GUIDE TO LIVING SUCCESSFULLY WITH HEART FAILURE
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SUCCESS IN HEART FAILURE

You have been told that you have heart failure. You are not alone. There are over 5 million Americans with heart failure. Although the term “heart failure” sounds life threatening, it is a treatable condition. Your heart has not stopped working; it is just not working well enough to meet the needs of the rest of your body. If left untreated, heart failure can worsen. There are different stages of this condition that may require different treatments.

This book is about your heart and what happens when it is not pumping as well as it should. The what, why and how sections will help you understand heart failure and learn how to manage this condition.

This book explains what happens to your heart during heart failure and how your body tries to adjust to it. You will also learn about the right kinds of foods to eat and how to manage your fluid intake, medications, daily weight and exercise, as well as other things you will need to do to stay well.

Understanding the causes, symptoms, and treatment of heart failure will help you take charge of your health. You and your health-care team will design a treatment plan for you. Following this plan will assist you in working toward leading a full and productive life.

Your health-care team wants to partner with you through your journey to finding success in managing your heart failure.

Your first step is to read this book.

Please feel free to ask any member of your health-care team to answer any questions or concerns that you may have as you read this book.
WHAT IS HEART FAILURE?

Heart failure happens when the heart cannot pump out enough blood to the body. This is because the heart muscle becomes too weak or too stiff or the muscle cannot relax normally.

Whatever the reason, it means less blood is pumped out from the heart with each beat. The chambers of the heart overfill with blood. This causes pressure and fluid to build up in your lungs and other parts of your body such as your legs or abdomen.

Your heart failure affects other body systems. You may notice:

• **YOUR HEART BEATING FASTER.** To make up for not getting enough blood, you may notice your heart beats faster so that more blood can reach your tissues, muscles and organs. Because the heart is working harder, the heart muscle may get larger, which can cause other problems.

• **SWELLING.** If the right side of the heart is not working well, the blood returning to the heart backs up in the veins. This causes fluid to be forced out of the veins into the tissues of the feet, ankles and legs, causing them to swell. This is called edema. Sometimes, the edema involves the abdomen, the liver and the lower back. Fluid in the abdomen can decrease your appetite and make you feel full, even after eating only very small meals.

• **LUNG AND KIDNEY PROBLEMS.** If the left side of the heart is not pumping well, blood backs up in the vessels of the lungs. Sometimes fluid is forced out of the lungs’ vessels into the air sacs or breathing spaces. This extra fluid in the lungs causes shortness of breath. This is called pulmonary edema. When the left side of the heart is not working well, there is less blood flowing out of the heart to other organs. The kidneys are affected by a decreased blood supply. Salt and water are normally eliminated through the urine. When the kidneys do not receive the proper amount of blood, they tend to hold on to salt and water. This causes even more fluid to build up in your body.
• **CHANGES TO YOUR HEART MUSCLE.** With an increase in blood volume, heart muscle thickness, and heart rate, the heart will function almost normally for a while. The heart can hold more blood, and a thicker muscle can pump more forcefully. But over time, the heart becomes too enlarged and overworked. Imagine a rubber band that loses its ability to stretch. The heart, once overstretched, will weaken and pump less effectively. With a thicker muscle, your heart chambers may also get smaller and not be able to hold as much blood, causing less blood to be pumped. These changes cause cardiomyopathy.

Your heart failure, if left untreated, will worsen, and so will your symptoms.

**WHY DID MY HEART FAIL?**

These are the common causes of heart failure:

• **CORONARY ARTERY DISEASE.** This is a condition where the arteries that supply the heart muscle with blood are narrow or blocked. The blocked arteries can cause a heart attack, which may injure and weaken the heart muscle. This injury may cause the heart to not pump as well as it did before.

• **HYPERTENSION.** This is more commonly called high blood pressure. When the blood pressure is high, the heart has to work harder to pump blood out against narrowed arteries.

• **HEART VALVE PROBLEMS.** Leaky or narrowed heart valves cause the blood to not flow properly through the heart, which makes the heart work harder.

• **FAMILY HISTORY.** Heart disease can run in the family. Also, congenital heart defects can be present at birth, which can affect how well the heart pumps.

• **OTHER CAUSES.** Infections, alcohol abuse and illegal drugs can damage the heart muscle. Lung disease, anemia, thyroid disease and diabetes can injure the heart as well.
HOW DOES MY HEART WORK?

Understanding how your heart works will help you understand the reasons behind the treatment plan your health-care team designs for you. The more you know, the more you can be involved in your care.

The heart has four chambers. The two small upper chambers receive blood from the body and are called the atria. The two large lower chambers pump blood to the body and are called the ventricles. A thin muscular wall called the septum divides the right and left sides of your heart.

The heart pumps the blood through your body. The blood from the body returns to the right side of the heart, which pumps it to the lungs to pick up oxygen. The left side of the heart receives the oxygenated blood from the lungs and pumps it back to the body. This continues on and on with each heartbeat.

Under normal conditions, the heart adjusts to the body’s changing needs. With an increase in physical work, such as climbing a flight of stairs, the body requires more oxygen and energy to perform this task. The heart will respond by beating faster and harder to deliver more oxygen and nutrients to the body’s muscles and organs.
### HOW DO I KNOW I AM IN HEART FAILURE?

