

HEART SERIES H5

# LIVING WITH HEART FAILURE



Chest  
Heart &  
Stroke  
Scotland





**Chest Heart & Stroke Scotland improves the quality of life for people in Scotland affected by chest, heart and stroke illness, through medical research, influencing public policy, advice and information and support in the community.**

The information contained in this booklet is based on current guidelines and is correct at time of printing. The content has undergone peer, patient and expert review.

If you have any comments about this booklet please email: [publications@chss.org.uk](mailto:publications@chss.org.uk) or tel: 0131 225 6963.

# LIVING WITH HEART FAILURE

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## PERSONAL INFORMATION

Name	
DOB	
Medical History	
Notes	

### Useful Contact Numbers

NHS 24	0845 4 24 24 24 (after 6pm and at weekends/public holidays)
Heart Failure Nurse	
GP Surgery	
Chemist	
Emergency Contact	
CHSS Advice Line	0845 077 6000

### Vital Signs

Date									
Pulse									
BP									

Date									
Pulse									
BP									

Date										
Pulse										
BP										

### Blood Results

Date			
Total Cholesterol			
Urea			
Creatinine			
Potassium			
Sodium			
eGFR			
Hb			
WCC			
Platelets			

### Echocardiogram Results

	Diagnostic: / /
Findings	

## **WHAT IS HEART FAILURE?**

Heart Failure is a rather alarming term but it is commonly used to describe the condition where the heart muscle has become weakened and is unable to pump blood around the body as efficiently as before. In other words, the heart muscle fails to supply enough blood to the body quickly enough, leading to different symptoms. These symptoms may become noticeable when doing something active but can progress to being noticeable even at rest.

### **Is there a cure for heart failure?**

It is unlikely for heart failure to be completely cured; it can depend on the reason for it occurring in the first place. What is more important is careful monitoring, taking the right medication and prompt reporting of changes in your symptoms. This can improve your quality of life and may make you live longer.

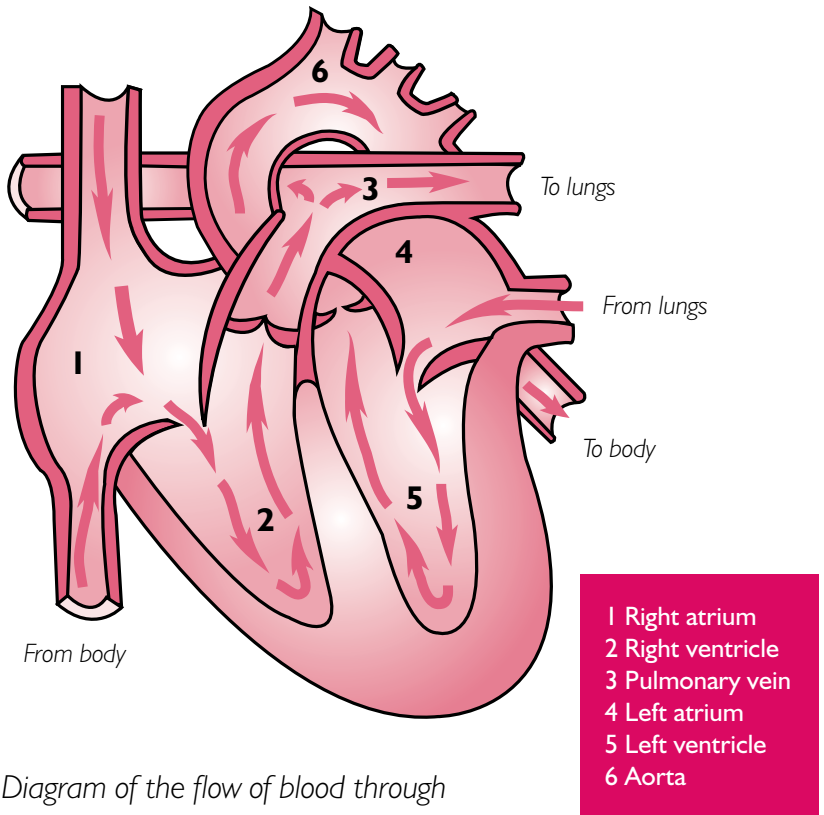
### **How the heart works**

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.



