Living With Heart Failure
A Guide for Patients, Families, and Caregivers
Introduction

Heart Failure will change your life.

You’ve been given this book because you have heart failure.

This may sound scary, but it doesn’t mean your heart has failed. In fact, with the right treatment, heart failure can be controlled. You can feel and live better, with fewer symptoms, and fewer trips to the hospital.

This book will help you understand heart failure and treatment.

It will also teach you to take care of yourself so that you feel your best. The book won’t replace visits with your healthcare team, but it will help you work more closely with them and take better care of yourself between visits.

You are the leader of your Heart Failure management team. Other members include your family, doctors (cardiologist and primary care physician), nurses, rehabilitation staff and facility, dietitians, pharmacists, home care providers, and pastoral care personnel. The goals of your team are to help you:

• Be independent in the management of Heart Failure through understanding and how to manage it.
• Stay out of the hospital by following your treatment plan and making a commitment to keep yourself healthy.
• Maintain your activities of daily living by taking charge of your body and health.
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CHAPTER 1 Understanding Heart Failure

In this first chapter, you’ll learn about the basics of heart failure:

- When the body gets less blood
- Types of heart failure
- What causes heart failure
- Heart failure tests
- Questions for your provider
- Monitoring your symptoms

You won’t be alone in the process. You will have the help of your doctor and care team. Rest assured with time and effort, you can learn the skills you need to successfully manage your condition.

Your heart is the “leader” of the circulatory system that pumps blood through your entire body.

Your Heart Muscle

Your heart’s job is to pump blood through your body. It has a right side and a left side.

Each side has two hollow chambers.

- An upper chamber is called an atrium.
- A lower chamber is called a ventricle.

There are a total of four chambers that receive and pump blood in the heart:

- Left atrium
- Right atrium
- Left ventricle
- Right ventricle

Just as a clock needs a battery to tick, your heart has an “electrical system” to make it beat.

Its natural pacemaker, in the upper right chamber of your heart, is called the sinus node. The sinus node sends impulses through the rest of the heart muscle, starting in the two atriums and ending in the two ventricles. As a result, the top part of the heart beats first, followed by the bottom part of the heart.

The chambers and outlets of your heart have “traffic cops” that direct blood flow. These “traffic cops” are called valves. When your heart beats, the valves open and close to allow the blood to be pumped forward. Blood should only go one way through a valve. When a valve is damaged, it does not open or close properly. A damaged valve makes the heart work harder to pump blood.
Heart failure is a medical condition where the heart muscle doesn’t pump blood as it should, so your body’s need for blood and oxygen isn’t being easily met. Heart failure is usually due to damage to the main pumping chamber of the heart (the left ventricle).

It is usually a chronic condition, which means it continues over a long period of time.

Most people with heart failure can live comfortably for many years if they take steps to manage the condition.

When the heart doesn’t pump enough blood, hormones (body chemicals) are sent to increase the amount of work the heart does.

Some hormones make the heart grow larger. Others tell the heart to pump faster. These hormones may help the heart pump more blood at first, but it can’t keep up with the ongoing demands. As a result, the heart muscle becomes more damaged. Over time, even less blood is pumped through the heart. This leads to problems throughout the body.

When the Body Gets Less Blood

Because of heart failure, your heart pumps less blood than normal to the lungs and to the rest of the body. As a result, the kidneys and other organs don’t get the oxygen-rich blood they need. When the kidneys don’t work right, fluid backs up in the lungs and throughout the body. This results in the symptoms:

- Shortness of breath
- Swelling

Types of Heart Failure

There are two basic types of heart failure:

- Systolic heart failure
- Diastolic heart failure

Systolic Heart Failure (“Pumping problem”): The heart muscle becomes weak and enlarged. It can’t pump enough blood forward when the ventricles contract. With each heartbeat, the system pumps out only a fraction of the total amount of blood in the ventricle (the ejection fraction). Systolic heart failure is also called heart failure with reduced ejection fraction (HFrEF).

Diastolic Heart Failure (“Filling problem”): The heart muscle becomes stiff. It doesn’t relax normally between contractions. This keeps the ventricles from filling with blood, even though the ejection fraction is often in the normal range. Diastolic heart failure is also called heart failure with preserved ejection fraction (HFpEF).

The amount of blood a normal heart pumps out with each beat (known as the Ejection Fraction or EF) is 55% or greater.

I have ________________________________ heart failure. My EF is ______ %.
What Causes Heart Failure?

People of any age can have heart failure, but it is much more common in people over 65. Causes of heart failure include:

- **Weakening of or damage to the heart muscle itself, called cardiomyopathy.** The heart muscle can become weakened by a previous heart attack, severe coronary artery disease, many years of high blood pressure, many years of drinking too much alcohol, or an infection. Sometimes the cause of a weakened heart cannot be found.

- **Diseases of the heart valves.** These diseases may cause the valves to become too narrow or to “leak.” A narrowed valve, which is also called **stenosis**, makes it hard for the heart muscle to pump blood forward. A leaky valve, which is also called **regurgitation**, allows the blood to flow backward. As a result, the heart must work harder since blood is going back and forth instead of going forward.