There are many different symptoms of heart failure depending on the cause. Symptoms may come on suddenly or happen gradually and can range from mild to severe. The main symptoms include the following:

<table>
<thead>
<tr>
<th>F</th>
<th>Fatigue or tiredness.</th>
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<td>A</td>
<td>Activities are limited; you are not able to do what you normally could do.</td>
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<tr>
<td>C</td>
<td>Chest congestion or cough.</td>
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<tr>
<td>E</td>
<td>Edema or swelling of the legs, ankles, feet, belly or lower back.</td>
</tr>
<tr>
<td>S</td>
<td>Shortness of breath or having trouble breathing at rest or with activities or when lying down in a flat position.</td>
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Other symptoms are:
- **Chest pain**
- **Racing or fast heartbeat**
- **Confusion, feelings of restlessness, anxiety, sleepiness**
- **Dizziness, fainting**
- **Nausea, decreased appetite, abdominal swelling, tenderness or pain caused by the buildup of fluid in the belly and liver**
- **Weight gain from fluid retention**
- **Weight loss due to loss of appetite**
- **Rapid breathing or wheezing**
- **Waking up breathless at night**
- **Sleeping propped up on two or three pillows or sleeping in a reclining chair so you can breathe better**
Heart failure is a chronic disease that may require you to take medications. The medications prescribed by your doctor may help you feel better, allow you to do more daily tasks and reduce symptoms of heart failure. You may be taking some of the following medications:

- **Angiotensin Converting Enzyme (ACE) inhibitors**
- **Angiotensin Receptor Blockers (ARBs)**
- **Beta blockers**
- **Aldosterone Receptor Blockers**
- **Digoxin**
- **Diuretics (water pills)**
- **Hydralazine and nitrates (isosorbide)**
- **Potassium supplements**
WHY DO I NEED TO TAKE HEART FAILURE MEDICATIONS?

Medications prescribed by your health-care provider are used to:

• *Reduce symptoms.*
• *Improve heart function.*
• *Slow progression of the disease.*

HOW DO I TAKE MY HEART FAILURE MEDICATIONS EFFECTIVELY?

• *Take your medicines every day, as instructed, and at the same time every day.*
• **DO NOT** *skip medications, change doses or take extra pills unless instructed by your doctor or health-care team.*
• *Use a daily or weekly pillbox to help organize your medications.*
• *Always carry a list of medications with you and keep one copy at home.*
• *Bring ALL medication bottles to every clinic appointment.*
• *Refill your medications early so you do not run out. Ask your pharmacy to send a refill fax to your doctor’s office.*
• *Tell your health-care team about the over-the-counter medications you are taking.*
• *Tell your doctor, nurse or pharmacist if you cannot afford your medications. There are often ways to reduce costs.*
• *If you have any side effects, contact your doctor or health-care provider.*
HEART FAILURE MEDICATIONS

ANGIOTENSIN CONVERTING ENZYME INHIBITORS

ACE inhibitors relax blood vessels and can lower blood pressure. This makes it easier for the heart to pump. ACE inhibitors can also prevent or undo changes in the shape of the heart that can happen because of heart failure.

SOME EXAMPLES OF ACE INHIBITORS:
- Benazepril (Lotensin®)
- Captopril (Capoten®)
- Enalapril (Vasotec®)
- Lisinopril (Zestril®, Prinivil®)
- Ramipril (Altace®)

COMMON SIDE EFFECTS MAY INCLUDE:
- Dizziness. Stand up slowly over a few minutes from sitting or lying down. Be careful climbing.
- Headache.
- Bad taste in your mouth, most often returning to normal.
- Cough.

RARE SIDE EFFECT:
Swelling of lips and throat. This must be reported to your doctor immediately.

THINGS TO KNOW:
- Your labs may be checked regularly while you are on this medication to monitor your potassium levels and kidney function.
- If dizzy, move more slowly when changing position from lying, sitting or standing.

YOU ARE TAKING:
ANGIOTENSIN RECEPTOR BLOCKERS

ARBs work similarly to ACE inhibitors and are often grouped together. ARBs are often prescribed if you have side effects to the ACE inhibitors.

SOME EXAMPLES OF ARBs:
- Candesartan (Atacand®)
- Irbesartan (Avapro®)
- Losartan (Cozaar®)
- Olmesartan (Benicar®)
- Telmisartan (Micardis®)
- Valsartan (Diovan®)

COMMON SIDE EFFECTS MAY INCLUDE:
- Dizziness. Stand up slowly over a few minutes from sitting or lying down. Be careful climbing.
- High potassium level. Signs include weakness, light-headedness, dizziness, numbness or tingling, or feeling like passing out.
- Loose stools (diarrhea).
- Cough.
- Kidney function that gets worse.

THINGS TO KNOW:
- Your labs may be checked regularly while you are on this medication to monitor your potassium levels and kidney function.
- If dizzy, move more slowly when changing positions from lying, sitting or standing.

YOU ARE TAKING:
**BETA BLOCKERS**

**Beta blockers** slow the heart down and can lower blood pressure. This helps reduce the amount of work the heart has to do.

**SOME EXAMPLES OF BETA BLOCKERS:**
- *Carvedilol (Coreg®)*
- *Bisoprolol (Zebeta®)*
- *Metoprolol tartrate (Lopressor®)*

**COMMON SIDE EFFECTS MAY INCLUDE:**
- **Dizziness.** Stand up slowly over a few minutes from sitting or lying down. Be careful climbing.
- **Tiredness or weakness.**
- **Loose stools (diarrhea).**
- **Dry eyes; using artificial tears may help.**
- **Change in sexual ability, which will usually return to normal.**
- **Allergic side effects may occur rarely.**

**THINGS TO KNOW:**
- **When people start taking beta blockers, they sometimes feel a little worse than before. That is just while the body gets used to the medicine. Once the body gets used to beta blockers, the medications can really help.**
- **If your doctor prescribes a beta blocker, give it a little time to start working.**

**YOU ARE TAKING:**
**ALDOSTERONE RECEPTOR BLOCKERS**

*Aldosterone blockers* are similar to diuretics. They help the body get rid of extra salt and fluid. They also help the body hold on to potassium. That’s important because other diuretics sometimes make the body lose too much potassium, which the body needs to work normally.

