

The facts:

Around 5.7 million people in the United States have heart failure.*

For those less than 50 years old, the heart failure rate is 20 times higher among Blacks than Whites.**

75% of Blacks who develop heart failure have hypertension (high blood pressure).**

Ethnicity & Disease

Official Journal of ISHIB

VOLUME 23, NUMBER 1
SUPPLEMENT P1
WINTER 2013

Patient Supplement: Heart Failure - Managing Your Options

Heart Failure - First Things First **3**
Getting beyond the name
What do people with heart failure feel?

More about Heart Failure **4**
What causes systolic heart failure?
How weak is my heart?

How Can I Control Heart Failure? **5**
Systolic heart failure self-care
Lifestyle changes to control heart failure

Other Ways to Help Control Heart Failure **6**

Making a Weak Heart Stronger **7**
What can I do to help my heart get stronger and weaker?

Should I expect medication side-effects?
Are any other treatments used for heart failure?

It's all about good care

*Source: www.webmd.com/heart-disease/heart-failure/default.htm.

**Source: www.nejm.org/doi/full/10.1056/NEJMoa0807265#t=articleResults.



Welcome

It is health that is real wealth and not pieces of gold and silver.

- Mahatma Gandhi, philosopher, political and ideological leader of India



Thank you for taking the time to read this patient supplement of *Ethnicity & Disease*, the peer-reviewed medical journal of the International Society on Hypertension in Blacks (ISHIB). We have focused past patient supplements on hypertension and diabetes. Heart failure is a major issue that also affects many of our patients. Like diabetes and hypertension, managing your heart failure is a collaborative effort between your doctors, nurses, family, friends, and, most importantly, YOU!

I hope that this patient magazine will help you understand your condition, as well as identify some strategies to better manage your heart failure and ultimately your overall health. Be sure to talk about the information in this supplement with your doctors. I'm sure they will be happy that you are interested in your health.

Wishing you good health,

David S. Kountz, MD
President, ISHIB



Ethnicity & Disease

Official Journal of ISHIB

Since 1991

Ethnicity & Disease, the official journal of the International Society on Hypertension in Blacks, is an international journal that publishes information on the ethnic patterns of disease. This peer-reviewed journal releases research four times/year along with special supplements for targeted studies and populations. To subscribe to *Ethnicity & Disease* or for more information, visit www.ishib.org or email

ethndis@ishib.org. ©2013 ISHIB

For physicians, health educators and others, additional copies can be ordered by calling 770.898.7910 or emailing ethndis@ishib.org.

Acknowledgments

ISHIB/*Ethnicity & Disease* thanks the following for the development of this patient supplement: Judith E. Mitchell, MD, contributing author; Inside Edge Consulting Group, management of the ISHIB IMPACT campaign, the source of much of this supplement's information; and Dubois Betourné & Associates, graphic design and editorial services.

Editor-in-Chief

Keith C. Norris, MD
Charles Drew University of Medicine & Science
Los Angeles, California

Associate Editors

Sharon K. Davis, PhD
Michael E. Griswold, PhD
W. Dallas Hall, MD
Sandra A. Harris-Hooker, PhD
Ken Resnicow, PhD
Anne E. Sumner, MD
Carla Yunis, MD, MPH

Managing Editor

Anne M. Dubois

An International Journal on Population Differences in Disease Patterns

Heart Failure - First Things First

You or your loved one have been told you have heart failure. Or, you suspect you might have heart failure. In either case, by reading this magazine, you have made a wise choice to educate yourself on this condition. Learning about heart failure can be one of your best tools in caring for yourself or others. So, pat yourself on the back!



When you first hear the term “heart failure,” it can be a very scary moment. An important thing to know is that heart failure does NOT mean that your heart has stopped working. Most of the time, it means the heart has weakened and cannot pump enough blood throughout the body to meet its needs. This type of heart failure is called systolic heart failure. Another type of heart failure, diastolic heart failure, happens when the heart is not weak but the patient has the symptoms of heart failure. Ask your doctor or nurse what type of heart failure you have. In this issue, we focus on systolic heart failure.

If you have heart failure, you are not alone. Heart failure is one of the most common reasons for people older than 65 to be in the hospital. The good news is that you and your doctor or nurse can develop a plan to manage and treat heart failure. Understanding and carefully monitoring your symptoms, improving your lifestyle, and following the medication plan that your doctor or nurse sets for you can improve your symptoms, help prevent your heart failure from getting worse, and sometimes even improve your heart function.