- **Heart defects present since birth.** These defects, which are also called congenital defects, may or may not cause problems during childhood. Over time, however, the heart becomes weakened because most defects cause the heart to work harder.

- **High blood pressure (hypertension).** If your blood pressure is high, your heart has to work harder than it should to circulate blood throughout your body. Over time, the heart muscle may become thicker to compensate for the extra work it must perform. Eventually, your heart muscle may become either too stiff or too weak to effectively pump blood.

- **Myocarditis** is an inflammation of the heart muscle. It’s most commonly caused by a virus and can lead to left-sided heart failure.

- **Abnormal heart rhythms (heart arrhythmias)** may cause your heart to beat too fast. This creates extra work for your heart. Over time, your heart may weaken, leading to heart failure. A slow heartbeat may prevent your heart from getting enough blood out to the body and may also lead to heart failure.

- **Other diseases.** Chronic diseases such as diabetes, hyperthyroidism, hypothyroidism, emphysema, or a buildup of iron (hemochromatosis) or protein (amyloidosis) also may contribute to heart failure. Causes of acute heart failure include viruses that attack the heart muscle, severe infections, allergic reactions, blood clots in the lungs, the use of certain medications, or any illness that affects the whole body.

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**My heart failure is caused by:**

_____________________________________________________________________________

_____________________________________________________________________________
Heart Failure Tests

Certain tests and treatments are done in the hospital. Some may be done after you are released.

**Blood tests** check your kidney and thyroid function and to look for indicators of other diseases that affect the heart.

**Cardiac computerized tomography (CT) scan or magnetic resonance imaging (MRI)** can be used to diagnose heart problems, including causes of heart failure. In a cardiac CT scan, you lie on a table inside a doughnut-shaped machine. An X-ray tube inside the machine rotates around your body and collects images of your heart and chest. In a cardiac MRI, you lie on a table inside a long tube-like machine that produces a magnetic field. The magnetic field aligns atomic particles in some of your cells. When radio waves are broadcast toward these aligned particles, they produce signals that vary according to the type of tissue they are. The signals create images of your heart.

**Chest X-rays** look at the condition of your lungs and heart. Your heart may appear enlarged and fluid buildup may be visible in your lungs.

**Coronary catheterization (angiogram)** tests by using a thin, flexible tube (catheter) inserted into a blood vessel through your groin or in your arm and guided through the aorta into your coronary arteries. A dye injected through the catheter makes the arteries supplying your heart visible on an X-ray. This test helps doctors identify narrowed arteries to your heart (coronary artery disease) that can be a cause of heart failure. The test may include a ventriculogram—a procedure to determine the strength of the heart’s main pumping chamber (left ventricle) and the health of the heart valves.

**Echocardiogram** helps distinguish systolic heart failure from diastolic heart failure. An echocardiogram uses sound waves to produce a video image of your heart. This image can help doctors determine how well your heart is pumping. This test can also look for valve problems or evidence of previous heart attacks, as well as some unusual causes of heart failure.

**Electrocardiogram (ECG)** records the electrical activity of your heart through electrodes attached to your skin. Impulses are recorded as waves and displayed on a monitor or printed on paper. This test helps your doctor diagnose heart rhythm problems and damage to your heart from a heart attack that may be underlying heart failure.

**Myocardial biopsy** diagnoses certain types of heart muscle disease causing heart failure. In this test, your doctor inserts a small flexible biopsy cord into a vein in your neck or groin, and small pieces of the heart muscle are taken.

**Stress tests** measure how your heart and blood vessels respond to exertion. Stress tests help doctors see if you have coronary artery disease. Stress tests also determine how well your body is responding to your heart’s decreased pumping effectiveness and can help guide long-term treatment decisions.
Questions For Your Provider

Before you leave the hospital, make sure to get the answers to these questions:

• When should I schedule my first follow-up appointment? How often are these appointments needed?
• What are my medications? What is each one for?
• What further tests do I need?
• What symptoms should I watch out for?
• What changes should I make in my diet and exercise habits?
• How soon can I return to work?
• Is a cardiac rehab program good for me?
• How can I get help managing payment for my medical care?

Monitoring Your Symptoms

The symptoms of heart failure vary from person to person. You should watch for and pay close attention to the early warning signs of heart failure and report them to your doctor. Doing so may help prevent a trip to the hospital.

• A sudden weight gain, especially if you gain three pounds in two days. Most likely, you will gain weight before you notice any other problems.

• Swelling in your feet, ankles, legs, hands or abdomen. Are your clothes or shoes tighter than usual? If yes, your feet, ankles and legs may be swollen.

• Difficulty sleeping because of shortness of breath is caused by changes in how your circulation system works while you are in bed. When you lie down, extra fluid in the rest of your body gets pumped into your lungs. Your lungs can become “water logged” and make it more difficult to get oxygen into your blood. Low oxygen levels at night can wake you up short of breath.

• Shortness of breath can mean that your heart may be working too hard.

• Extreme fatigue or weakness. Any time you feel very weak, you need to write down the date, the time and what you were doing. This information will help your doctor determine the specific cause of your weakness.
Eating for heart health doesn’t mean carrot sticks and chicken breasts are the only food you can have. You can choose a variety of foods! Just eat more of the healthier ones, and ease up on less healthy ones. How much you put on your plate is also part of healthier eating. Cutting down on portion sizes will help you manage your weight.