**SOME EXAMPLES OF ALDOSTERONE RECEPTOR BLOCKERS:**

- *Spironolactone (Aldactone®)*
- *Eplerenone (Inspra®)*

**COMMON SIDE EFFECTS MAY INCLUDE:**

- *High potassium level.* Signs include weakness, light-headedness, dizziness, numbness or tingling, or feeling like passing out.
- *Dizziness.* Stand up slowly over a few minutes from sitting or lying down. Be careful climbing.
- *Upset stomach or throwing up.* Many small meals, good mouth care, sucking hard sugar-free candy or chewing sugar-free gum may help.
- *Change in sexual ability,* which will usually return to normal.

**THINGS TO KNOW:**

- *Your labs may be checked regularly while you are on this medication to monitor your potassium levels and kidney function.*

**YOU ARE TAKING:**
**DIGOXIN**

Digoxin (Lanoxin®) helps the heart pump with more force. This can help reduce some of the symptoms of heart failure.

**COMMON SIDE EFFECTS MAY INCLUDE:**

- *Dizziness.* Stand up slowly over a few minutes from sitting or lying down. Be careful climbing.
- *Belly pain.*
- *Upset stomach or throwing up.* Many small meals, good mouth care, sucking hard sugar-free candy or chewing sugar-free gum may help.
- *Loose stools (diarrhea).*
- *Rarely,* a harmful heartbeat, faster or slower than normal, may occur.

**THINGS TO KNOW:**

- *Your labs may be checked regularly while you are on this medication to monitor digoxin levels and kidney function.*

**YOU ARE TAKING:**
MEDICATIONS

DIURETICS

When you have heart failure, your body holds on to extra fluid. **Diuretics** help the body get rid of extra sodium and fluid. They can reduce heart failure symptoms or keep them from getting worse.

**SOME EXAMPLES OF DIURETICS:**
- **Bumetanide (Bumex®)**
- **Furosemide (Lasix®)**
- **Metolazone (Zaroxolyn®)**
- **Hydrochlorothiazide (HCTZ®)**
- **Torsemide (Demedex®)**

**COMMON SIDE EFFECTS MAY INCLUDE:**
- **Dizziness.** Stand up slowly over a few minutes from sitting or lying down. Be careful climbing.
- **Belly pain.**
- **Headache.**
- **Low potassium levels.** Signs include tiredness, weakness, numbness or tingling; muscle cramps; hard stools (constipation); throwing up; or a fast heartbeat.
- **Dry mouth.** Good mouth care, sucking hard sugar-free candy or chewing sugar-free gum may help. See a dentist often.
- **Upset stomach or throwing up.** Many small meals, good mouth care, sucking hard sugar-free candy or chewing sugar-free gum may help.
- **Hard stools (constipation).** Working out and adding fiber to your diet may help. Talk with your doctor about a stool softener or laxative.
- **Hearing loss, which can be long-lasting.**

**THINGS TO KNOW:**
- **Diuretics may make you urinate frequently, but this means the medicine is working.** Work with your doctor or nurse to find a good time to take them.
- **It’s very important that you take these medicines exactly the way your doctor or nurse tells you to.**
- **Even though you are urinating, you still need to reduce salt and fluid intake.**
- **You may need to have your labs monitored while you are on diuretics.**

**YOU ARE TAKING:**
HYDRALAZINE AND NITRATES (ISOSORBIDE)

Hydralazine and nitrates (isosorbide) work together to relax and expand blood vessels. This makes it easier for the heart to pump blood throughout the body. Nitrates also prevent and relieve chest pain.

COMMON SIDE EFFECTS MAY INCLUDE:
• Headache.
• Dizziness. Stand up slowly over a few minutes from sitting or lying down. Be careful climbing.
• Muscle weakness.
• Upset stomach or throwing up. Many small meals, good mouth care, sucking hard sugar-free candy or chewing sugar-free gum may help.

THINGS TO KNOW:
• Avoid using erectile dysfunction medication (such as Sildenafil or Viagra) if you are on nitrates, as it can cause severe low blood pressure that could be life threatening.

YOU ARE TAKING:
POTASSIUM SUPPLEMENTS

Potassium pills are common for patients on diuretics. They replace potassium that is lost from increased urination.

COMMON SIDE EFFECTS MAY INCLUDE:

- Belly pain.
- Upset stomach or throwing up. Many small meals, good mouth care, sucking hard sugar-free candy or chewing sugar-free gum may help.
- Loose stools (diarrhea).

THINGS TO KNOW:

- Potassium is an important electrolyte in the body and needs to be replaced if potassium levels are low.
- Potassium supplements can come in the form of pills, liquid or powder.
- You may need to have your labs checked regularly to monitor potassium levels in your body.

YOU ARE TAKING:
MEDICATIONS

MEDICATIONS TO AVOID

Ø NON-Steroidal ANTI-INFLAMMATORY DRUGS (NSAIDs)

Non-steroidal anti-inflammatory drugs (NSAIDs) should be avoided if you have heart failure. Use of these medications can lead to kidney failure.

EXAMPLES OF NSAIDS:
• Ibuprofen (Advil®, Motrin®)
• Naproxen (Naprosyn, Aleve®)
• Vioxx
• Celebrex®

Ø PSEUDOEPHEDRINE (Sudafed)

Pseudoephedrine (Sudafed) should be avoided if you have heart failure. It can cause your heart to work too hard or cause an abnormal heart rate and rhythm. It is found in over-the-counter cold and allergy medications.

EXAMPLES OF SIMILAR MEDICATIONS:
• Phenylephrine
• Ephedrine
• Phenylpropanolamine

Ø HERBAL REMEDIES

Herbal remedies should be avoided if you have heart failure. Many herbs and vitamins can prevent your heart failure medications from working. Before using any herbal treatments, ask your health-care team.
HOW YOU LIVE YOUR LIFE DAILY IS YOUR LIFESTYLE

Having heart failure means you will need to make changes in your daily life habits. This includes:

- Changing your diet
- Limiting your fluids
- Managing “fluid” weight daily and calorie weight long-term
- Starting an exercise program
- Quitting smoking
- Avoiding alcohol
LIMITING YOUR SODIUM INTAKE

WHAT ARE THE DIETARY CHANGES YOU NEED TO MAKE TO HELP YOUR HEART WORK BETTER?

