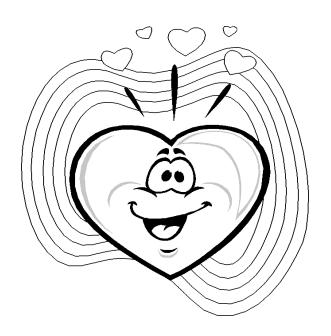




# Living with Heart Failure

# **Information for Patients and Carers**



#### **Section 1 - Introduction**

- ♥ What is heart failure
- Signs and symptoms

# Section 2 - Self Management

- ♥ Early symptom recognition
- ♥ Weight and fluid management
- ▼ Traffic light system
- ▼ Adjusting diuretic therapy

# Section 3 – Adjusting your Life style, shake the habit

- ♥ Diet
- ▼ Smoking
- ♥ Exercise
- ♥ Sexual activity
- ♥ Psychological support

- **♥** Work
- Money matters
- ♥ Immunisation
- ♥ Driving
- ♥ Holiday

# Section 4 – Advanced Care planning

### Section 5 – Medication

- ▼ ACE Inhibitors
- ♥ Diuretics (water tablets)
- ♥ Aldosterone antagonists
- ♥ Beta blockers
- Angiotensin II receptor antagonists

- **♥** Digoxin
- ♥ Anticoagulation
- ▼ Nitrates
- ♥ Other medication

## Section 6 - Useful contacts

# Section 1 - Introduction

Managing your heart failure requires you and your health care team to work together. Your management plan will include taking regular medication, monitoring your weight and making lifestyle changes to help control and stabilise your condition.

Heart failure ranges from mild to severe. It cannot be cured but the symptoms can be controlled with an appropriate management plan.

This booklet describes heart failure and how it affects the body and provides guidelines on what you can do to manage your condition.

# **Key Points**

- Monitor your weight and symptoms and record them in a diary
- Contact your doctor or nurse if your weight or symptoms change
- ▼ Take your prescribed medication regularly
- ♥ Monitor your diet
  - a. Try and reduce your salt intake
  - b. Increase your daily intake of fruit and vegetables
  - c. Reduce your fat intake, especially if you are overweight or have raised cholesterol
- ♥ Balance exercise with rest
- ▼ If you are a smoker, aim to stop
- If you are drinking alcohol, do so within the recommended limits
- Make use of the support offered
- And remember if you require any information; do not hesitate to contact your doctor or nurse.

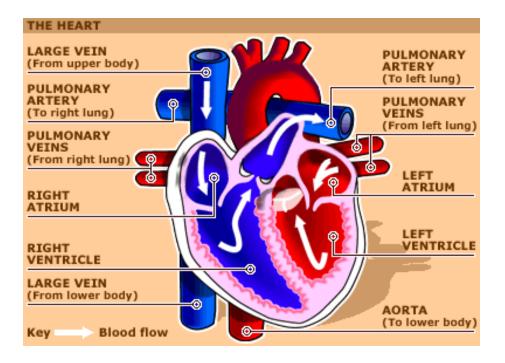
## What Is Heart Failure?

A healthy heart can pump blood to all parts of the body in a few seconds. When the heart can no longer do this, a person is often said to have heart failure. It is a poorly chosen term because it does not mean that your heart is about to stop or fail completely. It just means that your heart cannot pump as strongly as it used to.

Heart failure is one of the most common heart problems in this country. In most cases heart failure cannot be cured. However, taking certain medications and making some changes to your lifestyle can improve your outlook, help you feel and function much better and give you control over your heart failure.

## **How the Heart Works**

The heart is a muscular pump, made up of four chambers. They are the left and right atria and the left and right ventricles. These chambers have to pump regularly and in sequence to ensure an adequate blood supply to the whole body. A series of valves keeps the blood moving in the right direction. The pumping action of the four chambers is co-ordinated by electrical signals telling the heart when to contract and relax.



Blood from the legs and arms and organs of the body enters the right side of the heart into the right atrium. It is pumped to the right ventricle and from there the heart pumps the blood to the lungs, where it takes up oxygen and gets rid of the carbon dioxide it has been carrying. This oxygen rich blood then enters the left side of the heart into the left atrium. It is pumped into the left ventricle (where the biggest muscle is) and from there it is pumped into the aorta to all parts of the body including the heart muscle itself.

When the heart can no longer pump efficiently, several changes take place to compensate. For example, the heart may beat faster and the muscle fibres will gradually stretch or enlarge to cope with the workload. Overtime this stretching leaves the heart with larger, weaker chambers.

## **Causes of Heart Failure**

The most common causes of heart failure are:

- Coronary heart disease—usually with a previous heart attack
- ♥ High blood pressure (hypertension)
- Heart muscle disorder—caused by viral infection or alcohol damage (cardiomyopathy)
- ▼ An irregular heartbeat
- Heart valve disease
- ♥ Heart abnormalities present at birth

# What are the symptoms of heart failure?

The symptoms of heart failure may appear quickly, for instance, after a heart attack, or may develop slowly over weeks or even months.

The symptoms happen because your heart muscle has become either stiff or weak and stretched. This effects the pressure within your heart and the poor pumping actions leads to a build up of blood in your lungs and other body parts. Your heart tries to work harder to help clear the build up but is unable to do this. This leads to congestion of your body parts that causes you to develop symptoms.