**Three Tips for Healthy Eating**

1. **Limit saturated fats and avoid transfats.** Saturated fats raise your levels of bad cholesterol, so keep these fats to a minimum. They are found in foods such as fatty meats, whole milk, cheese, and palm and coconut oils. Avoid trans fats entirely. These fats lower good cholesterol as well as raise bad cholesterol. Trans fats are most often found in processed foods.

2. **Reduce your sodium intake.** Eating too much salt may increase your blood pressure. Monitor the salt content in seasonings and herbs. Dining out less often and eating fewer processed foods are two great ways to decrease the amount of salt you consume. Remove the salt shaker from the table.

3. **Manage calories.** Your body burns calories for fuel but if you eat more calories than your body burns, the extras are stored as fat. Your healthcare provider can help create a diet plan to manage your calories.

**What to Put on Your Plate**

**Fruits and vegetables** provide plenty of nutrients without a lot of calories. At meals, fill half your plate with these foods. Split the other half of your plate between whole grains and lean protein.

**Whole grains** are high in fiber and rich in vitamins and nutrients. Good choices include whole wheat bread, pasta, and brown rice.

**Lean proteins** give you nutrition with less fat. Choose fish, skinless chicken, and beans.

**Low-fat or nonfat dairy** provides calcium and other nutrients without a lot of fat. Try low-fat or nonfat milk, cheese, and yogurt.

**Healthy fats** can be good for your heart in small amounts. These are unsaturated fats, such as those found in olive oil, nuts, and fish. Try to have at least 2 servings per week of fatty fish, such as salmon and tuna. These contain omega-3 fatty acids, which are good for your heart. Flaxseed is another source of heart-healthy fat. Fish provides protein and omega-3 fatty acids, which are good for your heart.

**Cholesterol and Fats**

To help manage heart failure, the most important diet change you can make is to reduce sodium. But other foods can also cause heart problems. Foods high in cholesterol and certain fats can clog arteries. This could result in a heart attack or stroke. Cutting down on these foods will help protect your heart.
Choose Fats Wisely
Your body needs some fats to stay healthy. Eat unsaturated fat some of the time. Limit saturated fat as much as you can. Avoid foods with trans fat.

What about Cholesterol?
Cholesterol is a waxy, fatlike substance. Your body needs some cholesterol, but too much can clog arteries and cause heart problems. Cholesterol is absorbed into the blood from foods such as egg yolks, and fatty animal products. Cutting down on these helps lower the amount of cholesterol in your blood and reduces your heart attack risk.

Being overweight increases the work your heart has to do. It also raises your risk of many other health problems. If you’re overweight, work with your healthcare provider to set safe eating and weight-loss goals.

Sodium
Sodium (salt) from food and drinks makes your body store water. This can lead to swelling and force your heart to work harder. To help prevent these problems, you may be told to eat less sodium than you’re used to.

Sodium enters your body in two main ways—from the salt you add to food and from foods that contain salt and other forms of sodium. To help your heart, you may need to cut back on both sources.

Lower Sodium Intake
• Choose foods that are low in salt.
• Don’t add salt when you cook.
• Take the salt shaker off of the table.

Reading a Food Label
Step 1:
Look at the serving size.

Step 2:
Look at the sodium per serving.

Step 3:
Choose foods with less than 140 mg of sodium per serving.
This food has 125mg of sodium in 1/2 cup.
• This food is a good choice!
• Watch how much you eat.
Foods to Avoid
Avoid or limit these high-salt foods:

- Fast food
- Frozen meals
- Hot dogs, bacon, smoked meat
- Pizza
- Cheese
- Canned beans and vegetables
- Instant hot cereals
- Canned or potted meat
- Sauces and seasonings
- Snack foods
- Canned and smoked fish
- Canned soup

Low-Salt Foods
Choose these low-salt foods:

- Fruit
- Fresh fish
- Fresh meats
- Yogurt
- Frozen vegetables
- Lemon, olive oil, and vinegar
- Dried beans
- Fresh vegetables
- Unsalted margarine
- Whole oats
- Graham crackers
- Eggs

Eating Out
Watch portion sizes. Restaurants often serve larger portions than you should eat at one sitting. Share your meal. Ask for a half portion or take half home.

- Ask for food cooked with no salt.
- Avoid butter, cheese, or sauces.
- Avoid fried foods—choose grilled, baked, or steamed foods.
- Choose oil and vinegar salad dressing.
- Limit fast food items or choose ones with less sodium.
- Avoid bacon, sausage, and ham.

Eating at Home

- Don’t add salt to food when you cook or eat.
- Season foods with herbs and seasonings that do not have salt.
- Make your own or choose low sodium sauces, salad dressings, breads, and desserts.
- Avoid “instant foods” that come in a bag or box.
- Rinse canned foods (even canned fish) before cooking and eating them.
Be Smart About Alcohol
In general, limit yourself to 1 drink a day if you’re a woman, and 1 to 2 drinks a day if you’re a man.

One drink equals one 12-ounce beer or 4 ounces of wine.

Avoid drinking to excess. Also, know that if you don’t already drink, you don’t need to start.