You will need to limit your intake of sodium in your food each day.

• **Recommended daily limit:** 2000 milligrams or 2 grams of sodium.
• **1 teaspoon of salt = 2000 milligrams of sodium.**
• **Sodium and salt are not the same thing. Sodium chloride is salt.**
  But there is sodium in foods that do not have salt in them.
• **Eat more foods that are not processed, canned or frozen.**
• **Prepare your meals from scratch and use “whole foods.”**
• **Learn to read labels to see what foods are low in sodium.**
• **Limit eating out in restaurants and avoid fast foods.**

WHY DO YOU NEED TO LIMIT YOUR SODIUM INTAKE?

In our bodies, wherever sodium goes fluid wants to go too. So if you eat high-sodium foods, your body holds on to fluid. If you drink lots of liquids, the sodium will hold on to it, and you will have more fluid buildup. Your heart may not be able to pump all this extra blood and will become even weaker. Fluid will back up into the lungs and body. This will cause weight gain, shortness of breath, inability to lie flat comfortably, and swelling of the legs and belly. You will not breathe as well and will feel more tired and weak.

**Remember:** Your “water pill” (diuretic) works by getting rid of sodium through your kidneys, which takes the extra fluid with it.
LIFESTYLE

HOW DO YOU LIMIT YOUR SODIUM INTAKE?

Things you should do to decrease sodium in your diet:

• Do not add salt to your food. Take the salt shaker OFF the table.
• Always read “Nutrition Facts” on food labels to check for sodium content.
• Use salt-free seasoning and spices for flavor when cooking.
• Request foods to be prepared without salt or MSG when dining out.
• Check labels of over-the-counter headache or heartburn medications.

• Foods with high sodium content:
  • Processed foods or anything in a container
  • Processed meats such as hot dogs, lunch meat, ham
  • Canned foods such as soups, vegetables, stews
  • Salty snacks such as pretzels, potato chips, popcorn, nuts
  • Pickled foods such as olives, pickles, sauerkraut
  • Cured foods such as lox and smoked meats
  • Condiments such as ketchup, mustard, salsa, soy sauce, BBQ sauce
  • Drinking water, which may be high in minerals or carbonated
  • Sports drinks
  • Bottled juices
  • “Fast food” or “takeout” foods such as pizza; burgers; fries; Chinese, Mexican and Japanese foods – almost ALL fast food
  • Cheeses, even cottage cheese

*Please see “Tips for Eating Out” at the back of the book.
HOW TO READ FOOD LABELS

One of the best ways to know what is in your food is to learn how to read the food labels on packages, cans and wrappers.

- First, check for sodium content, which on this label is 640 mg for one serving.
- Next, check for how many servings are in the container. If you eat this entire container, you would have 4 servings, which would total 2560 mg. This is more than your total daily allowance of sodium.
- Try to avoid foods that contain more than 400 mg of sodium per serving.
- It is also important to check the fat content of the food you are eating, especially if you have blocked heart arteries. Total fat should be 30% of total calories. Use the 100 to 3 rule. Example: If the food is 200 calories, it should have 6 grams of fat.
- Limit saturated fats and cholesterol, and do not use foods with “trans” fats.
- TIP: Often, foods low in fats can be high in sodium (salt content), so make sure you read the label carefully.

If there is no food label, check the ingredients. They are listed in order of how much is in the package, starting with the largest amount. Check for any contents that are listed with sodium, such as sodium chloride, sodium phosphate, sodium benzoate, monosodium glutamate, etc. If sodium is listed in the first three ingredients, there is too much sodium. Avoid this food.
LIMITING YOUR FLUIDS

WHAT IS THE RECOMMENDED AMOUNT OF FLUID YOU SHOULD DRINK A DAY?

Daily limit: 2 quarts (2 liters) = eight glasses (8 ounces each). To maintain your fluid balance, your doctor may ask you to limit the amount of fluids you drink. Fluid restrictions are usually limited to 1.5 to 2 liters per day, or as directed.

These liquids count as fluids:

- Ice cream, sherbets
- Fruit/fruit juices
- Soups
- Water
- Milk
- Creamers
- Soft drinks
- Sport drinks
- Coffee
- Ice
- Tea
- Jell-O
- Pudding
- Vegetable juices

WHY DO YOU NEED TO LIMIT YOUR FLUID INTAKE?

The more fluid you drink, the more fluid your body will retain. This will cause your weakened heart to have to work harder. Remember from the section above, fluid is attracted to sodium. You may feel thirstier because you have had “salty” foods high in sodium. Your medicine may also make you thirsty.

HOW CAN YOU REDUCE YOUR FLUID INTAKE?

You can suck on hard candy, ice chips made with juice or frozen grapes, and take just small sips of very cold water. A helpful hint in keeping track of your fluid intake is to keep a 2-liter bottle or 2 one-liter containers on your kitchen counter. Every time you have a drink, pour the same amount into the bottle. When it’s full, you’ve reached your limit. Remember that ice, pudding, soup and Jell-O count as fluids. Don’t cheat! **Think before you drink!**
TAKING YOUR DAILY WEIGHTS

WHAT DO YOU NEED TO KNOW ABOUT TAKING YOUR WEIGHT EVERY MORNING?

WEIGH yourself every morning when you first get up, before breakfast and after you go to the bathroom.

Taking your weight daily will help you know if you are holding on to extra fluid. If your weight goes up quickly, this is “water” weight. Keep a record of your weight every day and bring it to your clinic appointments.

One liter of fluid weighs 2.2 pounds. So if you gain 4.4 pounds in a few days, you are carrying 2 quarts or a half gallon of extra fluid that your heart has to pump.