*Diagram of the flow of blood through the heart*

Blood from the legs and arms and organs of the body enters the right side of the heart into the right atrium (1). It is pumped to the right ventricle (2) 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 (3). This oxygen rich blood then enters the left side of the heart into the left atrium (4). It is pumped into the biggest muscle, the left ventricle (5) and from there it is pumped into the aorta (6) to all parts of the body including the heart muscle itself.

## **WHAT CAUSES HEART FAILURE?**

**Heart failure can be caused by a number of conditions. The commonest causes include:**

### **Heart attack**

Blood vessels that supply blood to the heart muscle itself can become blocked. This can lead to a heart attack (Myocardial Infarction or MI) which damages the heart muscle leaving scar tissue. This may prevent the heart muscle from working as efficiently. It may be many years before you develop symptoms of heart failure as a result of a heart attack.

### **High blood pressure (Hypertension)**

Sustained high blood pressure makes the heart work harder. The heart muscle gets thicker and enlarged and so can not pump as efficiently.

### **Valvular heart disease**

Valves in the heart may not be working properly. Blood does not move through the heart in the right direction and builds up in the heart and lungs. The heart gets bigger but does not pump as efficiently.

### **Disease of the heart muscle itself**

This is known as 'dilated' or 'hypertrophic' cardiomyopathy. This can be caused by an infection of the heart, alcohol excess, or passed on in families. It can also happen without a known cause.



## **Chronic Obstructive Pulmonary Disease (COPD) and Cor Pulmonale**

Fluid retention, especially swollen ankles, in people with COPD can be a sign of 'cor pulmonale' – a combination of high blood pressure in the lungs and right sided heart failure.

In COPD many of the tiny blood vessels in the lungs are destroyed, resulting in lower levels of oxygen in the blood stream.

This increases the blood pressure in the right side of the heart.

The heart has to work harder to force enough blood through fewer, constricted blood vessels.

As a result of this effort, the right ventricle becomes enlarged, the walls of the heart thicken, and it can not pump as efficiently.

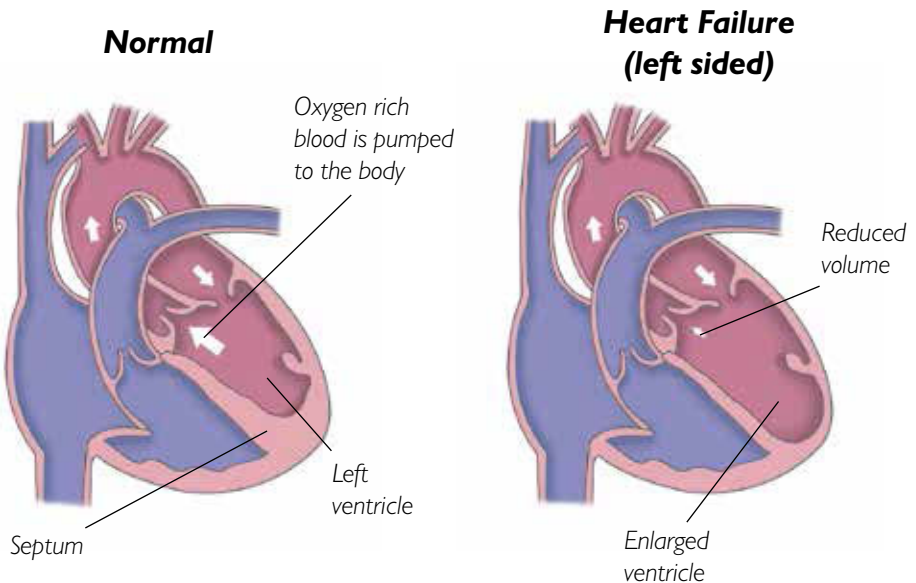
*See the CHSS booklet 'Living with COPD' for more information.*

## WHAT ARE THE EFFECTS ON THE HEART?

Heart failure may affect both sides of the heart or one side more than the other. The term 'heart failure' is most commonly used to describe weakness in the left ventricle.