## They include:

## ▼ Weight gain

The fluid retention, which occurs in heart failure, can cause rapid unusual weight gain

#### ▼ Swelling of the feet, ankles or abdomen

Your kidneys have the job of keeping the balance right within your body but if they do not have enough blood pumping around them - this leads them to hold onto the extra water causing swelling in the wrong places

#### **♥** Breathlessness

Congestion or fluid in the lungs causes breathlessness which can be very frightening. You may find that you become more breathless when ou are doing activities such as walking or climbing stairs. You may find it difficult to lie flat.

#### ♥ Weakness/fatigue

Fatigue is very common and is caused by your muscles not getting enough oxygen or because you are not sleeping properly.

# **▼** Frequent dry, hacking cough

Most often when lying down usually caused by fluid but can be a side effect of your medication

#### Loss of appetite

This can be due to extra fluid within your bowel making you feel bloated or that you are not absorbing enough nutrients from your food

#### **▼** Emotional responses

You may experience feelings of helplessness, depression, anger and loss of confidence because of changes in your lifestyle.

# Section 2 - Self Management

Understanding your condition and being in control of your symptoms will help you to feel more in charge. Not everyone is comfortable with this and sometimes it's easier to break down self management into small chunks and trying to tackle them one at a time.

## What do we mean by self management?

- ▼ Learning to recognise your symptoms
- ▼ Thinking about what you normally do when you get these symptoms, knowing what works and why
- ▼ Thinking about problems that stop you managing your symptoms
- ▼ Learning to recognise any changes in your symptoms
- ▼ Knowing when to seek help

One easy way that is use to help early symptom recognition and what to do, is to use the traffic light system.

This works on the same principles as normal traffic lights. When you are feeling well then you are in the **green zone**. The **amber zone** means that there are some symptoms and the **red zone** means that you must get some help.

#### When I Feel Well

When you are in the Green Zone you will be-

- ▼ At your goal weight
- ▼ Experience no shortness of breath
- ▼ Have no swelling of your ankles or stomach
- ▼ No weight gain
- ▼ No chest pain
- ▼ No decrease in your ability to maintain your activity level

#### The Green Zone means that-

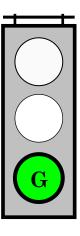
- ▼ Your symptoms are under control
- ♥ Continue taking your medication as prescribed
- ♥ Continue daily weights
- ♥ Follow a low salt diet
- ▼ Keep all doctor appointments

My goal weight is	
My normal level of activity is	

## **Symptoms Getting Worse**

You will recognize if your heart failure is getting worse if your weight has gone up by more than 2kgs or 3-4lbs in 2 or more days and you are becoming slightly breathless. This can happen for a variety of reasons and may be due to an infection of some kind.

The earlier you spot the symptoms the better.



## **Getting Worse**

You are entering the **Amber Zone** if you have any of the following signs and symptoms –

- ♥ Weight gain of 3 or more pounds in 2 days
- ▼ Increased cough
- ▼ Increased swelling
- ▼ Increase in shortness of breath with activity
- ▼ Increase in the number of pillows needed to sleep
- ◆ Anything else that is unusual that bothers you

#### The Amber Zone means -

- Your symptoms may indicate that you may need an adjustment to your medication
- ▼ If you feel confident increase up your diuretics (water tablets) by one tablet every day for 3 days. If not please contact your nurse or doctor
- If your symptoms disappear and your weight returns to normal then go back to your normal dose of diuretics
- **▼** If your weight or symptoms remain after the increase in tablets then please contact your doctor or heart failure nurse and tell them that you have entered the Amber Zone.

#### I feel much worse

You are in the **Red Zone** if you have any of the following symptoms -

- Unrelieved shortness of breath; shortness of breath at rest
- Unrelieved chest pain
- Wheezing or chest tightness at rest
- Need to sit in chair to sleep
- Weight gain or loss of more than 5 pounds in 2 days
- Increased confusion

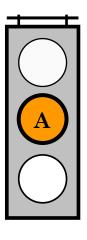
#### The **Red Zone** means –

That you require to be evaluated by someone today.

Call your GP or Heart Failure Nurse for an urgent appointment.

After office hours - call NHS24 on 08454 242424

In an Emergency dial 999 for an ambulance





# Learn to monitor your weight and symptoms

Observing and recording changes in your weight from day to day is a good way of knowing whether you are gaining or losing fluid. It is one of the best early ways of picking up changes in your condition.

Unwanted fluid in your body, which results from heart failure, shows upon the scales as increased weight. This is because fluid weighs so much—1 litre of fluid weights 1 kilogram (2.2lbs)

You should weigh yourself at the same time each day. A good time is first thing in the morning, after you have been to the toilet and before you have anything to eat or drink.

Your weight will vary regularly but if your weight increases by 2-3lbs (1kg) on any day and stays on or increases again the next day, then report this as soon as possible to your nurse or doctor. It may mean you need to alter your diuretics to get rid of excess fluid.

It is important to remember the warning signs and symptoms of heart failure and if they occur you should contact your nurse or doctor.

