

Heart Failure

Cardiology

Information for Patients



University Hospitals of Leicester

NHS Trust



Caring at its best

What is heart failure?

Heart failure is a very common condition that affects **1-2%** of the adult population in the UK.

The heart acts as a pump to deliver blood (carrying oxygen and vital nutrients) around the body.

Heart failure occurs when this pump becomes less effective, so less blood is pumped out of the heart to the major organs e.g. lungs, kidneys, brain. This may make you feel tired and lack energy.

This also causes a 'back log' of fluid to build-up in areas where it should not i.e. in the legs and lungs. As a result, patients often report feeling breathless and having swollen legs.

What causes heart failure?

Heart failure is caused by any condition that can **damage** and therefore **weaken** the heart.

Heart attacks are the most common cause (less than two thirds of cases), with drinking too much alcohol, viral infections and heart muscle disorders (Cardiomyopathies) also making up a significant proportion.

Heart failure may also be caused from any condition which puts a **strain** on the heart, increasing the rate at which it has to **work**.

- High blood pressure (Hypertension)
- Diseases of the heart valves ('narrowed' or 'leaky')
- Abnormal heart rates and rhythms (Arrhythmias)
- Thyroid gland disease
- Anaemia
- Heart problems from birth (Congenital heart disease).

What problems can heart failure cause?

Tiredness (fatigue) – since the muscles and major organs are deprived of blood (at rest and especially during periods of exertion) you may lack energy.

Breathlessness – the combination of fluid in the lungs and lack of oxygen supply to the lungs, can make you feel short of breath. This is often worse when lying flat or on exertion.

Leg swelling (oedema) – fluid and salt retention causes swelling of the feet and ankles. In more severe cases, this can extend to involve the legs, thighs, groin and abdomen.

Other symptoms may include – cough, loss of appetite, disturbed sleep and depression.

How is heart failure diagnosed?

Diagnosis often requires assessment of your physical symptoms and signs, together with some of the tests listed below:

Blood tests – to look for anaemia, thyroid disease;

ECG (tracing of the heart) – to look for signs of previous heart attack, conditions causing strain;

Chest x-ray – to look for an enlarged heart, or ‘fluid in the lungs’;

Echocardiogram (echo) – this is a painless ultrasound scan of the heart using jelly placed on your chest, in a similar way to the scan carried out on pregnant women. This provides useful information about the heart pump, muscle and valves.

Not all patients with heart failure will have the symptoms mentioned. These symptoms are **not** exclusive to heart failure and may be due to other medical conditions - this is why these tests are so important.

What is the prognosis?

Heart failure is a chronic condition that has no cure and may cause you to be admitted to hospital on occasions. However there are many treatments that can stabilise the condition and significantly improve your symptoms. Together we can make a big difference.

As a heart failure patient there is a lot **you** can do to help improve **your** symptoms, and you should know when to get help.

What should I be doing?

Monitor your weight – Rapid weight gain or loss may reflect inappropriate fluid balance. So weigh yourself daily. Consult your doctor or heart failure nurse if your weight has increased or decreased over a short period e.g. 2kg (4lb) over 2-3 days (use the chart at the back of booklet).

Monitor fluid intake – To help stop excess fluid build-up, monitor your fluid intake (including all soups, yoghurts etc.) and limit intake to about 1.5 to 2 litres per day.

During periods of warmer weather, this may need adjustment. Please consult your doctor or heart failure nurse.

Stop Smoking – Smoking increases your risk of heart muscle damage. Smoking also causes lung disease which will worsen any breathing difficulties.

There are many resources available to help you stop smoking - discuss these with your GP/ doctor (also see the Further Information/ Support section page 9 for useful contact details).

Reduce alcohol intake – Limit how much you drink to no more than 2 units a day. Research suggests that you should have 2 days per week free from alcohol.

What should I be doing? (continued)

Diet – Maintain a healthy balanced diet. Aim to have 5 portions of fruit or vegetables a day. Reduce the total fat content in your diet, try starchy food instead, for example rice, potatoes, pasta. Introduce fish into your weekly diet.

This advice may change as your condition progresses. Your healthcare professional will be able to provide relevant information regarding this.

Reduce Salt intake – Minimising how much salt you eat reduces the amount of excess fluid you will retain. Aim to have less than 5g of salt per day. Foods high in salt include crisps, nuts, ready meals, pizzas, soy sauce and stock. Reduce salt in cooking by using herbs or spices to flavour instead.