Right sided heart failure is more commonly associated with chronic lung problems as in chronic obstructive pulmonary disease (COPD).

These diagrams show how the muscle in the left ventricle is weakened in heart failure and so reduces the flow of blood to the rest of the body.



## **HOW DOES HEART FAILURE MAKE YOU FEEL?**

People's experience of heart failure will be similar, no matter which kind of heart failure you have. When the heart muscle is weakened and less efficient at pumping blood around the body, fluid may accumulate in the lungs or in the ankles and legs. This is called fluid retention. Build-up of this fluid can worsen the symptoms of heart failure. The reduced blood flow in heart failure also means less blood and oxygen is being provided to all muscles and organs in the body. This can affect the body in different ways.

### **Typical physical symptoms of heart failure are:**

- shortness of breath at rest or during exertion
- waking up at night feeling short of breath
- fluid retention – ankle, feet or leg swelling
- lack of energy
- palpitations (a sensation of the heart pounding or racing)
- chest discomfort or tightness on exertion

These symptoms may appear quickly (over a few days) or develop more slowly (over weeks or even months).

### **Shortness of breath**

Shortness of breath is common, especially on exertion (such as walking or climbing stairs) but can also occur when lying flat in bed. This can make you anxious, making your breathing even more difficult.

Waking up in the night short of breath or with a dry cough is a common symptom of heart failure because the heart is not pumping efficiently.

Having a cough with a lot of white frothy sputum can also cause shortness of breath, caused by the lungs becoming congested with fluid.

These symptoms must be reported to your doctor.

### **Ankle swelling / fluid retention**

Extra fluid in the tissues causes swollen feet and ankles. It can also gather in the abdomen (stomach) and legs. This is because your heart is not pumping blood around the body efficiently.

Carrying extra fluid causes an increase in body weight. This is why many people are asked to weigh themselves daily and keep a record of it.

### **Early reporting of sudden weight gain is vital!**

If you gain weight 2-3 days in a row or you gain 3-4lbs (1.5-2kg) in a week, you **MUST** report this to your nurse or doctor.

**Small changes in your medication can avoid an exacerbation – when your condition deteriorates and your symptoms increase – and a possible hospital admission.**

## **OTHER AFFECTS OF HEART FAILURE**

### **Watch out for depression!**

It is very common for people with heart failure to develop depression. This may happen when you notice that your quality of life is being affected by your symptoms. Depression affects your mood and how you feel about life. Depression can make you feel as if you don't want to get up in the morning. Or as if you don't want to go out or see family or friends. It may make you feel short tempered or irritable. You may feel as if there is no point in anything. If you feel like this you should discuss these feelings with your nurse or doctor as they may be able to help you.

### **Coping with anxiety**

Many people with heart failure find that some of their symptoms make them feel anxious and panicky. It can be reassuring to recognise exactly how anxiety affects you and know which physical symptoms are caused by what.

Learning breathing exercises and relaxation techniques can help you to cope. Talking to someone about how you feel can also make things a bit easier.

*See the CHSS factsheet: 'Living with stress and anxiety' for more information.*



## **Sleep disturbance**

Sleep disturbance is very common for people with heart failure.

This can be because of breathlessness, anxiety or sleeping too much during the day.

- Trying to do some activity during the day, even a little, can help you sleep better at night.
- Try not to sleep too much during the day.
- If you are getting up to the toilet a lot during the night make sure you are not taking your water tablets too late in the day.
- Try and get into a routine that prepares you for sleep. Have a warm drink such as hot chocolate.
- Make sure you are warm enough, especially if you have just come out of hospital. Put the heating on in your room to warm it up before you retire or use an electric blanket.
- Some people recommend sprinkling lavender on their pillow at night.
- Try relaxation and breathing techniques to calm yourself down.