## Warning signs to remember are-

- Shortness of breath that does not go away with rest or is becoming progressively worse
- ▼ The swelling in your ankles or feet becomes worse
- ♥ Sudden weight gain of more than 2kgs (4lbs) in a day
- Going to the toilet to pass water less frequently during the day or more frequently at night
- ▼ Wakening up in the night coughing or short of breath
- Your heartbeat feels faster than usual (palpitations)
- You feel pain, heaviness or tightness in your chest

# Observe your fluid intake

Fluid balance is important for maintaining your health. You should try and restrict the amount of fluid that you take a day to under 2000mls (2 litres). If you take more than this it can lead to an increase in weight, due to extra fluid being retained by your body. You can become breathless and your ankles may swell up (oedema). These symptoms may be uncomfortable, but can also be dangerous if not treated.

Fluid from food and drink have to be counted within your allowance, for example – milk, ice cream, yoghurt, ice lollies, milk puddings, gravy and any drinks that you might take.

# Remember 1 litre of extra fluid is equal to 1 kg (2.2 lbs) of weight.

# Adjusting your diuretics

It is very important to keep a balance within your body. We can facilitate this by watching your input and output of fluid through weight and fluid management but sometimes despite this you still tend to hold onto fluid and develop oedema. When this happens we need to look at your diuretic therapy to help balance your body.

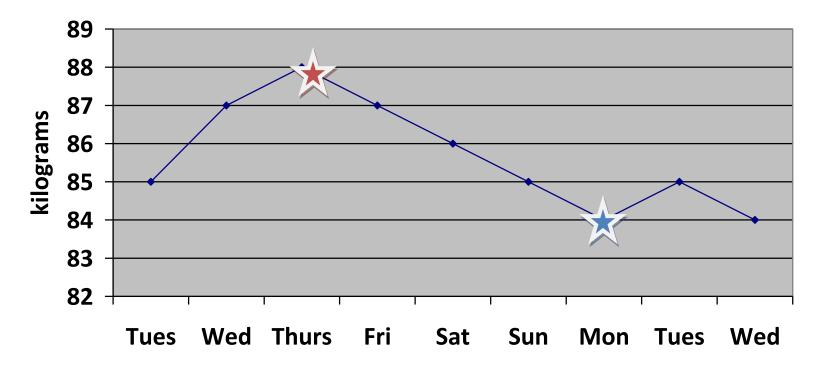
If you have noticed a weight gain over the past couple of days that is not going away then it is important to adjust your diuretics to remove the excess water before your symptoms become worse.

Normally what we ask you to do is to increase up your diuretics by one tablet per day for 3 days (i.e. if you take 40mgs of furosemide in the morning then you would increase up to 80mgs in the morning for 3 days or if you take 40mgs twice a day then you would increase to 80mgs in the morning and 40mgs at lunchtime for 3 days etc).

If your weight comes back down to normal after the 3 days, then you go back to your normal dose and carry on as usual. If, however, you weight does not come back down after the 3 days then you need to get in touch with someone to discuss what is happening and look for a cause of the increase in weight.

Not everyone will feel happy about changing medication without discussing it with someone first. Please seek this reassurance but hopefully with time you will become more confident in what you are doing and adjusting your tablets as necessary will become second nature.

# **Example of Daily weight chart**





Weight Increased by 3 kilograms in the past 2 days therefore diuretics (water tablets) increased up by one tablet each day for 3 days.



Weight has come back down to normal therefore water tablets are returned to normal daily dose.

# Section 3 - Adjusting your Lifestyle, shake the habit

## **Diet**

Eating a healthy diet is one of the best things that you can do to help you feel better. Your diet should be low in salt and fat. Small frequent meals and snacks are usually better tolerated than larger, infrequent meals. If you are overweight (due to excess body fat rather than fluid), you are causing your heart to work extra hard and this can worsen symptoms of heart failure.

The good news is you can help by making some changes to what you eat and by getting more exercise.

## Have small, regular meals

- Aim for three balanced meals a day, with healthy snacks in between if you're hungry.
- Eat at least five portions of fruit and vegetables every day
  - Include a variety of fruit and vegetables of all different colours
  - Fruit and vegetables can be fresh, frozen, dried or canned, or in the form of pure juice. If you're having canned produce, choose fruit canned in natural juice rather than syrup, and choose vegetables canned in water without added salt.
- ♥ One portion equals:
  - 2 tablespoons of vegetables (raw, cooked, frozen or canned)
  - 1 cereal bowl of salad (e.g., with tomato, cucumber and onion)
  - 1 whole fruit (apple or pear)
  - 2-3 whole pieces of smaller fruit (e.g., 2 kiwis or 3 apricots)
  - 1 slice of larger fruit (melon or pineapple)
  - 1 cupful of small fruits (grapes, cherries or berries)
  - 1 small glass of fruit juice (only 1 glass a day can count towards your 5 portions a day).

## If you're a vegetarian

- ▼ It's important not to rely on cheese for your protein as it can be high in saturated fat, and you may also miss out on some essential nutrients.
- ▼ Make sure that you eat a good mix of protein foods include beans, peas and lentils (for example, in dhal) as they are good low-fat sources of protein and fibre. And balance your meals with a wide variety of fruit, unsalted nuts and wholegrain cereals.
- ▼ If you are making curries or stews, don't add butter, ghee, palm oil or coconut, as they are high in saturated fat. Instead, use unsaturated oils such as olive, rapeseed or sunflower.

