fruit for dessert instead of baked goods.
- >> Limit cheese. Most of it is high in sodium.
- >> Eat fresh meats, chicken and fish.

Q:

What are the most harmful ingredients in a heart failure patient's diet?

A:

Salt and alcohol.

HF BY THE NUMBERS

4,000 - 10,000

The amount of sodium in milligrams that the average American takes in each day.

2,000

The amount of sodium in milligrams that a person with HF should take in a day.

LOW-SODIUM FOODS = OK TO EAT

Fruits and Veggies	<ul style="list-style-type: none"> • Fresh or frozen • Canned (unsalted)
Drinks	<ul style="list-style-type: none"> • Fresh or frozen fruit juices • Canned low-sodium or no salt added tomato and vegetable juice • Instant breakfast — limit to one cup per day • Lemonade — frozen concentrate or fresh
Dairy	<ul style="list-style-type: none"> • Up to 3 cups a day of liquid or dry milk (skim or 1 percent) • No salt added cottage cheese • Ricotta - part skim, up to 1/2 cup a day • Hard cheeses — up to 1 ounce a day • Soft margarine or mayonnaise - up to 2 tbsp. a day • Nonfat and low-fat sour cream
Meats, Poultry, Fish, Nuts	<ul style="list-style-type: none"> • Fish, fresh or frozen (not breaded), canned tuna and salmon (not processed in salt) • Chicken or turkey (not processed in salt) • Lean cuts of beef, veal, pork and lamb • Dried beans, peas, lentils (not canned in high salt) • Nuts or seeds (unsalted, dry-roasted) • Unsalted peanut butter — up to 1 tbsp. a day • Tofu (soybean curd)
Breads, Cereals, Grains	<ul style="list-style-type: none"> • Loaf bread and yeast rolls — 3 slices a day • Melba toast, matzo crackers • Pita bread, taco shells or corn tortillas • Cooked cereals: corn grits, farina, oatmeal, oat bran, cream of rice or wheat • Puffed rice or wheat, shredded wheat or any cereal with 100 - 150 mg sodium — limit 1 cup a day • Wheat germ • Popcorn — no salt or fat added • Rice (enriched white or brown) or pasta
Cooking Ingredients, Seasonings	<ul style="list-style-type: none"> • Corn starch, tapioca • Corn meal or flour (not self-rising) • Fresh or dried herbs, salt-free herb seasoning • Lemons, limes, onions, celery, etc. • Fresh garlic, ginger or vinegar • Louisiana-type hot sauce — 1 tsp a day • Low-sodium baking powder, yeast, onion or garlic powder • Tomato paste, unsalted tomatoes and sauce • Water chestnuts • Carob powder, cocoa powder • Low-sodium salad dressings
Sweets	<ul style="list-style-type: none"> • Flavored gelatins • Frozen juice bars, fruit ice, sorbet, sherbet • Sugar, honey, molasses, syrup • Jelly, jams, preserves, apple butter • Graham and animal crackers, fig bars, ginger snaps

HIGH-SODIUM FOODS = **NOT OK TO EAT**

Veggies	<ul style="list-style-type: none"> ✗ Salted canned vegetables ✗ Sauerkraut
Drinks	<ul style="list-style-type: none"> ✗ Sports drinks ✗ Canned tomato or vegetable juice (unless no salt)
Dairy	<ul style="list-style-type: none"> ✗ Store-bought buttermilk ✗ Canned milk (unless diluted and used as regular milk) ✗ Egg substitute — limit to 1/2 cup a day ✗ Store bought eggnog ✗ Butter and margarine with trans fat ✗ Certain cheese with more than 200 mg per serving: American and other processed cheese, bleu, parmesan, feta and regular cottage cheese
Meats and Meat Substitutes	<ul style="list-style-type: none"> ✗ Canned meat and fish ✗ Cured meats (dried beef, bacon, corned beef), any meat processed with ham (ham, some chicken and pork) ✗ All sausages and hot dogs ✗ Rotisserie chicken ✗ Sandwich meats/coldcuts ✗ Regular peanut butter ✗ Salted nuts
Breads, Cereals, Grains	<ul style="list-style-type: none"> ✗ Self-rising flour and corn meal ✗ Prepared mixes (waffle, pancake, muffin, cornbread and all frozen waffles) ✗ Instant cooked cereals
Cooking Ingredients, Seasonings	<ul style="list-style-type: none"> ✗ Miso and cooking wine ✗ Pre-seasoned mixes for tacos, pasta, chili, etc. ✗ Coating mixes ✗ Soy, teriyaki or Asian fish sauce ✗ Baking soda and powder (use low-sodium type) ✗ Olives, pickles ✗ Pretzels, chips, salty snacks ✗ Light salt, seasoning salt, sea salt, meat tenderizer, garlic salt, MSG, kosher salt, celery salt, onion salt
Sweets	<ul style="list-style-type: none"> ✗ Prepared mixes or store-bought pies, puddings, cake, muffins, etc.