BEWARE: check food packaging!

The terms salt and sodium are interchangeable.

5g salt = 2g sodium

Lose Weight – Losing excess weight will reduce the amount of strain on your heart, and improve your symptoms.

Exercise – Regular exercise improves quality of life. Little and often is the key. Start with a short walk each day and slowly try to increase your distance. The heart is a muscle and the more you use it, the stronger it will become.

Consult your doctor or cardiac rehabilitation nurse for further guidance.

How can we help you?

Vaccinations – Infections can place additional strain on the heart. Consult your GP to ensure you are kept up to date with appropriate vaccinations.

There are lots of tablets that can significantly improve symptoms and the long term outlook in heart failure.

Tablets can remove excess salt and water from the body, reduce strain on the heart and reduce the likelihood of dangerous heart rhythms.

In most patients, simple lifestyle changes and tablets alone really can help.

In some cases, where tablets alone do not control heart failure, other specialised therapies are available, for example pacemakers, valve surgery and rarely heart transplantation. To see if you could benefit, please ask your consultant cardiologist.

Some tablets for heart failure

Diuretics ('water tablets') e.g. furosemide, bumetanide, metolazone, bendroflumethiazide

ACE Inhibitors e.g. ramipril, enalapril, lisinopril, captopril

ARBs e.g. candesartan, losartan, valsartan

Beta Blockers e.g. bisoprolol, metoprolol, carvedilol

Mineralocorticoids e.g. spironolactone, eplerenone

Others e.g. digoxin, ivabradine

ARNI e.g. Entresto

With any medication there is a small chance of side effects. If this does happen, then please consult either your doctor or heart failure nurse before stopping the medication.

Exercise

Walking is the best exercise whilst you are in hospital; however if you have difficulties with walking you may be seen by a Physiotherapist who will guide you through alternative exercises.

It is very important for your future health that you undertake regular exercise; Walking is a great way to get started and the standard recommended amount of exercise is between 20 – 30 minutes, 4 to 5 times per week.

If you are not used to regular exercise or you have recently been discharged from hospital it is advisable that you begin with smaller amounts, for example 5 minutes walking a day. Once you feel comfortable with this, gradually increase the number of times in a day it is carried out. Once you are able to walk for 5 minutes 3 to 4 times a day you may decide to increase the length of time you are walking for but reduce the number of times a day you carry out your exercise.

It is important that you walk at a pace comfortable for you, whilst walking you should be comfortably short of breath but still able to hold a conversation at the same time.

Exercise (continued)

When to consult your GP:

- Chest, neck, shoulder and/or arm discomfort or pressure during or following exercise if this is not relieved after using your GTN as instructed.
- Repeated bouts of palpitations or rapid or irregular heart beats.
- Extreme exercise fatigue and/ or general weakness. You should be fully recovered from an exercise session within an hour time period.
- Excessive shortness of breath at rest or during exercise.
- Unexplained rapid weight gain and/ or swelling of the lower extremities (hands, feet, ankles and legs).
- Episodes of dizziness or light-headedness.

Do not continue with your exercise if you have any of the above and have not been reviewed by your GP.

If it is appropriate you will be referred to the Cardiac Rehabilitation Programme.

General Advice

Take **all** medications as advised

If admitted to hospital, bring a list of your medications and any recent discharge/ clinic letters you may have.

**You are not alone, support is available
so feel free to contact us**

Did you know...

Large worldwide medical trials have **proven** substantial benefits for survival and symptoms, as well as reducing hospital admissions in patients who **take** their tablets as prescribed.

Your doctor or heart failure nurse will routinely monitor your symptoms, blood pressure and heart rate along with blood tests before adjusting tablet doses.

Trials also show that being part of a 'Heart Failure Team' dramatically improves your outlook.

We have a dedicated 'Heart Failure Team' that includes:

- Consultant cardiologist (hospital)
- General practitioner (GP)
- Heart failure pharmacist
- Hospital heart failure nurse specialist
- Community heart failure nurse specialist
- Dietician
- Cardiac rehabilitation nurse.

Contact a member of our Heart Failure team

Do not stop medication without informing the team first.

If you are admitted into hospital please contact team.