- ▼ Include starchy carbohydrates at each meal
  - Bread, chapatis, pasta, plantain, potatoes, pasta, rice and yam, are all examples of starchy foods that provide a slow release of energy.
  - Try to eat whole grain or wholemeal versions of bread, cereals, chapatis, noodles, pasta and rice, as they contain more fibre, vitamins and minerals than the white versions.
- ♥ Choose lean sources of protein
  - Go for lean cuts of meat and include fish a couple of times a week.
     See the advice on saturated fat and fish below.
  - Beans, dhal, lentils and peas contain protein and fibre, are low in fat and can be used to bulk out meat dishes or as vegetarian alternatives to meat or fish.
  - Eggs can be eaten as part of a balanced diet, but take care not to add fat during cooking.
  - If you're trying to lose weight, eat nuts and seeds only occasionally, as they are high in calories. Always choose unsalted nuts.

## Eat two or more portions of fish every week

- ▼ In particular, have one portion of oily fish a week, or 2-3 if you have had a heart attack. Oily fish includes mackerel, salmon, sardines, herring, trout, pilchards and fresh tuna. (Tinned tuna doesn't count as an oily fish, but it's still a good source of low-fat protein.)
- ◆ All types of fish are a good source of low-fat protein unless you coat them in batter or fry them! Fresh or frozen fish can be steamed, grilled or baked.
- ▼ If you buy tinned fish, look for fish in tomato sauce or water rather than brine, which contains a lot of salt. If you can only find fish in brine, make sure you rinse the fish well before eating it.

#### Have less saturated fat and sugar

- Avoid fatty meat and meat products like sausages or meat pies. Instead, choose lean meat, poultry or fish, and remove the skin from meat and poultry.
- Many dairy products are high in saturated fat. Try to use semi-skimmed or skimmed milk instead of full-fat milk. Choose low-fat yoghurts and limit the amount of cheese you eat, or try reduced-fat versions.
- ▼ Replace fatty and sugary snacks such as cakes, biscuits and chocolate with healthier alternatives such as fruit, vegetable sticks or low-fat yoghurt.
- Swap palm oil, coconut oil, ghee, lard or butter with small amounts of monounsaturated or polyunsaturated fats such as olive oil, corn oil or sunflower oil. Measure out oil with a spoon or use a spray and try a lowfat spread.
- ▼ Remember that all fats are high in calories, so if you're trying to lose weight, reduce your overall intake of fats.

Source - BHF 2010

## Have less salt

Salt acts as a sponge by encouraging the body to retain water. This can make your symptoms worse so it is important to cut down on your salt intake.

A normal adult's daily dose of salt is 6gms or 2.5gms of sodium, with heart failure, we would normally recommend that you reduce this down to 2gms of salt or 0.8gms of sodium a day.

Although this may taste strange at first don't worry. Most people's taste buds get used to less salt after 2 or 3 months, so do persevere.

Hints to try and cut down are:

- ▼ Try not to add salt at the table and put less in cooking
- Do not use salt replacements especially Lo Salt as it contains potassium which can cause problems
- ▼ Try to use herbs and spices instead
- ▼ Avoid obviously salty foods like crisps, nuts, bacon etc.
- Some 'ready meals' and processed foods contain a lot of salt, so check the label for salt (sodium) contents

Foods low in salt includes:

- ▼ Fresh fish
- ♥ Fruit
- Vegetable (cooked without salt)
- **♥** Eggs
- ▼ Fresh meat and poultry
- Pasta and rice (cooked without salt)

# Foods high in Potassium

Too low or too high a potassium level in your blood can cause irregularities in your heart rhythm. Water tablets such as Furosemide make you lose potassium but ACE inhibitors and Spironolactone hold on too potassium. This is why you need regular blood tests to check your potassium level. Your doctor or nurse will let you know if you have a problem and give you advice on what to eat if your potassium levels become a problem

#### Potassium rich foods include:

Apricots, Bananas, Grapefruit, Tomatoes, Peaches, Watermelon, Oranges, Carrots, Potatoes, Broccoli, Turkey, Brussels Sprouts and chicken.

# **Smoking**

The most important thing that you can do for your health is to stop smoking. Smoking is a strong habit that can damage your heart and it can be hard to stop. Nicotine is like a drug and is addictive.



Smoking harms your heart in a number of different ways:

- It damages the lining of your arteries, leading to a build up of fatty material (atheroma) and a reduced space for blood to pass through.
- The carbon monoxide in cigarette smoke reduces the amount of oxygen that the blood can carry to your heart and body.
- The nicotine in cigarettes stimulates your body to produce adrenaline, which makes your heart beat faster and raises blood pressure, and results in your heart having to work harder.
- Your blood is more likely to clot

Giving up smoking is the single most important thing that you can do to help protect your heart.

## Practical tips to help you stop smoking

- 1. Make a date to give up and stick to it!
- 2. Throw away all your tobacco, lighters and ashtrays.
- 3. Draw up a plan of action. Think about what could help you stop smoking, such as using a nicotine-replacement product, and have it ready before the date you plan to quit.
- 4. Keep busy to help take your mind off cigarettes. Try to change your routine, and avoid the shop where you normally buy cigarettes.
- 5. Get support and let your family and friends know that you are quitting. Some people find that talking to friends and relatives who have stopped can be helpful.
- 6. Treat yourself. If you can, use the money you are saving by not smoking to buy yourself something special.