WHAT'S ON THE LABEL SAYS IT ALL

Learn how to read food labels and add up the sodium content of the food and beverages you buy. Look for the amount of sodium listed on the Nutrition Facts. Make sure your daily totals are within the guidelines that your doctor lays out. Reading labels can teach you how to find low-sodium foods to take the place of the high salt content foods you used to eat.

Nutrition Facts

Serving Size 1 hotdog link (57 grams)
Servings per container 8

Amount Per Serving

Calories 170 Calories from Fat 140

% Daily Value*

Total Fat	16g	25%
Saturated Fat	5 g	25%
Trans Fat	0 g	
Cholesterol	45 mg	16%
Sodium	480 mg	20%
Total Carbohydrate	<1g	9%
Protein	6g	

Vitamin C	20%	Iron	6%
Calcium	6%		

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

	Calories	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

1g Fat - 9 calories

1g Carbohydrates -4 calories

1g Protein -4 calories



LIMIT THE LIQUIDS

Your doctor may advise you to limit liquids to 2 quarts (64 ounces) a day. Account for all beverages, water taken with meds and foods with a high liquid makeup if your doctor asks you to track your daily intake. Even if you're not told to limit fluids, don't drink large amounts and stay away from food with a high moisture content.

Steer Clear of Alcohol

As mentioned earlier in this book, alcohol poses many problems for patients of heart failure. If your condition is alcohol-related, it's especially crucial for you to stay away from alcoholic drinks. Alcohol weakens the heart. Doing away with it could make your condition much better.

TIPS FOR DINING OUT

We all enjoy the convenience and break from preparing meals that comes with dining out once in a while. It's also a fun way to celebrate special events. You can still watch your sodium and fluid intake when at a restaurant. Follow these tips when dining out to keep your health in mind.

■ Ask your server for low-sodium meal options.

■ Order grilled, baked or broiled meat, chicken or fish that has no added salt, sauces or gravy. Use lemon pepper for flavoring.

■ Choose steamed rice, baked potato or plain noodles instead of french fries, mashed potatoes or fried rice.

■ Have a salad if the veggies aren't fresh or frozen. Use oil and vinegar dressing. Ask for dressing on the side and use just a small bit.

■ When at fast food restaurants, ask for the printed nutrition info. Stay away from the high fat and sodium choices.

■ Don't use condiments that are high in salt, such as pickles, relish and olives. Use a small amount of ketchup, mayonnaise and mustard.

HEART FAILURE FACTS AND STATS

A single packet of hot sauce from a fast food restaurant can contain 210 mg of sodium, or 10 percent of your daily allotment.

BE PATIENT

Changing food habits is a special skill. It takes time and practice. Taste buds need three weeks to lose their taste for salt. Get help from your family and friends and set realistic goals.

FIND OUT MORE WebMD: Heart Failure and a Low-Salt Diet: webmd.com/heart-disease/heart-failure/low-sodium-eating

MY HEALTHY SHOPPING LIST

VEGGIES

GRAINS

FRUITS

DAIRY

PROTEIN/MEATS

HEART FAILURE AND FITNESS

TALK IT OUT/WALK IT OUT

Before starting any exercise and fitness plan, it's always best to talk to your doctor first. A stress test will help your health team figure out the best exercise plan for you. A light walking program is usually a great place to start.

Gradual exercise training many times lessens the symptoms of HF. It also makes your energy level and overall quality of life go up. Exercises like treadmill, walking, swimming and biking use the large muscle groups.