WHY DO YOU NEED TO CHECK YOUR WEIGHT FIRST THING EVERY MORNING?

You must weigh yourself daily for control of your fluid balance. A rapid increase in weight means you are holding on to extra fluid, and you may have more symptoms, such as:

• Shortness of breath
• Swelling in legs, belly, or lower back
• Clothes, rings or shoes are too tight
• Unable to lie flat comfortably, or unable to catch your breath upon awakening

A sudden decrease in weight may mean you are dehydrated from losing fluid. This can be from urinating too much from your “water pill” or diuretic. You can also lose fluid by sweating or from increased breathing with exercise or warmer weather. You may not be drinking enough fluid if you are restricting fluids more than you were instructed.
HOW DO YOU TAKE YOUR WEIGHT EVERY MORNING?

Weigh yourself on the same scale every morning when you first get up. Do this before you eat breakfast and after you urinate (pee). You can be undressed or have light clothing on. Write down your weight every day and bring your weight chart to all your clinic appointments. Weighing every day when you first get up will keep the weight readings more reliable.

If you gain **2-3 pounds overnight or 3-5 pounds in one week**, contact your health-care provider and follow the directions given to you to lose the extra fluid weight.

WEIGHT MANAGEMENT FOR CALORIE LOSS

**WHAT IS A HEALTHY BODY WEIGHT?**

Watching your total body weight from calorie (food) intake is not the same as watching your daily weight for fluid management. Calorie weight is a gradual weight gain that comes from eating more calories than you use up. Gaining weight from having extra fluid is a sudden weight gain.

A guide for checking to see if you are within a good weight range is to use the Body Mass Index (BMI). BMI is a measure of body fat based on height and weight. It is used for adult men and women. Ask your health-care team what your BMI is. (You can also use your computer and go online to find your BMI.)

Here is the breakdown for BMI:

- **Underweight** = $<18.5$
- **Normal weight** = $18.5-24.9$
- **Overweight** = $25-29.9$
- **Obesity** = BMI of $30$ or greater
WHY IS IT IMPORTANT TO BE CLOSE TO A HEALTHY WEIGHT?

A healthy weight is very important for keeping your heart healthy. Being overweight is a risk factor for heart disease. It also contributes to diabetes and high blood pressure. A BMI of 33 or less is the cutoff for being considered for a heart transplant, if you were to need one.

HOW CAN YOU LOSE WEIGHT TO LOWER YOUR BMI?

• Follow this simple rule: “Don’t eat more calories than you burn.”
• Exercise daily to help you “burn off” calories.
• Eat smaller portions.
• Avoid snacking.
• Eat a healthy, low-calorie diet with less fats and sugars.
• Eat more fruits, vegetables, whole grains, fiber and lean meats.
• Order only from the appetizer menu when you eat at a restaurant.
• Share a serving or divide it in half right away to save for another meal.

Losing weight takes work and commitment. In the end, you’ll feel better and so will your heart!

Changing your food habits may seem difficult and confusing. The goal is to make changes but still take pleasure in eating. Cravings for salt and fat can disappear within weeks. Soon you will enjoy the flavor of low-salt and low-fat foods! If you have trouble making these nutrition changes, ask for a referral to a registered dietitian or weight-management program.
USE OF HABIT-FORMING AGENTS

WHAT DO YOU NEED TO KNOW ABOUT DRINKING ALCOHOL, USING DRUGS, SMOKING AND USING CAFFEINE?

ALCOHOL AND RECREATIONAL DRUGS
Alcohol and heart failure don’t mix. Alcohol damages the cells of the heart. It may also interfere with your medications. Even one glass of wine or one drink a week can be harmful. It is best to avoid alcoholic beverages. For some people, stopping use of alcohol can actually improve their heart. Also, avoid the use of all recreational drugs. They will do severe damage to your heart and health.

SMOKING
Cigarette smoking causes 430,000 deaths a year. Smoking can lead to many illnesses. It may also worsen heart failure symptoms. So you if you smoke, QUIT! Also avoid being around those who are smoking. Secondhand smoke is deadly too. Your health-care team can help you with a smoking cessation program – ask for more information!

CAFFEINE
Caffeine is a stimulant. It may cause an increased or irregular heart rate. Caffeine can also cause anxiety, restlessness and insomnia. There is caffeine in coffee, tea, cola drinks, chocolate and some over-the-counter medications. Avoid caffeine if you can, or at least limit yourself to one beverage daily. Try decaffeinated beverages or ones with low caffeine content.

WHY DO YOU NEED TO STOP OR CUT DOWN ON THESE HABITS?
Alcohol, illicit drugs and smoking can damage the heart muscle. It is best to stop using them now. Stopping caffeine is something you will need to discuss with your health-care team, as it is not always a problem.
HOW DO YOU STOP THESE HABITS?

It can be very hard to stop these habits. You may need professional help to quit. Here are some steps:

• Make the decision to quit.
• Pick a quit day.
• Make a plan.
• Get professional help to quit.
• Stay away from the habit triggers.
• Deal with withdrawal.
• Stay healthy!

EXERCISE AND DAILY ACTIVITY

WHAT SHOULD YOU DO TO STAY ACTIVE?

Exercise and staying active are an important part of the treatment for heart failure. You may feel like just sitting in a chair or lying on the couch. This will only make your condition worse. Start walking around the house at first. Then try walking outside. Find any activity that you enjoy, such as walking, biking or swimming. You should exercise for 30 minutes, five to seven days a week.

WHY DO YOU NEED TO STAY ACTIVE?