If you need help to stop – please let us know and we can help you get in touch with someone.

**Highland Smoking Cessation Service - 0845 757 3077** 

Quitline - 0800 00 22 00

NHS Smoking Helpline - 0800 022 4 332

## **Alcohol**

Drinking alcohol more than the recommended limits can have a harmful effect on the heart. It can cause abnormal heart rhythms, high blood pressure and damage to the heart muscle, reducing the pumping ability of the heart. It can also lead to a change in your fluid balance (and increase swelling) as well as a weight gain due to alcohol being high in calories.

Alcohol may make some symptoms of heart failure worse – for example dizziness, fatigue and tiredness. It can also interfere with some of the medication that you may take for your heart failure (especially Warfarin)

If you choose to have a drink, it should be no more than 1-2 units a day.

#### 1 unit of alcohol =

- A small glass of wine (100mls)
- Half a pint (about 300mls) of normal strength lager, beer or cider
- A pub measure (25mls) of spirits

Current guidelines are that you should not regularly drink:

Men – no more than 3-4 units a day or 21 units per week Women- no more than 2-3 units a day or 14 units per week

If your heart failure is due to alcohol induced cardiomyopathy, you should give up alcohol completely. By not drinking any alcohol may stop the disease and improve the heart's functioning.

# **Keeping Active**

Although rest may be part of your initial treatment, regular physical activity is helpful for heart failure once it is stable.

Being active can be a challenge if you are limited as to how much you can do. However, physical activity is an excellent way to protect your heart.

#### Being active can:

- help reduce some of your symptoms such as shortness of breath and fatigue
- ▼ improve the flow of oxygen around your body
- raise your energy levels and reduce stress levels and fatigue
- maintain and improve your fitness and stamina
- ▼ reduce your blood pressure
- help to increase the protective type of cholesterol in your blood
- ▼ help to control your weight
- ▼ help you sleep
- ▼ keep your joints flexible
- ▼ improve your general wellbeing.

Unless you have been told by your doctor to rest completely, regular activity and exercise will help strengthen your heart, control your symptoms and make you feel better. Even just getting out of your chair or not lying in bed all day can help to improve your symptoms.

You will generally be the best judge of how much physical activity you are able to undertake but you should aim to exercise as much as you can without getting too tired or short of breath or making your heart beat too fast.

If you are already quite fit, brisk walking, swimming or dancing is good. Some people may not be able to do these types of activities but will still be helped by strengthening or chair-based exercises.. There are many regular activities we do on a daily basis that involve being active, such as walking the dog, playing with children or grandchildren, washing the car and doing the housework.

#### What is important is that:

- the activity is regular
- that you build up your level of exercise slowly to suit your level of heart failure
- Aim to exercise for half an hour three times a week
- Balance your activities during the day with rest periods

It is okay to keep going if you feel a little breathless; you won't do yourself any harm unless you go to the point of exhaustion. If you push yourself to the point of exhaustion on a regular basis, you may find that you are not balancing your exercise and rest effectively and instead of helping to make things better, you are making things worse. If you have been too energetic when you are feeling well, you may find that the next couple of days you are so tired that you cannot do anything. It is important to learn from your mistakes and learn to pace yourself to be more effective.

You may want to join a class to help keep you motivated and to give you the confidence in your abilities. Please ask your nurse or doctor about cardiac rehabilitation classes within your area. These classes include specially tailored exercise session as well as information sessions such as healthy eating and medication.

# **Sexual Activity**

As with other forms of physical activity, sexual activity should be within the limits of your symptoms. Making love makes you feel good and brings you closer to your partner both physically and emotionally. For most people, sexual activity uses about as much energy as climbing 2 flights of stairs. Less strenuous positions, such as the unwell person underneath or side by side may be best.

There may be many reasons for a decrease in your desire for sexual activity but some of this maybe due to your heart failure medication as it can cause low libido and problems with sustaining an erection. If this is a problem, please don't stop taking your heart failure medication. Inform your doctor or nurse as they may be able to recommend either medication or treatment to help you.

# **Psychological support**

Many people who have been diagnosed with heart failure say that it came as a frightening and terrible shock. You will have lots of questions about what you have to do and how to make things better. These are common feelings and its important that you learn to understand your illness and how to manage it.

For some people the worry and stress doesn't go away and they may experience all sorts of emotions, such as anger, fear, depression, loss of confidence and feelings of helplessness.

Family and friends can be a great source of support and encouragement for you. Include them in decisions that affect you and allow them to help you with your activities and care.

## Reducing Stress

When you are under stress or are anxious, the body releases adrenaline into your blood stream which makes the heart work harder. It's important to find ways to reduce the pressure you feel when you are stressed and learn to relax.

For example -

- ▼ Learn to say NO
- Avoid stressful situations
- ▼ Make time for yourself
- ▼ Learn a relaxation technique

Attending cardiac rehabilitation classes will teach you about relaxation as well as reducing your stress levels.



## **Work Advice**

Going back to work depends very much on the individual and the type of employment that they have.

