HCPD HORIZONS CARDIOPULMONARY DIAGNOSTICS

Heart Failure

Understanding your condition and how to manage it

Heart failure means the heart isn't pumping blood as well as it should. It does **not** mean the heart has stopped or is about to stop. It is usually a long-term condition that is managed rather than cured — and with the right treatment, most people feel better and live longer.

— What is happening

The heart can struggle in two main ways. In one type, the muscle becomes weak and can't squeeze forcefully (*reduced ejection fraction*). In the other, the muscle becomes stiff and can't relax and fill properly (*preserved ejection fraction*). In both, blood and fluid can back up into the lungs and body, which causes many of the symptoms below.

— Common symptoms

- Shortness of breath — with activity, when lying flat, or waking you at night
- Tiredness and getting winded more easily than before
- Swelling in the ankles, legs, or abdomen
- Rapid weight gain from fluid (over a day or two)
- Needing extra pillows to sleep comfortably
- A persistent cough or wheeze, or reduced appetite

— What causes it

Heart failure often follows another heart problem — coronary artery disease or a previous heart attack, long-standing high blood pressure, heart-valve disease, an abnormal rhythm such as atrial fibrillation, or a condition affecting the heart muscle itself (cardiomyopathy). Diabetes, thyroid disease, and heavy alcohol use can also contribute.

— How it is diagnosed

Your cardiologist starts with your history and an examination, then uses an **echocardiogram** (heart ultrasound) to measure how well the heart pumps. An ECG, blood tests (including a marker called BNP/NT-proBNP), and sometimes a stress test or other imaging help complete the picture.

— Treatment

Medications are the foundation of treatment. For weakened hearts, cardiologists use a combination of proven medicines that protect the heart and help you live longer, along with a "water pill" (diuretic) to control fluid. Treating the underlying cause — blood pressure, blocked arteries, a valve, or a rhythm problem — is just as important. Some people benefit from a special pacemaker or defibrillator, and many benefit from a cardiac rehabilitation program.

Daily self-care that makes a real difference

- Weigh yourself each morning, after the toilet and before breakfast, and record it
- Take all medications exactly as prescribed — don't stop them on your own
- Limit salt, and follow any fluid limit your physician sets
- Stay as active as advised; rest when you need to
- Avoid anti-inflammatory painkillers (such as ibuprofen) unless your physician approves
- Don't smoke, limit alcohol, and keep up recommended vaccinations

Contact your clinic promptly if you notice

- Weight gain of about 2 kg (4–5 lb) in two to three days, or rapidly worsening swelling
- Increasing breathlessness, or needing more pillows than usual to breathe at night
- A new or worsening cough, or feeling unusually tired or unwell

Questions you might ask your cardiologist

- What type of heart failure do I have, and what is my ejection fraction?
- What should my daily weight and salt or fluid targets be?
- Which symptoms should prompt me to call, and who do I call?

In an emergency — for severe chest pain, severe shortness of breath, fainting, or signs of a stroke (face drooping, arm weakness, slurred speech) — call **911** right away.

This handout gives general information and does **not** replace advice from your own physician. Your care is tailored to you; always follow the specific instructions you are given. General information adapted from public patient-education resources such as Heart & Stroke, the American Heart Association, and Cleveland Clinic.

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