When you are inactive, your muscles lose their strength and tone. You may begin to lose muscle mass, causing you to feel extremely tired and fatigued. When your muscles are not in shape, your heart has to work harder.
Regular exercise can:

• *Decrease the heart rate.*
• *Decrease blood pressure.*
• *Increase the body’s muscle strength.*
• *Improve circulation.*

• *Help the heart function more efficiently.*
• *Improve the immune, digestive and metabolic systems.*
• *Control your weight.*
• *Control your blood sugar.*

**HOW WILL YOU STAY ACTIVE?**

You should always check with your health-care team before beginning any exercise routine. They may suggest that you avoid certain activities. They might have you do an exercise stress test before you begin an exercise program, and they may also refer you to a cardiac rehabilitation program. You will exercise in a monitored setting with a trained staff. If your insurance carrier does not cover this program, there are several reasonable cash payment programs available. But, you do not need a formal program to begin exercising. Just start by walking – just do it!

**SEXUAL ACTIVITY**

**WHAT DO YOU NEED TO KNOW ABOUT YOUR SEXUAL ACTIVITY?**

Now that you know you have a heart condition, it’s normal to be worried about having sex. Sexual function can be affected by the disease itself, or by your medications, depression or anxiety.

**WHY DO YOU NEED TO KNOW WHETHER IT IS SAFE TO HAVE SEX?**

You may be worried that it will be too strenuous and cause damage to your heart. Having sexual relations may be very important to your quality of life.
HOW SHOULD YOU HAVE SEX WITH YOUR PARTNER?

Sexual intercourse can cause stress to your heart. It is the same as climbing two flights of stairs or walking a block at a brisk pace. If you are able to do those activities, you should not have problems resuming sex with your regular partner. Listen to your body. Only do what you are able to tolerate.

(Sex with a new partner can put more strain on the heart because of the added emotional stress.)

Here are some additional guidelines that may be helpful:

• Choose a time when you are rested and relaxed.
• Wait one to three hours after eating a full meal.
• Wait an hour after bathing.
• Avoid alcohol.
• Choose a place that is familiar, peaceful and free from interruptions.
• Try new positions to avoid straining your upper arms and chest.
• Check with your cardiology team before using any sexual-enhancing medications; they may hurt your heart or interfere with your other medications.

If you have any of these symptoms, you should stop and rest:

• Chest pain
• Palpitations
• Shortness of breath
• Fatigue

If symptoms persist, seek medical care.

For more information, discuss your sexual activity with your health-care team. Sexual relations can be more enjoyable as you and your partner find new ways to express and share affection.
WHAT IS RESPONSIBILITY?

Responsibility is taking control or being in charge of your health decisions. Your health-care team may make recommendations, but you are responsible for following them.

WHY DO YOU NEED TO TAKE RESPONSIBILITY?

YOU are the most important member of your health-care team. YOU need to be the one who takes control of your heart condition. We can teach you and help you learn. But only YOU can follow through. Your family and close friends are also part of your team. Ask them for help in watching your health. They should know when to report new or changing symptoms if you are not able to do so.

HOW CAN YOU TAKE RESPONSIBILITY FOR YOUR CARE?

• Know the names and doses of ALL your medications.
• Take your medications as ordered. Report any side effects.
• Refill your medications early. Don’t run out!
• Follow your ordered diet and fluid limit.
• Follow the guidelines for exercise and daily activity.
• Report any of these symptoms:
  • Sudden weight gain of 3+ pounds overnight or 5+ pounds in one week
  • Increased shortness of breath, especially while lying flat
  • Increased swelling in your feet, ankles, legs or belly
  • Increased loss of energy
  • Unable to perform tasks you were able to do before
  • Constant cough with or without sputum
  • Increased urination at night
• Decreased urination during the day
• Dizziness that does not go away
• Rapid, pounding heart rate (palpitations)
• Irregular, very slow or very fast heart rate
• Nausea, vomiting or sudden loss of appetite

WHAT DO YOU TELL THE DOCTOR OR HEART FAILURE CLINIC IF YOU HAVE SYMPTOMS?

• Say you are being treated for heart failure.
• Describe your symptoms.
• Describe what has already been done to relieve symptoms.
• Give the names and doses of your medications.

OUTPATIENT APPOINTMENTS

WHAT ARE OUTPATIENT APPOINTMENTS?

Outpatient appointments are office visits with your doctors or health-care providers that should be scheduled after you leave the hospital. You should have regular appointments with your heart doctor and your primary care provider at their office or clinic.

If you have an unusual type of heart failure or your condition has become difficult for you and your physician to get under control (if, for example, you have had many hospitalizations for your heart failure), your doctor may want you to be seen at Cedars-Sinai Medical Center’s Advanced Heart Disease Program or a heart failure program near where you live.
WHY DO YOU NEED TO GO TO YOUR OUTPATIENT APPOINTMENTS?

It is very important for you to be followed closely by your primary physician, your heart doctor and other health-care providers. They can make changes in your care to meet your needs. Regular visits are important to monitor your medications and treatment plan. This will help you live with heart failure with the best quality of life.

HOW CAN YOU BE PREPARED FOR YOUR OUTPATIENT APPOINTMENTS?

• Bring your medications, a list of their doses, and your schedule.
• Bring your daily weight chart.
• List any new symptoms you have had since your last visit.
• Let your health-care provider know if you cannot follow any diet, exercise, medication or lifestyle changes recommended for you.
• Make sure you understand the information given to you.
• Ask your health-care providers for additional resources.
• If you have a computer, the Internet has many sites with helpful information.
• Call your doctor’s office or clinic if you still have questions regarding your medications or treatments.
EMERGENCIES

WHAT IS AN EMERGENCY SITUATION?

You or your family should call 911, and you should go by ambulance to the nearest emergency room if you experience:

• Severe side effects from a medication
• Worsening shortness of breath
• Worsening swelling
• Worsening dizziness
• Other potential life-threatening events

WHAT SHOULD YOU BRING TO THE HOSPITAL?

• List of your medications
• List of your allergies
• Your insurance cards
• Your pacemaker or ICD card
• Your primary doctor’s name
• Your heart doctor’s name

This information will help the emergency room staff.

PLANNING AHEAD

WHAT DO YOU NEED TO DO TO PLAN AHEAD?