You will need a recovery period of a few weeks before returning to work following a hospital admission. If you have a heavy manual job, it may be necessary to discuss the option of lighter work with your employer.

Some people may not be able to return to work and this can create feelings of poor self worth and loss of purpose. It's important that if this happens that you talk to your family and explain the situation. You may also be entitled to some benefits – see below for details.

# **Money Matters**

Heart problems can sometimes lead to money worries. This may be due to the fact that you have to reduce your working hours or give up work completely. You may feel that you are letting the family down but this is not your fault. There are benefits in place to help support you and your family. The benefit system can be quite complicated so you should get advice about what you are entitled too.

- ♥ Welfare benefits you may be entitled to extra benefits like Disability Living Allowance or Attendance Allowance. To get advice on what you can apply for, contact your local Citizen's Advice Bureau, Social Work dept or Department for work and Pensions.
- ▶ Prescriptions you may be entitled to help with your prescription costs. Ask your health centre, Post office or Pharmacy for a leaflet (HC11). If you do have to pay, you might be cheaper with a pre-payment certificate.
- ▶ Insurance If you are having trouble getting insurance because of your heart failure, then there is a list of companies who are sympathetic towards people with heart conditions. This list is available from the British Heart Foundation or Chest Heart and Stroke.

# **Immunisation**



Pneumonia and other chest infections can be serious, more so if you have heart failure. The germ pneumococcus is one of the most common which causes such problems – if you get immunised against this germ you are much less likely to be troubled by it.

Ask your GP or practice nurse about **pneumococcal immunisation**.

It is like the flu injection but last for 5 years.

#### If you have not had it you should get it!

Flu can affect anyone and with heart failure you have to be extra careful about any chest infections. To improve your chances of not catching the flu – **you must get your yearly flu injection.** You will see notices appear in your surgery each October or November. If you have not been called to a clinic for your jab please ask your GP or practice nurse.

Date of Flu injection	
•	
Date of Pneumococcal immunisation _	

# **Driving Advice**



The DVLA have laid down some regulations as to when you have to declare your condition to them. These are self explanatory as you would not be driving if you were feeling unwell.

- ♥ Group 1 (personal car or motorbike) driving may continue as long as you do not have any symptoms. You do not need to notify the DVLA.
- ♥ Group 2 If you are symptomatic you cannot drive. Re-licensing may be permitted as long as certain requirements are met.

You will need to inform your insurance company of your condition or your insurance cover may not be valid if you make a claim in the future. You should not be penalised for having heart failure, a list of insurance companies are available from BHF or CHSS websites.

For more information – please contact the DVLA for more information and advice

For car or motorcycle driving licence holders - 0300 790 6806

For bus, coach or lorry driving licence holders - 0300 790 6807

# **Holiday Advice**

Travel can be very tiring and is best delayed until your symptoms have settled. Make sure that you plan your journey carefully and include plenty of rest breaks.

If you are travelling by train or car – try to have a break or walk around at least every 60-90 minutes.

If you are travelling by air – you may find that you become slightly breathless and your legs will swell. This is due to the air cabin pressure being different and less oxygen circulation in the plane. If this happens you may benefit from some oxygen whilst you are on board.

You will need to inform your insurance company of your condition to ensure you are adequately covered.

- ▼ Allow plenty of time for packing
- Do not carry heavy bags or rush around
- Take enough tablets with you and a list of your up to date tablets
- If travelling to a hot country, avoid going out in the mid-day heat
- In hot climates, drink a little more fluid than normal to avoid dehydration due to sweating
- Seek medical advice if you develop diarrhoea or vomiting as your body's fluid balance may be effected
- Avoid large meals and excessive alcohol

# **Section 4 - Advanced Care Planning**

Sometimes your condition can deteriorate suddenly, without any apparent cause and this may require hospital admission to stabilise your symptoms again.

As heart failure is a chronic illness, sometimes the episodes of worsening symptoms may not always respond well to changes to your treatment. Consideration of other treatment options may be discussed such as the use of devices or even the possibility of heart transplant. If this is the situation this will be discussed in more detail by your doctor or Heart Failure Nurse.

It may be that your heart failure has advanced to a point where your symptoms are no longer responding to conventional treatment or complications arise which requires frequent hospitalisation. Your doctor or nurse may discuss with you and your family about the possibility of referral to the palliative care team for specialist advice on managing your symptoms or pain. The hospice is generally known for dealing with cancer but they have many expertises that you can benefit from to ensure that you are receiving the best possible care.

Planning for the future means that you and your family need to discuss what is important to you and if decisions need to be made about your health and wellbeing in a crisis that you have it clear what your feelings are. This can not only reduce the stress on you but also on your family.

An Anticipatory Care plan is a simple form completed by your doctor or nurse, which is shared by NHS24 and the ambulance service. A copy of the form is held in your house usually within a green bottle inside your fridge.

By completing an Anticipatory Care Plan – it will help the medical team understand your wishes and ensure that in a crisis everything is carried out as planned. This care plan is not set in stone and will be changed and updated as required but at least annually.

If you wish more information about Anticipatory Care plans – please discuss it with your doctor or nurse who will happily help you to complete the form.