- If your symptoms worsen
- If you would like to know more about your condition
- If you are wondering whether specialist treatments might benefit you
- If you would like advice on whether you are fit enough to travel by airplane.
- You gain or lose weight rapidly
- Need to sleep propped up more than usual
- Feet or legs swell more than usual
- You experience increased breathlessness
- You experience diarrhoea or vomiting
- You have a new presentation of a cough
- If you experience side effects from the medication.

Hospital heart failure team:

Monday to Friday 09.00 and 17.00

call **0116 250 2973** or **07961 729241**

Community heart failure team:

Monday to Friday between 08.30 and 16.30

call **01509 410177**. Out of hours call **0300 300 7777**

Further information/ support

British Heart Foundation website - gives you general information and advice on heart disease: www.bhf.org.uk

Practical heart failure information for patients and carers:
www.heartfailurematters.org

Reliable website for medical information about heart failure and other conditions: www.patient.co.uk

Resources to help stop smoking:
www.smokefree.nhs.uk or www.quit.org.uk

UK guidance on assessing patient fitness to fly:
www.bcs.com/documents/BCS_FITNESS_TO_FLY_REPORT.pdf

University Hospitals of Leicester NHS Trust switchboard: 0300 303 1573

Transition of care checklist

- Medication discussed with patient.
- Patient aware how to obtain regular medication
- Exercise discussed with patient.
- Monitoring required:.....
- Planed date of follow up:
- Follow up with:.....
- Regular hospital Consultant:.....
- Plan:

Weight

[illegible]

Remember: Monitor your weight – Rapid weight gain or loss may reflect inappropriate fluid balance. So weigh yourself daily. Consult your doctor or heart failure nurse if your weight has increased or decreased over a short period, for example 2kg (4lb) over 2-3 days.

Medication changes

Please use this chart for any medication changes you may have in the future, this is helpful when your healthcare professional assesses you.

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Today's research is tomorrow's care

We all benefit from research. Leicester's Hospitals is a research active Trust so you may find that research is happening when you visit the hospital or your clinic.

If you are interested in finding out how you can become involved in a clinical trial or to find out more about taking part in research, please speak to your clinician or GP.

If you would like this information in another language or format, please contact the service equality manager on 0116 250 2959

إذا كنت ترغب في الحصول على هذه المعلومات في شكل أو لغة أخرى ، يرجى الاتصال مع مدير الخدمة للمساواة في 0116 250 2959.

আপনি যদি এই লিফলেটের অনুবাদ - লিখিত বা অডিও টেপ এ চান, তাহলে অনুগ্রহ করে সার্ভিস ইকুয়ালিটি ম্যানেজার ডেভ বেকার'এর সাথে 0116 250 2959 নাম্বারে যোগাযোগ করুন।

如果您想用另一种语言或格式来显示本资讯，请致电 0116 250 2959 联系“服务平等化经理” (Service Equality Manager)。

જો તમને આ પત્રછાનું લેખિત અથવા ટેઈપ ઉપર ભાષાંતર જોઈતું હોય તો મહેરબાની કરી સર્વિસ ઇક્વાલિટી મેનેજરનો 0116 250 2959 ઉપર સંપર્ક કરો.

यदि आप को इस लीफलेट का लिखती या टेप पर अनुवाद चाहिए तो कृपया डेव बेकर, सर्विस ईक्वालिटी मैनेजर से 0116 250 2959 पर सम्पर्क कीजिए।

Jeżeli chcieliby Państwo otrzymać niniejsze informacje w tłumaczeniu na inny język lub w innym formacie, prosimy skontaktować się z Menedżerem ds. równości w dostępie do usług (Service Equality Manager) pod numerem telefonu 0116 250 2959.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਲੀਫਲੈਟ ਦਾ ਲਿਖਤੀ ਜਾਂ ਟੇਪ ਕੀਤਾ ਅਨੁਵਾਦ ਚਾਹੀਦਾ ਹੋਵੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਡੇਵ ਬੇਕਰ, ਸਰਵਿਸ ਇਕੁਅਲਿਟੀ ਮੈਨੇਜਰ ਨਾਲ 0116 250 2959 'ਤੇ ਸੰਪਰਕ ਕਰੋ।

Ak by ste chceli dostať túto informáciu v inom jazyku, alebo formáte, kontaktujte prosím manažéra rovnosti služieb na tel. číslo 0116 250 2959.

Haddaad rabto warqadan oo turjuman oo ku duuban cajalad ama qoraal ah fadlan la xiriiir, Maamulaha Adeegga Sinaanta 0116 250 2959.