An **advance directive** is an important legal document to have. It will have specific instructions to help your family and friends make decisions in a medical emergency. You have the right to accept or refuse any medical care offered to you. You should also have a durable power of attorney. This allows someone to act on your behalf if you are not able to make decisions about your care.
WHY DO YOU NEED AN ADVANCE DIRECTIVE OR POWER OF ATTORNEY?

When it comes to your health management, your wishes should be expressed. In an emergency, you may not be able to make decisions. Your family and friends may not know what your wishes are. Decisions may involve placing invasive tubes or using life-support machines. The advance directive will have specific instructions to help your family and friends make those decisions.

Talking with your loved ones will also help them know what you would like to have done when you come to the end of life. It is much easier talking about end of life choices when you are still very healthy. It is important for your loved ones to know if palliative care or hospice is something you would want. It is also important to assign a family member or friend to represent you and your wishes (power of attorney).

HOW DO YOU GET AN ADVANCE DIRECTIVE?

Most hospitals can assist you in obtaining and completing an advance directive. You can go online on your computer and find these documents. You may wish to speak with a lawyer to help you make decisions. Discuss your wishes with your family and friends before preparing one. Ask your physician, nurse and social worker about this process as well. They can guide you and your family in making these important choices.
HEART FAILURE IS NOT CURABLE, BUT IT IS TREATABLE.

This book has discussed treatments that are available now to improve symptoms and survival. However, new therapies and devices are being developed for treatment in the near future. Ask your doctor and team about any new therapies or research studies that may be available to you.

Meanwhile, follow the advice of your primary physician, your cardiologist and your health-care team. By taking charge of your care, you can reduce your symptoms and help prevent future heart and health problems.

Remember that you are not going through this alone. Involve your family and friends in your care. Know that your health-care team is here to guide you and help you make the changes that are needed to get you feeling better and to keep you feeling better.

Replacing old habits with new ones can be hard to do. Your willingness to make these changes, along with a positive outlook, will help you to lead a full and active life.
advance directive — A written document that states an individual’s health-care decisions. It is recommended that someone be named to take over the decision-making when a person is not able to make his or her own choices about medical care. The most common types of advance directives are the living will (in California these are called Natural Death Act Declarations) and the durable power of attorney.

aerobic exercise — A repetitive, sustained form of exercising such as walking, bicycling or swimming that conditions the heart and lungs and improves the body’s use of oxygen.

aldosterone — A hormone secreted by the adrenal glands that regulates the sodium (salt) and water in the body.

aorta — The larger artery that arises from the base of the left lower chamber of the heart, which carries oxygenated blood from the heart to the rest of the body.

artery — Any of a branching system of blood vessels that carries oxygenated blood away from the heart, except for the pulmonary artery, which carries blood to the lungs.

atrial fibrillation — The rapid, irregular twitchings of the upper chambers of the heart, which cause the lower chambers to beat irregularly. This can be a very rapid or a slow, irregular heart rhythm.

atrial flutter — Similar to atrial fibrillation but the upper chambers are actually contracting, not twitching, at a rapid but regular rate. The ventricles or lower chambers may respond with a regular or irregular rhythm.

atrium (pl. atria) — The upper chamber of the heart. There are two atria, the left and the right.
biventricular pacemaker with ICD (BiVICD) — A device that uses electricity to help the right and left ventricles pump together at a regular rate and rhythm. It also stops life-threatening heart rhythms.

cardiomyopathy — A disease or disorder of the heart that weakens or changes the heart muscle, causing a decrease in the pumping force of the heart.

chronic — A condition that persists for a long time or recurs frequently, such as a chronic disease.

circulation — Movement of blood through the body’s blood vessels as a result of the heart’s pumping action.

coronary artery disease (CAD) — A condition caused by the narrowing or thickening of the walls of the arteries that supply blood to the heart muscle. When these arteries become blocked, either by fatty deposits or a clot, the heart cannot receive adequate oxygen and may become damaged.

dehydration — An excessive loss of body fluid. This can cause symptoms of dizziness, weakness, low blood pressure, fast heart rate, loss of consciousness and confusion. Sudden weight loss can be a sign of dehydration.

diabetes — A condition in which the body does not produce the right amount of insulin. Insulin is a hormone that allows the body to use glucose (sugar). If untreated, this disorder can lead to many health problems including heart disease, kidney disease and blindness.

diuretic — A medication that promotes the formation and release of urine. It helps to reduce fluid overload in your body; also called a “water pill.”

edema — An accumulation of excessive fluid in the body’s tissues, causing swelling in the ankles, legs, hands and abdomen, and congestion in the lungs.
endocarditis — An inflammation or infection of the inner lining of the heart and the heart valves, usually caused by a bacterial infection.

heart failure — The inability of the heart to keep up with its workload; the heart is unable to pump enough blood to the lungs and the rest of the body.

heart valve — One of the four structures inside the heart that control the flow of blood by opening and closing with each heartbeat. The valves only allow blood to flow in one direction.

hypertension — High blood pressure, caused by a narrowing of the arteries in the body, which leads to a rise in the artery pressure causing damage to the vessels and other organs. The causes of blood pressure are numerous. High blood pressure is dangerous and can lead to life-threatening conditions such as strokes, heart disease, kidney disease and loss of vision.

kidneys — A pair of organs that regulate the proper fluid balance in the body, eliminating body waste products in the urine and maintaining the proper balance of minerals and compounds in the body to keep it healthy. The kidneys produce various substances that help regulate this fluid balance, such as renin.

myocardial infarction (often called a heart attack) — The destruction of a portion of heart muscle due to a sudden decrease in the blood supply to that area. The dead tissue becomes scar tissue and is no longer able to work properly.

myocarditis — An inflammation of the muscle tissue of the heart.

oxygenated — To be infused or combined with oxygen.

palpitations — A noticeable pounding of the heart. The heart is usually beating more quickly and stronger than normal; the rhythm may be regular or irregular.
potassium — A mineral that, along with sodium, calcium and magnesium, regulates the body’s fluid balance, maintains normal heart rhythm, and helps control nerve impulse conduction and muscle contraction.

pneumatic driver — A mechanical device that powers and controls the Total Artificial Heart®.

pulmonary edema — An accumulation of fluid in the lung tissues, often caused by heart failure or a leaking valve.

sodium — A mineral that helps regulate fluid volume and blood pressure. Along with potassium, calcium and magnesium, it helps regulate nerve and muscle function. Excessive intake of sodium may contribute to high blood pressure and fluid retention.