Weight Gain and Swelling
If you gain three or more pounds in two days, or five pounds in one week, or if you have more swelling than usual, call your doctor or nurse to discuss your next step.

Remember, small changes in your eating can make a big difference in salt intake.

You will find that your taste adjusts over time and you get used to eating less salt.

If you need to limit fluid intake, your healthcare provider will tell you how much you can have each day. Fill in your goal below:

I can have _________________________________ of fluid a day.

Commitment
You Can Do It!
Choose or write down one or two things you will do for the next few weeks.

| ✓ | I will use a salt-free seasoning for cooking and at meals. |
|   | I will rinse canned foods before cooking and eating them. |
|   | When I eat out, I will ask for my meal with no added salt. |
|   | I will make low sodium sauces and salad dressings. |
|   | I will avoid eating at fast food restaurants. |
|   | I will choose fruit and vegetables for snacks. |
|   | I will _________________________________ . |
People with heart failure take medications to help control their symptoms. These medications also help people to feel better over time, become more active, improve quality of life, and reduce hospitalizations.

Your medications may include:

- Aldosterone Antagonist
- Angiotensin-Converting Enzyme (ACE) Inhibitor
- Angiotensin Receptor Blocker (ARB)
- Aspirin/Warfarin
- Beta Blocker
- Digoxin
- Diuretic
- Hydralazine and Nitrates

Taking Medications

Heart failure can be controlled with medicine. Taking your medicine properly will help your heart pump better and can make you feel better and live longer.

Take your pills:

- Take each of your medicines, every day, at the right times.
- Do NOT skip doses of your medicines, even when you feel good.
- Use a pill box to organize medications.
- If you think you are having side effects from your medicines, don’t stop taking them. Talk to your doctor immediately.
- If you are having trouble paying for your medicine, talk to your doctor.
Don’t Run Out of Pills

Make sure you always have enough medicine left in your pill bottle. Don’t let your medicine bottles run out.

Get all of your pills from the same pharmacy every time.

- Be aware of how many refills you have on your pill bottles. Every time you pick up your medicines, check the number of refills you have left. If you label says No Refills or Refills: 0 then call your pharmacy right way to get more refills.
- Bring all of your pill bottles and medicine list to each doctor visit.
- Show your doctor how and when you take your pills. This will help you and your doctor keep you safe and make sure you don’t run out.

Have a System

- Keep a list of your medicines with instructions for how many pills to take, and when to take them.
- Keep your medicine bottles in a place that makes it easy to remember to take them.
- Keep your medicines next to your toothbrush, at your bedside, or in the kitchen.
- Some people use a pill box in which they put their pills in for each day of the week.
- If you are going out of the house for a long time, bring enough medicine with you.

Have a system that helps you remember how and when to take your medicines.

Know Your “Water Pill” (Diuretic)

Make sure you know which one of your pills is your “water pill.” Ask your doctor or pharmacist.

- Your water pill is also called a diuretic. The most common kind is called Lasix™, which is the same as furosemide.
- Your water pill (or diuretic) controls how much salt and water you have in your body. Taking more of this pill will make you “pee” (urinate) more to get rid of salt and water.
- You and your doctor might change how much of this medicine you take from one day to the next to help keep your body in balance and keep you out of trouble.

My water pill: ________________________________________________________________
Medications To Avoid

Some medications, both prescribed and over-the-counter, can make heart failure worse.

In general, avoid these anti-inflammatory medications, or “NSAIDS”:

- Motrin
- Ibuprofen
- Naproxyn
- Aleve
- Advil
- Indocin

Tylenol is usually safe to take for minor aches and pains.

Certain prescribed medications used to treat high blood pressure and heart rhythm problems can make heart failure worse.

These medicines are called “calcium channel blockers” and “antiarrhythmics.” If you are prescribed these medications, be sure to ask if they are safe to use with heart failure.

Cold or allergy medicines sometimes contain decongestants that can make heart failure worse or cause arrhythmias. These should generally be avoided.

Ask your doctor or nurse for advice on medicines that are safe for you to use to treat a cold or allergies.

Some herbal supplements and alternative medicines can interfere with heart failure medications. Be sure to talk with your doctor or nurse before taking them to be sure that they are not known to be harmful.

Do you have prescriptions for health problems other than heart failure? If so, talk with your pharmacist to make sure that these medications won’t interfere with your heart failure medications.

Also ask about taking over-the-counter medications. Drug interactions might occur with any of these.

To be safe, show your medication list to the pharmacist every time you buy a prescription or over-the-counter medication, herb, or supplement.
CHAPTER 4  Living With a Chronic Condition

It’s normal to feel sad or down at times. Coping with a chronic health problem is hard. To make heart failure and treatment more manageable, focus on one day at a time. Don’t be afraid to ask others for support when you need it.

Staying in Control
To manage heart failure, you’ll need to make a lot of changes. Sometimes you may feel like you don’t have control over your life or your health. Learning how to follow your treatment plan can help you regain some control. These suggestions may help:

• **Keep doing the things you enjoy**, such as favorite hobbies. Staying busy with things you like to do can help improve your mood and make life more enjoyable.

• **Stay involved with friends and family**. Try not to withdraw from the people around you, even if you’re finding it hard to talk to them. They can be good sources of support.