## Information for carers

When someone is diagnosed with heart failure it affects everyone in that family. Expectations and relationships will change and it can be hard to know what to do for the best. It can be both physically and mentally demanding caring for a love one who has heart failure. This first thing to remember is that **you are not alone.** 

Understanding the condition and how it will affect your partner or the person that you are caring for, will allow you to deal with the ups and down that they may face. There will be good and bad days and the level of support that you both need will differ. The key is to make sure that you talk to each other about how you both feel and what needs to be done.

Looking after you is as important as caring for someone else. Feeling isolated is a common thing and it is important that you are able to spend time alone to do your own things whilst your partner or relative is looked after by someone else. If you have nobody to help share the care, then please ask for help as there are organisations out there that can provide short spells of respite care.

Taking regular break is important to you. You must remember to look after yourself as well. Eat and drink regularly and seek advice when you need it before the situation becomes a crisis.

There are mainly people to seek advice and help from including:

- ▼ Nurses and doctors at your GP practice and Hospital
- Social workers
- ♥ Voluntary groups
- ♥ Friends
- ▼ Local carers groups



## Section 5 - Medications

In order to treat your heart failure and keep it under control, you may have to take a combination of many medications. Depending on how you are – you may be started on one or more tablets and will probably need to take tablets long term.

Your doctor or nurse may need to change your dose of medication from time to time depending on your condition or symptoms.

If you have any old medications that you are no longer prescribed then please return them to the pharmacy who will dispose of them for you. This will help you to stay on top of what you are taking and avoid any confusion.

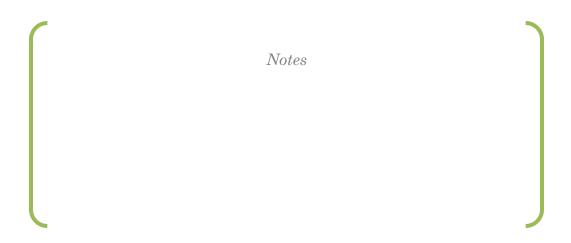
#### Points to remember

- ◆ Always get your prescription filled before you run out and never take double your tablets if you miss one.
- ◆ Always ask your pharmacist before buying over the counter medication as some can interfere with your heart failure tablets.
- Try and remember the names of your tablets and what strength that you take. If possible carry a list with you at all times
- Tell your doctor/nurse if you think that you are suffering from any side effects
- ▼ Remember never give your tablets to anyone else. It may harm them even if their symptoms are similar to you.
- ▼ If you stop taking your tablets you may find that your condition becomes worse and you will end up in hospital.

## **ACE Inhibitors**

ACE Inhibitors have complex actions, which work to reduce your blood pressure and improve your symptoms of heart failure. These are usually the first drug that will be prescribed. The common ones used are **Perindopril**, **Ramipril** and **Lisinopril**. They can be taken in the morning or evening depending on your preference.

- ▼ ACE inhibitors usually cause no problems but some people develop a dry cough – if this happens a different type of drug can be tried.
- ▼ ACE inhibitors can cause kidney problems as they work on the kidneys by blocking the message to hold onto water but this will be monitored by regular blood tests. They can also cause an increase in the potassium level of your blood, therefore it is important not to take potassium supplements (e.g. slow K, lo salt substitutes) unless prescribed by your doctor.
- ▼ Certain painkillers (e.g. nurofen or ibuprofen) can cause kidney problems if you take them with your ACE inhibitors.
- You may feel slightly dizzy when you start taking your tablets this is due to it lowering your blood pressure. Lie down until it passes but if it persists then inform your doctor.
- ▼ Less common side effects include rashes and diarrhoea.
- Rarely, they can cause breathing difficulties and swelling of the face –
   urgent medical treatment should be sought if this happens.



# **Diuretics**

Diuretics are sometimes called water tablets, help remove water and salt from your body by making you pass more urine. This helps to stop fluid collecting in your ankles, legs and stomach and also to make you less breathless. The most common ones used are **Furosemide**, **Bumetamide**, **Bendroflumethiazide** and **Metolazone**.

You usually take them in the morning, and sometimes a second dose at lunchtime. The effects last about 4 hours and you can pass a lot of urine within this time. The time that you take them is not important but if you take them in the late afternoon, you might be up during the night for the toilet.

#### Side effects

- Diuretics don't usually cause any problems. Sometimes they can lower the potassium level in your blood and this will be monitored by regular blood tests.
- When you take diuretics you should avoid too much salt in your food as this can make the medicines less effective.
- ▼ If you stop taking your diuretics, you will retain extra fluid, gain weight and become breathless. This will bring you back to hospital.

Occasionally you may be taking too high a dose of diuretic. This will be identified by a rapid weight loss and you may start to feel dizzy. This is another reason to record your weight on a daily basis.



# **Aldosterone Antagonists**

Sometimes, despite taking your water tablets, you can still feel breathless and have too much fluid in your body. Your doctor may prescribe **spironolactone** or **epleronone** to help get rid of this fluid. This tablet blocks the action of a chemical called Aldosterone which helps the body retain fluid.

Research shows that Spironolactone or epleronone can help people with heart failure feel better, stay out of hospital and live longer.

- Spironolactone and epleronone can increase the potassium level in your blood; this will be monitored by blood tests.
- You should not take potassium supplements while you are taking spironolactone or epleronone.
- Occasionally spironolactone can cause men to experience slight breast enlargement and tenderness. If this happens consult your doctor.
- ▼ If you have diarrhoea or vomiting or are unable to drink for any reason your
  potassium might go up. Tell your doctor as they may wish to stop the
  tablets until you are better.