WHY EXERCISE MATTERS

- ♥ Makes the heart and cardiovascular system stronger
- ♥ Lessens heart disease risk factors, such as high blood pressure and obesity
- ♥ Helps circulation and lets your body use oxygen better
- ♥ Makes your heart failure symptoms better
- ♥ Gives you more energy to be more active without getting tired or short of breath
- ♥ Improves muscle tone and strength
- ♥ Improves balance and joint flexibility
- ♥ Makes bones stronger
- ♥ Cuts down on body fat to help you reach a healthy weight
- ♥ Helps get rid of stress, tension, anxiety and depression
- ♥ Boosts your self-image and self-esteem

NOTE

Always check with your doctor or health care team member before starting an exercise program. They can help you find a program that matches your level of fitness and activity.

FITNESS QUESTIONS FOR MY HEALTH CARE TEAM

Q: How much exercise should I do each day?

A: _____

Q: How often can I exercise in a week?

A: _____

Q: What kinds of exercises should I do?

A: _____

Q: What kind of exercises should I NOT do?

A: _____

Q: Will any of my meds interfere with exercising?

A: _____

TYPES OF EXERCISE

FLEXIBILITY/ WARMUP

- » Slow lengthening of the muscles
- » Stretching arms and legs before and after exercising helps prep the muscles for activity
- » Helps ward off injury and muscle strain
- » Flexibility exercises: stretching, tai chi, yoga
- » These exercises give you better balance, range of motion and keep joints flexible

AEROBIC

- » Steady physical activity using large muscle groups
- » Strengthens the heart and lungs
- » Makes the body's ability to use oxygen better
- » Aerobic exercises include: walking, jogging, jumping rope, bicycling (stationary or outdoor), cross-country skiing, skating, rowing, low-impact aerobics or water aerobics

STRENGTHENING

- » Repeated muscle contractions (tightening) until the muscle becomes tired
- » Strength training consists of lifting weights or using resistance (tubing or bands) to strengthen the skeletal muscles

HEART FAILURE FACTS AND STATS

- The American Heart Association confirms that aerobic exercise is safe and useful for people with heart failure. Heart doctors often recommend walking on a treadmill and cycling on a stationary bike for their patients with HF.

FITNESS TIPS & GUIDELINES

- Find an exercise you enjoy that doesn't tire you out quickly.
- If you're too winded to talk during an exercise, don't do it.
- Never try to lift overly heavy objects.
- Wait at least 90 minutes after eating a meal before aerobic exercise.
- Choose an activity you enjoy and have fun. Exercise isn't torture! You're more likely to stick with an activity if it's something you enjoy.
- Always warm up for five minutes first to lessen the stress on your heart and muscles.
- Start out slow with any exercise and build up gradually in intensity and length of time.
- Stay hydrated but keep your fluid intake restrictions in mind.
- Dress for the weather conditions if outside. Wear comfortable footwear that protects your feet.
- Cool down after your workout for five minutes. Cooling down doesn't mean sitting or lying. This could cause you to get dizzy or have heart palpitations. Simply wind down from whatever exercise you were doing, slowing down and letting your heart rate and breathing return to normal.
- Find a friend or group of friends to walk with. Starting a fitness group can help keep each other on track.
- Keep an exercise chart like the one on the following page. Record the date, what exercise you performed, the time spent and whether you finished your goal for the day.

FIND OUT MORE

heartfailurematters.org: Activity and Exercise

heartfailurematters.org/en_GB/What-can-you-do/Activity-and-exercise

COPING AND SUPPORT

HOPING AND COPING

The changes to one's life who is dealing with heart failure can mount up fast. Sadness, worry and fear are natural at this time. Questions about your quality of life will weigh on you. Learning how to cope with your feelings and finding help when you need it will help you live better with HF.

ANXIETY AND DEPRESSION

There's no doubt that heart failure can take a toll on your emotions. Breathing trouble and other HF symptoms can cause a great deal of anxiety. The idea that you can't do the things you used to can make you feel depressed and low. These are common feelings. Your doctor can treat depression and anxiety. Tell him or her if your worries and fears are becoming a burden. Counseling and medicine may help.