The signs and symptoms of heart failure can be different for each person. Some have no severe signs but may feel very, very tired. Others have symptoms such as difficulty or trouble breathing, especially when walking fast or going up the stairs. Swelling in the feet or belly may also be a sign of heart failure.

Getting
beyond
the name

Systolic heart failure happens when your heart muscle becomes weak. Your heart does not have the power to efficiently pump blood throughout your body.

What do people
with heart failure
feel?

What causes systolic heart failure?



How weak is my heart?

Did You Know?

The treatment of hypertension and coronary disease can help to reduce your risk of heart failure.

If you already have heart failure, treating high blood pressure and coronary artery disease can help the heart failure.

More about Heart Failure

To determine the best medical treatment, your doctor or nurse will identify what led to your heart failure. Some of the most common causes of heart failure include:

- ♥ Hypertension
- ♥ Coronary heart disease – (high fats and cholesterol content blocking blood vessels)
- ♥ Heart valve problems –valves are like doors in certain parts of the heart. Problems opening or closing the valve can lead to heart failure.
- ♥ Diabetes (high blood sugar)
- ♥ Alcohol abuse or heavy drinking
- ♥ Infections including HIV

To answer this question, you have to KNOW YOUR NUMBER. Your doctor or nurse can order a test to find the answer. The most common test to find out how much blood your heart pumps out with each beat is the echocardiogram or echo. This test tells your doctor or nurse how much blood leaves the heart every time it beats or the percentage of blood the heart pumps every time it beats. This number is called the ejection fraction or “EF” for short.

The normal range for EF, or the pumping ability of your heart, is between 50%-75%. If you have heart failure because of a weak heart, your EF will be lower than this. The lower the number is, the weaker the heart.

You and your doctor or nurse will work hard to keep the EF from going lower, to keep the heart from getting weaker. In some cases, by following treatment recommendations, the heart can get stronger. The EF or pumping function of the heart can even improve!

How Can I Control Heart Failure?

Successfully managing your heart failure often depends, in part, on things within your control. The treatment of your other medical conditions like diabetes, high blood pressure and coronary artery disease will help you feel better and may help keep your heart failure from getting worse.

Systolic heart failure self-care



Lifestyle changes to control heart failure

- ♥ Achieving healthy weight.
- ♥ Dietary changes*
 - limit fat and cholesterol.
 - lower salt intake -- avoid foods that contain sodium products like sodium benzoate and MSG (check food labels and stick to foods marked “low sodium” or “sodium free.”)
- ♥ Exercise – make a low-impact exercise plan with your doctor to safely increase your activity levels. Avoid heavy lifting and high-impact routines.
- ♥ Avoid alcohol.
- ♥ If you smoke, speak with your doctor or nurse about quitting. Avoid second hand smoke. If you do not smoke, do not start.

*Source: www.hearthealthywomen.org/tests-diagnosis/index-tests/ejection-fraction.html

Most Common Signs of Heart Failure

- ♥ Shortness of breath –this can happen at rest or during normal activity; it may even cause people to wake up from sleeping
- ♥ Less ability to exercise because of trouble breathing
- ♥ Swelling (edema) of feet, ankles, belly, legs or back, especially at the end of the day
- ♥ Weight gain
- ♥ Tiredness and/or weakness
- ♥ Heart palpitations (pounding or fast heartbeat)
- ♥ Cough - this may be caused by fluid buildup in your lungs, especially when lying down
- ♥ Feeling stuffed up or congested
- ♥ Loss of appetite

Improve Your Medication Compliance

Understand when and how to take your medications.

Avoid missed doses and talk to your doctor or nurse about what to do if you do miss a dose.

Running out of your medicines or stopping them on your own can be harmful to you and can make your heart failure worse.

Other Ways to Control Heart Failure

Common types of medicines include:

Diuretics (water pills)

Beta-blockers

ACE-inhibitors

Angiotensin II receptor blockers

Mineralocorticoid receptor antagonist

Combined hydralazine/nitrates

Some medicines have been found to help patients with heart failure feel better AND to live longer.