# **Beta blockers**

Beta blockers are usually used to help slow your heart down and make it pump better. They are normally given to people with angina, high blood pressure and after a heart attack, but research has shown that they can help people with heart failure feel better and live longer. The common ones used are **Bisoprolol** and **Carvedilol**.

If you beta blocker is being adjusted you may require to be monitored more regularly. There is a chance that you will feel a bit worse as you increase your dose, but it will get better. This may mean that your diuretics may need to be increase whilst this is happening.

- ♥ Beta blocker usually cause no problems but some have side effects that include more breathlessness and ankle swelling, dizziness, too slow a heart rate and cold hands and feet.
- ▼ It is important that you do not stop taking your beta blockers suddenly and your condition will become worse straight away.



# **Angiotensin II receptor antagonist**

Angiotensin II receptor blockers are similar to your ACE inhibitors but do not have the side effect of the dry cough. They were used as an alternative to ACE inhibitors but recent research has shown that they can be beneficial to heart failure patients in combination with ACE inhibitors and Beta blockers. The common ones used are **Candesartan**, **Losartan and Valsartan**.

#### Side Effects

- ▼ These are the same as for ACE inhibitors but you do not experience the dry cough.
- ▼ They can also increase your potassium levels therefore regular blood tests need to be done.

# **Digoxin**

Digoxin helps to slow your heart rate down and make you feel better. If you have an irregular heart beat (atrial fibrillation), digoxin helps to steady the beat. If your heart beat is regular, it helps slow it down and makes the heart pump better.

- ▼ Side effects usually only happen if you have too much Digoxin in your blood. These include feeling sick, losing your appetite or your heart rate being too slow. If you have any of these contact your doctor.
- ▼ The level of Digoxin will be monitored by regular blood tests.



# **Anticoagulants**

Anticoagulants are usually taken to thin the blood and prevent blood clots from forming. If you have an irregular heart rate you are at risk of forming blood clots. The common one used is **Warfarin**.

Warfarin is taken once a day at the same time each day. Everyone needs a different dose and this is monitored by regular blood tests.

#### Side effects

- ▼ If you take Warfarin, you are more prone to bleeding and will bruise more easily.
- Many common medicines and health foods that can be bought over the counter can interfere with the actions of Warfarin. Check with your pharmacist before buying.
- ♥ If you take paracetamol every day you can increase the effect of Warfarin.

These are the most common types of tablets that you will be prescribed for your heart failure. There are other medications that you may be on that we have not covered here.

#### These can include:

- ▼ Aspirin to thin the blood
- ▼ Nitrates to prevent angina attacks (e.g. GTN spray, ISMO, Adalat)
- Morphine based drugs to help with symptoms such as breathlessness or pain
- Calcium channel blockers for angina or lowering blood pressure (e.g. amilodipine)
- ♥ Potassium channel blockers for angina (e.g. nicorandil)
- Cholesterol lowering drugs e.g. statins

If you are taking any other drugs and are not sure what they are for, please let us know and we can provide some information.

It's also important to remember that some medications that can be bought over the counter can also interfere with your tablets and you must let people know what you are taking to insure that they are safe. Always check with a pharmacist before you buy anything over the counter just to be on the safe side.

# Section 6 - Useful Contacts

NHS 24 Helpline - www.nhs24.com

08454 24 24 24

## British Heart Foundation - www.bhf.org.uk

Heart Information Line 0845 0708070

## Chest, Heart and Stroke Scotland - www.chss.org.uk

Advice Line

0845 077 6000

## **Benefits Enquiry Line**

Advice on Social Security benefits 0800 882 200

# **Health Benefits Enquiry Line**

Form people on low income who may be entitled to free prescriptions 0845 850 1166

## Citizens Advice Bureau - www.citizensadvice.org.uk

Inverness	01463 235345	Wick	01955 605989
Raigmore Hospital	01463 706014	East Sutherland	01408 633000
Nairn	01667 456677	Lochaber	01397 705311
Ross & Cromarty	01349 883333	Belford Hospital	01397 702481
Thurso	01847 894243	Portree	01478 612032

# $\textbf{Health Education Board for Scotland (HEBS)} - \underline{\textbf{www.healthscotland.com}}$

0131 536 5500

## **Highland Smoking Cessation Service**

0845 757 3077

Quitline - www.quit.org.uk

0800 00 22 00

NHS Smoking Helpline - www.smokefree.nhs.uk

0800 022 4 332

## Crossroads Care - www.crossroads-scotland.org.uk

<b>a</b> 1.1			
Ross & Cromarty	01349 863201	Skye & Lochalsh	01478 612399
Nairn	01667 455369	Lochaber	01397 701020
Inverness	01463 242112	East Sutherland	01408 633098

Caithness 01847 895483

Highland Community Carers Forum - www.highlandcommunitycareforum.org.uk

01463 718817

Patient Stories - www.healthtalkonline.org

**Prescription Advice Line** 

0800 91 77 711

Your Heart Failure Nurse also has information sheets with other helpful contacts and services related to your area

Please contact them for more information.