Sometimes changing the way you think can change the way you feel. Have a heart-to-heart with yourself and try to turn your negative thoughts into positive ones.

FINDING SUPPORT

The emotional support of your family and friends can go a long way to helping you cope. There are heart failure support groups that you can join. These groups are often made up of fellow HF sufferers who have learned from their situations and can offer advice and insight.

There are face-to-face groups that meet regularly and online groups that connect in a virtual arena. Your health care team can lead you to these community resources.

Local churches and volunteer centers often have programs that provide meals, transportation and errand services for people in need.

FIND OUT MORE

American Heart Association Support Network:
supportnetwork.heart.org/home

THE FUTURE OF HEART FAILURE

YOUR LONG-TERM OUTLOOK

Medication and lifestyle changes can turn your life around for the better. Your outlook depends on how far along your HF is. Other health conditions like diabetes and high blood pressure play a part as well. The earlier your heart failure is diagnosed and treated, the better your outlook for recovery. Your doctor will know the best treatment plan for you.

LOOKING AHEAD

Treating heart failure has come a long way in the past couple of decades. Medications that didn't exist 30 years ago are now common in the treatment of the disease. Electronic devices implanted in the body can regulate a heartbeat. In the future, chances are treatments for heart failure will be grounded in gene therapies, implanted cells and regeneration of damaged tissues and cells.

THE MOST IMPORTANT CONCEPT, REVISITED

There is good evidence in the treatment of heart failure that guideline-directed medical therapy is the key to getting better. Following your doctor's instructions and taking your meds as prescribed can reverse and remodel what has happened to your heart. There is hope for a healthy heart, with the damage caused by heart failure to be reversed.

Stay tuned. Stay healthy.

MY HEART FAILURE ACTION PLAN

I WILL COMMIT TO DO THE FOLLOWING FOR MY HEART HEALTH

ACTION



Take all meds as prescribed by my doctor and keep track of them

Keep track of my weight every day and take the results to my doctor

Keep track of my blood pressure

Write down questions for my doctor

Keep the contact info for my health team close by and ready

Limit my salt intake and record my intake daily

Stay away from or limit alcohol

Stay away from or limit caffeine

Reduce my emotional stress

Protect myself from extreme heat or cold

Lessen my cholesterol levels

Stay away from people who have colds or the flu

Talk to my doctor before starting an exercise plan

Maintain a fitness chart

Take precautions to not get blood clots

Get the right amount of sleep

Follow my doctor's guidelines for sexual activity

Lose or stay the same weight

Track my fluid intake each day

Keep track of my symptoms and share them with my doctor

Keep all of my follow-up appointments

Make as many copies of this checklist as you need. It's important to understand that the items on this list should be done constantly, not just one time.

WHERE ARE YOU NOW?

RESOURCES

American Heart Association
Heart.org

Centers for Disease Control and Prevention: Heart Disease
cdc.gov/heartdisease

Centers for Medicare & Medicaid Services
1-800-663-4227
cms.gov/Medicare/Medicare.html

National Heart, Lung, and Blood Institute
301-592-8573
nhlbi.nih.gov

Eldercare Locator
1-800-677-1116
eldercare.gov

Heart Failure Society of America
hfsa.org

**WomenHeart: The National Coalition for
Women with Heart Disease**
womenheart.org

**Food and Drug Administration: How to Understand
and Use the Nutrition Facts Label**
[www.fda.gov/Food/IngredientsPackagingLabeling/LabelingNutrition/
ucm274593.htm](http://www.fda.gov/Food/IngredientsPackagingLabeling/LabelingNutrition/ucm274593.htm)

HeartFailure.org

CHFpatients.com

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TAKING CARE OF YOUR HEART FAILURE

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Heart Failure is a serious condition. When the heart is weakened and can't pump blood to the organs and tissues, it affects many other areas of the body. If you've recently been diagnosed with heart failure, this booklet can help you through the treatment process.



**DIAGNOSIS
AND DEFINITIONS**



FITNESS



YOUR HEALTH TEAM



**COPING
AND SUPPORT**



TREATMENT PLANS



HF ACTION PLAN



DIET AND NUTRITION



AND MORE



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CREATED BY MICHELLE BAIN
DESIGN BY FOX SMITH

ISBN: 978-0-9971203-3-2