• **Take an active role in your care**. Bring up questions or concerns with your healthcare team. If treatment isn’t meeting your needs, other options may be available.

• **Join a support group**. It may be easier to talk to people who know firsthand what you’re going through.

Depression Can Be Treated
Coping with heart failure takes a lot of effort. This can affect how you feel. Some medications can change your mood, too.

Talk to your healthcare provider or therapist if you feel down most days or are having problems with appetite or sleep. These are signs of depression. Treatment can help you feel better. When depression is under control, your overall health may also improve.

So, be sure to contact your primary care provider if you have the following symptoms for 2 weeks or longer.

• Feel worthless, guilty, or hopeless
• Lose interest or pleasure in things you used to enjoy
• Feel tired, weak, or low in energy
• Don’t feel like eating, or eat too much
• Have trouble sleeping, or sleep more than usual
• Have trouble concentrating, remembering, or making decisions
• Feel restless or irritable
• Become withdrawn from family and friends
• Have thoughts of harming yourself
Coping With Stress

After learning you have heart failure, you may have strong feelings and emotions. This is common in men and women. You may feel stressed out or angry. You may also feel sad or down. These feelings are normal. But if they are severe or prolonged, they may signal a deeper problem called depression.

Here’s how to manage stress and anger:

**Identify your stressors.** Sources of stress are different for each person. Knowing what things cause you stress can help you focus on avoiding or changing them.

**Have realistic expectations.** Life is full of unexpected events. Plans often don’t turn out exactly as you’d hoped. Try not to let surprises throw you.

**Change your response to stress.** Even if you can’t change a stressful situation, you can control how you respond to it. You’re in charge of your thoughts and actions. This simple idea is a powerful tool in dealing with stress.

**Use relaxation techniques.** Try deep breathing or visualization to relax your body and your mind.

**Set priorities.** Try not to worry about the things you can’t do. Instead, do the things you think are the most important. Also, look for ways to do tasks with less effort. This ensures that you will have the energy to do what you want.

Setting and Meeting Goals

You may feel overwhelmed by what you need to do to keep heart failure under control. Don’t try to do everything at once. Accept that change takes time. Changes may be easier to manage, though, when you work toward small, realistic goals.

Set goals you can really achieve. As you work toward goals, track your progress in a notebook or diary. When you reach a goal, reward yourself! This will help you stay motivated!

Take it Step by Step

1. **Start by leaving salt out of your food.** Take the saltshaker off the table. When you’re comfortable with these changes, move on to your next small goal.

2. **Next, cut back on high-sodium foods.** Use food labels to see which foods you eat most often are the highest in sodium. Slowly phase these out of your meals.

3. **Look for patterns in your eating habits.** Keep a sodium log. If you’re having trouble reducing sodium, your sodium log can show where you’re getting hung up. If you need help, discuss the logs with a family member or friend, your healthcare provider, or a dietician.

4. **When you get down to your daily sodium goal, celebrate!**

Reward yourself for a job well done! Go to the movies or a ball game with friends. Or go shopping or get a book you’ve been wanting to read.
For Family and Friends

To Help Your Loved One

It can be hard to watch someone you love coping with a chronic health problem. Here are some things you can do:

• Learn as much as you can about heart failure and your loved one’s health. This will help you know what to expect.
• Join your loved one for visits with the healthcare team. Ask any questions you have. Make sure you understand your role in treatment.
• Try to be patient. When someone you love isn’t able to do all the things he or she used to, it’s common to become frustrated or angry. Your loved one likely feels the same way. Talk about these feelings.

To Help Yourself

It’s important to help and support your loved one, but don’t forget to focus on yourself, too. Taking care of someone you love takes a huge amount of effort. These suggestions may help:

• Recognize that many aspects of your loved one’s health are out of your control. You can help and be supportive, but you can’t make heart failure go away.
• Accept help from others. This can give you a much-needed break.
• Be aware of how you react to stressful situations. Think before you respond.
• Take time out for yourself.

Dealing With Sleep Problems

If you’re not sleeping well, there are a few possible reasons. Many people with heart failure have sleep apnea, a condition that causes snoring and brief periods of not breathing.

Age, certain medications, and not getting enough exercise can also affect sleep. Be sure and tell your healthcare provider if you’re having sleep problems.

• Do deep breathing in bed. This will help you relax and fall asleep.
• Don’t drink caffeine any later than noon.
• Try to go to sleep and wake up around the same time every day. This helps your body establish a sleep cycle.
• Limit napping. This can affect your sleep cycle.
• Wear comfortable, loose pajamas.
• If you take medications at bedtime, talk to your doctor about changing this. The medications may be keeping you awake.
• Pull window shades down. If the room isn’t dark enough, get blackout shades.
• Keep pets out of the bedroom if they bother you at night.

If You Have Sleep Apnea

Your doctor may prescribe a CPAP (continuous positive airway pressure) device. The machine sends a gentle flow of air through a nasal mask while you sleep. Be sure to use it as directed, if prescribed.
Chapter 5 Advance Medical Directives

Plan for your future healthcare with an advance medical directive.

This is a legal form that lists the medical care you’d want if you could no longer express your wishes. The form can speak for you if you become unable to voice your wishes.