Medications, blood monitoring, and regular doctor visits will help your doctor keep track of your heart failure condition and allow him or her to make necessary changes to your care. This close monitoring is for your safety. You will play an important role in helping your doctor identify what treatments are right for you.

FOLLOW YOUR HEART - to assist your doctor or nurse in developing the best treatment plan for you! It's important for you to keep records including:

- 1 **The cause of your heart failure.** Knowing what led to your heart failure can affect the type of treatment your doctor prescribes.
- 2 **Record your ejection fraction (EF).** Carry this information with you so that you can report your last known EF measurement to other doctors in the case of an emergency.
- 3 **Track your weight.** It is important to weigh yourself regularly. Record changes. Weight increases can indicate swelling (also called edema) due to water retention. Report sudden or significant changes of your weight to your doctor.
- 4 **Always keep a list of your medications, including dosage.** Bring your medications with you to all doctor visits. Don't forget to include the medicines you purchased over-the-counter or at the health food store.
- 5 **Keep track of your symptoms and possible medication side effects.** Report both to your doctor or nurse at your regular visits and set up special visits to talk about urgent or major concerns.

Making a Weak Heart Stronger

First, medications are VERY important for controlling heart failure. Yet, it can be hard to take many medicines every day. Remember that some medicines for heart failure help to decrease the edema (fluid buildup in the body) and improve your breathing. Some medicines keep the heart from getting weaker and some of these also improve the pumping function of the heart. Some of the heart failure medicine can not only help heart failure patients feel better but can also help them live longer.

Some medicines may have side-effects that make you feel sick. Tell your doctor immediately. Continue to work with your doctor to find the medicines that will work best for YOU. Remember, you want to get the benefits of the medicines you are taking but have little or no side-effects.

Your doctor may discuss another form of management with you. This action is used in addition to the medicines that you take. Not all patients will need this action. In some patients with heart failure, even after they have taken the best medicines, at the best doses for their condition, their hearts remain weak. For these patients, the doctor will talk to those who meet the criteria for placement of an internal cardioverter defibrillator (ICD) and/or a biventricular pacemaker (Bi-V). Your doctor or nurse can tell you more about an ICD or Bi-V.

Millions of people like you or your loved one live with heart failure. It is possible to improve your quality of life **and** avoid frequent hospital stays. You or your loved one CAN live a full and rich life. Take good care!

What can I do to help my heart get stronger?

Should I expect medication side-effects?

Are any other forms of management used for heart failure?

It's ALL about good care

Heart Failure Terms

SYSTOLIC HEART FAILURE happens when the heart muscle becomes weak. Your heart does not have the power to efficiently pump enough blood throughout your body.

DIASTOLIC HEART FAILURE happens when your heart muscle is stiff and does not fully relax to let enough blood into the heart. As a result, the heart does not fill with enough blood to efficiently pump it throughout the body.*

CONGESTIVE HEART FAILURE is a term that your doctor or nurse may use to describe the buildup of fluid in the heart and lungs. This fluid buildup leads to the “congestion” of the heart and lungs to cause shortness of breath.

EDEMA is swelling, usually in feet, ankles and/or legs and is caused by buildup of fluid in tissue or organs.

EJECTION FRACTION is the amount of blood pumped out from the heart with every beat. It is measured as a percentage (%).**

*Source: www.ncbi.nlm.nih.gov/mesh?term=%22Heart+Failure%22

**Source: www.webmd.com/heart-disease/features/why-african-americans-greater-risk-heart-disease

Sponsors

ISHIB IMPACT is supported through unrestricted educational grants from:



2111 Wilson Boulevard
Suite 700
Arlington, Virginia 22201

For More Information



Scan QR code to the left with your smart-phone to download a pdf of this patient supplement.

Visit these websites:

www.ishib.org for electronic copy of this document
www.aahfnpatienteducation.com/index.php/self_care
www.nhlbi.nih.gov/health/health-topics/topics/hf/
www.mayoclinic.com/health/heart-failure/DS00061
www.nlm.nih.gov/medlineplus/heartfailure.html

Check out our other patient magazines:

If you have diabetes: www.ishib.org/pdfs/EDpatientSuppD_online.pdf

If you have high blood pressure: www.ishib.org/pdfs/EDpatientSupplement.pdf



Daiichi-Sankyo



Forest Laboratories, Inc.



NOVARTIS