Total Artificial Heart® — A mechanical device that replaces the heart when both ventricles are failing. It is similar to a heart transplant.

vasodilators — A class of medications that widen or open the blood vessels. They are often used to decrease blood pressure.

veins — The blood vessels that carry blood toward the heart. All the veins except the pulmonary vein carry deoxygenated blood. The venous system includes all the veins that carry blood to the heart.

ventricle — One of the two lower, larger chambers of the heart that receive blood from the upper chambers (atria). The right ventricle pumps blood to the lungs and the left ventricle pumps blood out to the body.

Ventricle Assist Device (VAD) — A device that directly helps pump blood for the heart. Blood flows from the heart to the blood vessels feeding your body, using an electrically driven motor that is part of the VAD.
FACT SHEET: RESOURCES

ORGANIZATIONS

AGENCY FOR HEALTH CARE RESEARCH AND QUALITY
540 Gaither Road
Rockville, MD 20850
(301) 427-1364
www.ahrq.gov

AMERICAN ASSOCIATION OF HEART FAILURE NURSES
www.aahfnpatienteducation.com

AMERICAN HEART ASSOCIATION (AHA)
National Center
7272 Greenville Ave.
Dallas, TX 75231
1-800-AHA-USA-1
www.americanheart.org
www.americanheart.org/chf (good website on living with heart failure)

LOCAL AHA – L.A. COUNTY
816 S. Figueroa Street
Los Angeles, CA 90017
(213) 291-7000

The AHA supports research, education and community service programs with the objective of reducing death and disability from cardiovascular diseases and stroke. They are a great resource. Ask for patient handouts on heart failure, diet, exercise, high blood pressure, smoking cessation, cholesterol, etc. Check to see if they have scheduled classes or lectures.

CENTERS FOR DISEASE CONTROL AND PREVENTION
www.cdc.gov
THE MENDED HEARTS
National Office
8150 N. Central Expressway, M2248
Dallas, TX 75206
www.mendedhearts.org

Mended Hearts is an affiliate of the American Heart Association. It’s a good resource and offers support for heart patients, their families and friends. The organization publishes a magazine called Heartbeat.

NATIONAL HEART, LUNG AND BLOOD INSTITUTE
Education Programs Information Center
P.O. Box 30105
Bethesda, MD 20824-0105
(301) 592-8573
www.nhlbi.nih.gov

HEART FAILURE SOCIETY OF AMERICA
www.hfsa.org/heart_failure_education_modules.asp

HEART FAILURE ONLINE
www.heartfailure.org

This site is sponsored in part by the Sharp Foundation’s Cardiovascular Research and Education Department and the San Diego Cardiac Center. Information is available in Spanish.

JON’S PLACE
www.jonsplace.org

This site was put together by a young man, Jon Mark, who has severe heart failure. The Manual is a great learning tool. You may not agree with his spiritual bent, but his site is jam-packed with useful and practical information. Link to his manual and heart failure information: www.chfpatients.com.
GLOSSARY, RESOURCES, INFORMATION, FORMS

NUTRITION AND DIETARY RESOURCES

POCKET GUIDE TO LOW SODIUM FOODS, 2ND EDITION,
by Bobbie Mostyn

THE DASH DIET ACTION PLAN
www.dashdiet.org

AMERICAN HEART ASSOCIATION LOW-SALT COOKBOOK,
3RD EDITION

FAST FOOD TO FINE DINING INFORMATION
www.healthydiningfinder.com

LOW-SALT FOODS
www.LowerSaltFoods.com
Raising sodium awareness; resources for low-sodium choices.

NUTRITION IN THE FAST LANE
www.fastfoodfacts.com
Type in “Nutrition in the fast lane.”

THE FAST FOOD EXPLORER
www.foodfacts.info
Type in “Fast food calculator.” Also look for the app for your smartphone.

SHAKING YOUR SALT HABIT,
American Heart Association
Accessed from KRAMES Patient Education website:
www.krames.com or educationpackets.heart.org
TIPS FOR EATING OUT

Select a restaurant where food is **cooked to order**.

**Avoid fast food chains or buffets.**

Let the waiter know that you are on a special 2-gram sodium diet. Ask if there is a chart that lists the dietary content of the foods on the menu. Tell the waiter how you would like your food prepared. Many restaurants will cook to your request.

**Order foods that are fresh.** Choose foods that are garden fresh, baked, broiled, poached, grilled, roasted or steamed. Use oil and vinegar on your salad. Try lemon as a flavoring.

**Don’t order foods that are fried, frozen or pre-made.** Avoid foods with sauces, especially those with cream, hollandaise, soy sauce and cheese. Avoid foods that are buttered, sautéed, served with gravies, or cooked with sausage or bacon.

Ask for dressings, sauces and gravies served on the side. Dip your fork in the dressing, sauce or gravy first, then take a bite of your food.

Don’t add any salt, or any condiments such as pickles, soy sauce, olives, ketchup or mustard.

Watch out for before-the-meal “extras” such as appetizers, cocktails, bread and butter, chips and dip, etc.

Bring your own sodium-free dressings or condiments with you.

Plan ahead, and limit your sodium earlier in the day when you know you are going to be eating out. Make sure you weigh yourself the next morning to see if you have gained any extra fluid weight.
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