Your healthcare decisions are important.

We strongly encourage you to talk about your choices with your medical provider(s) and your family and friends.

Preparing this now can reduce stress about the future—for yourself and your loved ones.

Writing Down Your Wishes

Advance directives help to make your wishes clear if you are injured or sick and cannot speak for yourself. Other names for advance directives include: living will, healthcare directive, advance healthcare directive, medical power of attorney, and durable medical power of attorney.

You can make changes at any time. To do this, destroy any old forms or revoke in writing any previously written instructions. Then fill out a new form with the current date and your signature.

Weighing Your Treatment Options

What treatments would you want if your life were about to end? Your wishes might change depending on your overall health and chance of recovery. Some treatment options are described below. These treatments can usually be chosen or refused at any time.

In most cases, you can also try a treatment, then decide to stop it. Your healthcare provider can tell you more about these treatments.

- **CPR (cardiopulmonary resuscitation)** tries to restart your heart and lungs if they stop working.
- **A respirator** keeps you breathing. Air is pumped into your lungs through a tube that’s put in your windpipe.
- **Tube feeding** provides you with food and fluids through a tube or IV. It is given if you can’t chew or swallow.
- **A kidney (dialysis) machine** cleans your blood when your kidneys can no longer work on their own.
- **Hospice Care** means comfort care. Hospice nursing staff may help with bathing or provide food and fluids by mouth. This care is given during the last stages of an illness.
- **Pain medication** can be given to help keep you comfortable.

If you don’t want CPR: Talk to your healthcare provider about a **DNR (Do Not Resuscitate) order**. This tells a provider or paramedic to not perform CPR.
CHAPTER 6 Exercise

Cardiac Rehab
Cardiac rehabilitation is a physician-supervised program designed to improve your quality of life. Clinical studies have documented the benefits of cardiac rehab, including:

- Improvements in heart-related symptoms
- Improvement in exercise tolerance
- Better understanding of heart disease and related risk factors
- Improvement in blood lipids
- Improvement in feeling of well-being; reduction of stress
- Access to a variety of risk factor modification programs: Weight Loss, Stress Management, and Relaxation

Cardiac rehab programs provide education and counseling services to help heart patients increase physical fitness, reduce cardiac symptoms, improve health, and reduce the risk of future heart problems, including heart attack.

Daily Activities
You may be surprised to see how small activities add up.

Make activity part of your day:
- While you are grocery shopping, walk up and down the aisles. (Use a grocery cart to help make it easier).
- Stretch your arms and legs while watching TV.
- Park your car a little farther from a store and walk.
- Plan ahead to take short walks during the day.
- Mow the lawn or work in your garden.

Make it fun!
- Take a walk around your neighborhood and visit with neighbors.
- Listen to comedy or music while doing household chores.
- Take your dog for a walk in the park.
- Walk through a museum, mall, or zoo with your family.
- Bowl, fish, or golf with friends.
- Read a book or magazine while you ride an exercise bike.
- Go to an exercise class.
A pedometer makes every step count!

A pedometer is a small device that keeps track of how many steps you take. You can clip it to your belt and go about your daily routine. At the end of the day, the pedometer shows your total number of steps. This is an easy way to track daily activity. Use a pedometer to set small goals for yourself!

Conserve Your Energy

If you do everyday activities in ways that conserve energy, you will be able to get more done. Try the following techniques to conserve energy:

- Pull heavy objects instead of pushing them.
- Put a tall stool in the kitchen, so that you can sit while preparing food and cleaning up if you get tired.
- If you are standing while doing an activity, make sure you are at work level.
- Place heavier objects that you use often at waist level.
- Break up your self-care activities (shaving, bathing, etc.) with rest periods between them.
- Divide shopping into several short trips rather than one long trip.

Signs of Overexertion

During activity, watch for signs of overexertion that may be due to your heart condition.

- Dizziness or lightheadedness
- Chest pain, tightness or pain in your arms, shoulders, neck, or jaw
- Irregular heart rate (pulse)
- Unusual or extreme fatigue
- Severe sweating
- Nausea or vomiting
- Shortness of breath that prevents you from completing a sentence
- Shortness of breath that does not get better when you decrease or stop the activity

Call “911” if your chest pain or other symptoms are not relieved.
Check your weight every day and look for signs of swelling.

Eat less salt and keep fluid intake to the amount as directed by your healthcare provider.

Take your medications (every day) correctly.

Exercise regularly, according to the plan developed with you.

**Daily Check-up**

Heart failure can cause you to have symptoms or feel bad. If you catch these symptoms early, you can take action to feel better and stay out of the hospital.

**Each day, do a check-up.**
- Weigh yourself.
- How do you feel?
- Do you have swelling?

Treatment for heart failure includes a combination of medication, diet, exercise, and stress control.

**How Much Do I Weigh Today?**

**Weigh Yourself Each Morning**
- After you “pee” (urinate)
- Before you eat breakfast
- Before you get dressed

**Know your Target or “Dry” Weight**
- Ask your doctor what your target weight is each time you visit. The target weight is where your heart is working best.
- You and your doctor need a plan for when your weight goes up too much.
- Keep a record of your daily weights.
**Daily Weight Log**

Use the chart below to track your weight. Weigh yourself every morning after you go to the bathroom and before you eat breakfast. Be sure to weigh yourself before you get dressed, or be sure and wear the same amount of clothing each time you weigh. A sudden gain in weight may mean that your condition is worsening. Tracking your weight is very important.

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Call your healthcare provider if you gain more than three pounds in two days.
Am I Short of Breath Walking?
You can tell how well your heart is doing by how you feel and what you can do.
Heart failure can make you feel short of breath while walking.

Doing well
Walk easily with no shortness of breath

Getting worse
Shortness of breath after walking a short distance

Shortness of breath at rest

CALL YOUR DOCTOR

Am I Short of Breath Sleeping?
This could mean your heart is working too hard.
Heart failure can make you feel short of breath when you are lying down. When it gets really bad, some people find they need to sleep sitting up.

Doing well
Sleeping flat, no shortness of breath

Getting worse
Needing two or more pillows to avoid shortness of breath

Having to sleep upright to avoid shortness of breath

CALL YOUR DOCTOR
Am I Feeling Faint or Dizzy?

Sometimes people with heart failure feel very dizzy, lightheaded, or even faint.

Dizziness in people with heart failure is often caused by medications. However, irregular heart beats or a drop in blood pressure can cause dizziness.

Doing well
Not dizzy or sometimes a little dizzy when standing

Getting worse
Dizzy for a long time

Almost passed out (fainted) or fell

CALL YOUR DOCTOR

Do I Have Swelling?

Swelling in your legs can be a sign that your body is holding onto too much water. This is easy to check.

To check for swelling each morning:

• Press firmly into the skin on the front part of your lower leg.
• If your finger makes a pit in your skin, you have swelling in that part of your leg.
• Be aware of how much swelling is usual for you and look for changes.

Doing well

Getting worse

Much worse

CALL YOUR DOCTOR
Should I Call my Doctor for Help?

Urgent Symptoms of Heart Failure

Call your doctor or nurse immediately if you have any of the following symptoms:

• Increasing shortness of breath or a new shortness of breath while resting
• Increased cough
• Trouble sleeping due to difficulty breathing. For example, waking up suddenly at night due to difficulty breathing
• A need to sleep sitting up or on more pillows than usual
• Fast or irregular heartbeat, palpitations, or a “racing heart” that persists and makes you feel dizzy or lightheaded
• Weight gain of 3 or more pounds in 2 days or 5 pounds in one week

Or if you:

• Cough up a frothy or pink sputum
• Feel like you may pass out

Should I Call 911 for Help?

Heart failure causes many symptoms. Some of them are more serious than others. It is important to recognize when you should call 911 for emergency help and when you should call your doctor or nurse for urgent attention.

Emergency Symptoms of Heart Failure

Call 911 for emergency help if you:

• Have severe or persistent shortness of breath
• Experience chest discomfort or pain that lasts more than 15 minutes that is not relieved with rest or nitroglycerin
• Feel confusion
• Faint or pass out

Putting It All Together

The daily check-up helps you know how to take action for your heart failure. By finding problems early, you can feel better and stay out of the hospital.

• Check your weight.
• Check how you feel.
• Check your swelling in your legs.
• Decide if you need to call your doctor or heart failure team.

If you’re doing well, keep up the good work!

Reminder: Take your medicines, watch your salt and fluid intake, and get your exercise today.
Quitting Smoking

Smoking is the single worst thing you can do for your arteries and heart. It reduces the blood’s oxygen supply, injures artery walls, and raises heart rate and blood pressure. It also makes the blood more likely to clot. All of these things increase the risk of a heart attack.

When you quit smoking, these risks start to decrease right away.

Ask your healthcare provider for advice on products to help you quit smoking.

If you quit smoking right now...

- **Within 20 minutes:** Your heart rate and blood pressure drop.
- **Within 12 hours:** The carbon monoxide level in your blood drops to normal.
- **Within 3 months:** Your circulation and lung function improves.
- **Within 9 months:** You will cough less and breathe easier.
- **After 1 year:** Your risk of coronary heart disease is cut in half.
- **After 5 years:** Your risk of cancer of the mouth, throat, esophagus, and bladder are cut in half. Your risk of cervical cancer and stroke return to normal after 5 years.
- **After 10 years:** You are half as likely to die from lung cancer. Your risk of larynx or pancreatic cancer decreases.
- **After 15 years:** Your risk of coronary heart disease is the same as a non-smoker’s.
**Motivation For Change**

What’s really motivating you to improve your heart health? It doesn’t matter what other people think you should do. Why do you want to change? Mark the statements below that apply to you. Keep them in mind when old habits are tempting. People often want to change right after an event such as a heart attack or surgery. But this drive can lessen over time. Only your own motivation will create lasting change.

**I want to:**

| ✓ | Live to enjoy my children and grandchildren |
| ✓ | Return to work I enjoy |
| ✓ | Be healthy and active enough to enjoy my retirement |
| ✓ | Return to hobbies and favorite activities |
| ✓ | Travel to places I haven’t visited yet |
| ✓ | Do daily activities such as walking up stairs in comfort |

My own reasons for changing:

_______________________________________________________________________________________

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CHAPTER 8 Appendices

Resources
American Association of Cardiovascular and Pulmonary Rehabilitation
www.aacvpr.org

American Heart Association
www.heart.org

National Heart, Lung, and Blood Institute (NHLBI)
www.nhlbi.gov

WomenHeart: The National Coalition for Women with Heart Disease
www.womenheart.org
Glossary of Terms

ACE-inhibitor. Angiotensin-Converting-Enzyme inhibitor: A medication that stops the body from making angiotensin. As a result, the body’s blood vessels relax. This lowers blood pressure and decreases strain on the heart.

Angiogram: A test using a thin, flexible tube (catheter) inserted into a blood vessel through your groin or in your arm and guided through the aorta into your coronary arteries. Also known as coronary catheterization.

ARB. Angiotensin Receptor Blocker: A medication that lowers blood pressure and decreases strain on the heart. It does this by blocking angiotensin. It may be prescribed for some patients instead of ACE inhibitors.

Arrhythmia: Abnormal heart rhythms that may cause your heart to beat too fast, creating extra work for your heart, or too slow, preventing your heart from getting enough blood out to the body.

Artery: A blood vessel that carries oxygen-rich blood from the heart to the body.

Atrium: A hollow chamber in the heart, above the ventricle. There is one atrium on each side of the heart.

Beta blocker: A medication that affects hormones that make the heart pump too fast and with too much force. This lowers blood pressure and slows heart rate.

Cardiac computerized tomography (CT) scan: A test in which you lie on a table inside a doughnut-shaped machine. An X-ray tube inside the machine rotates around your body and collects images of your heart and chest.

Cardiomyopathy: A disease of the heart muscle that can weaken the heart and limit its ability to pump. This disease can lead to heart failure.

Cholesterol: A type of lipid found in the blood. It can be part of plaque.

Chronic: A condition that continues over a long period of time.

Coronary artery disease (CAD): A condition that occurs when the arteries that carry blood to the heart are narrowed. It is often referred to as “heart disease,” since it is the main type.

Diastolic Heart Failure: When the heart muscle becomes stiff, the ventricles don’t relax normally, which keeps them from filling with blood. Even if your ejection fraction is normal, you can be diagnosed with diastolic heart failure based on your symptoms. Also called “diastolic dysfunction” or “heart failure with preserved ejection fraction.”

Diuretic: A medication that helps rid the body of excess water. This makes breathing easier and reduces swelling. Also called “water pills.”

Echocardiogram: A test that uses ultrasound waves to show the structure and movement of the heart muscle. This shows how well the heart pumps. It also shows if the heart is enlarged, the thickness of the heart’s walls, and valve problems. Also called “echo.”

Ejection Fraction (EF): The amount of blood a normal heart pumps out with each beat. The fraction describes how much of the total blood in the left ventricle is pumped out with each beat. Normal EF is between 55% and 70%.

Electrocardiogram: A test where small pads (electrodes) are placed on your chest, arms, and legs. Wires connect the pads to an electrocardiogram machine, which records your heart’s signals. This shows the pattern of your heartbeat. Also called “ECG” or “EKG.”
**Heart failure:** A medical condition where the heart muscle does not pump blood as it should, so your body’s need for blood and oxygen isn’t being easily met.

**High blood pressure (Hypertension):** A disease that occurs when blood pushes with too much force against artery walls.

**Magnetic resonance imaging (MRI):** A test to diagnose heart problems, including causes of heart failure. You lie on a table inside a long tube-like machine that produces a magnetic field. The magnetic field aligns atomic particles in some of your cells. When radio waves are broadcast toward these aligned particles, they produce signals that vary according to the type of tissue they are. The signals create images of your heart.

**Myocardial biopsy:** In this test, your doctor inserts a small flexible biopsy cord into a vein in your neck or groin, and small pieces of the heart muscle are taken. This test is performed to diagnose certain types of heart muscle disease causing heart failure.

**Myocarditis:** An inflammation of the heart muscle.

**Plaque:** Fatty deposits that build up inside the arteries and reduce blood flow.

**Stenosis:** A narrowed valve, which makes it hard for the heart muscle to pump blood forward.

**Stress test:** A test to measure how your heart and blood vessels respond to exertion.

**Systolic Heart Failure:** When the heart muscle becomes weak and enlarged, the weakened muscle can’t squeeze hard enough to eject blood out of the ventricles. As a result, less blood may be pumped out of the heart. With systolic heart failure, the ejection fraction tends to be lower than normal. Also called “systolic dysfunction” or “heart failure with reduced ejection fraction.”

**Ventricle:** A hollow chamber in the heart, below the atrium. (There is one ventricle on each side of the heart).
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Contact Information

Keep track of contact names and phone numbers here.

Primary care doctor’s name: Phone:
_______________________________________________________________________________________
Cardiologist’s name: Phone:
_______________________________________________________________________________________
Cardiac rehab program contact person:* Phone:
_______________________________________________________________________________________

*If a cardiac rehab program is not available, this workbook can still help. With guidance from your doctor or healthcare provider, the workbook teaches some of the same skills and techniques you would learn in a group program.

Notes
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This booklet is not intended as a substitute for professional medical care. Only your doctor can diagnose and treat a medical problem.