**Some people with heart failure also have a problem called sleep apnoea.**

**If you are a heavy snorer, sometimes feel like you stop breathing at night or fall asleep unexpectedly during the day, you should let your nurse or doctor know.**

## **Memory and concentration problems**

It is quite common for people with heart failure to experience problems with memory. This can range from the commonest difficulty of short term memory to the more rare total memory loss (amnesia).

Also remembering new information such as names and addresses, medications and appointments can be difficult.

The reduced blood flow in heart failure means less blood and oxygen is being provided to all muscles and organs in the body. This can also affect brain cells and the complex processes involved in memory and concentration.

Heart failure commonly causes sleep and anxiety problems and both of these can also cause problems with memory and concentration. If your sleep is disturbed by anxiety, depression or shortness of breath then you need to talk to your nurse or doctor about these symptoms. Be honest with your family and friends about your memory problems and ask for their help in prompting you to remember things. Writing things down in a diary or notebook can help.

## **Leg cramps**

Leg cramps are painful and distressing, especially as they can be worse at night. They may be a side effect of your tablets so discuss with your nurse or doctor. Restless legs at night can also be troublesome and difficult to treat.

## **Gout**

Gout is an inflammation of small joints such as in the feet and hands. This causes the area to be red and swollen and can be very painful. Discuss with your nurse or doctor as it can be treated.

## **Effect on sexual activity**

Lack of energy, shortness of breath and impotence are the commonest problems with sexual activity in people with heart failure. Making the most of a rested time and experimenting with positions may help to make things easier. Impotence in men is usually caused by the side effects of tablets, however it can also be caused by fear or stress as well as diabetes or vascular problems. Mention this to your nurse or doctor as this can be helped.

## **Preserve skin health**

Your skin can become fragile from being stretched, especially over the shins. Longstanding tissue swelling may result in thin, dry and itchy skin that is prone to cellulitis (pruritis).

It is important to keep the skin clean and lubricated. Apply emollient cream, such as aqueous cream + 0.5% menthol, to relieve itchiness and protect the skin.



## CLASSIFICATION OF HEART FAILURE

Your doctor or nurse may use the way you feel, or symptoms you have, during activity to assess the severity of your heart failure. This is called classifying heart failure according to your symptoms. It will vary depending on how you are feeling and so can change. For example during an acute worsening of your symptoms you may become Class 3 but with additional drug treatment you may go back to Class 2 again.

The table below is used by doctors and nurses to tell how your heart failure is classified.

Class	Classification
1	You have a problem with your heart but this does not result in any limitation in physical activity.
2	Your heart failure results in only slight limitation of your activities. You are comfortable at rest, but ordinary physical activity results in symptoms such as fatigue, shortness of breath or chest discomfort. (Mild heart failure).
3	You have marked limitation of your activities. You are comfortable at rest, but less than ordinary physical activity results in symptoms. (Moderate heart failure).
4	You have an inability to carry out any physical activity without symptoms. Your symptoms may occur at rest. (Severe heart failure).

## Lack of energy

This can also be described as a feeling of weakness, exhaustion or fatigue. It can be overwhelming after only a modest amount of activity, sometimes making it difficult to carry out every-day tasks. Some of this lack of energy is caused by reduced blood flow to the muscles of the body by the heart not pumping properly.

## Conserve your energy

Use your energy for things you really enjoy doing. Take things at a slower pace and break big jobs up into smaller more manageable pieces. It is important to pace your activities. Tell family and friends what your needs are and don't be afraid to ask for help. Plan rest periods in your day.

See the CHSS factsheet: 'Coping with tiredness' for more information.



## **Palpitations**

This is the sensation of your heart pounding or racing in your chest and often occurs on exertion along with shortness of breath. If you develop this symptom you must tell your nurse / doctor.

## **Chest tightness or chest discomfort**

Heart failure may make your angina worse. This usually occurs as a feeling of tightness or constriction across the centre of the chest. It can be an ache or heavy feeling. It can also radiate into the neck, jaw and arms.

*See the CHSS booklet: 'Living with angina' for more information.*



## **UNDERSTANDING YOUR TREATMENT**

The main aims of treatment are to:

- treat any underlying disorders, e.g. anaemia, high blood pressure, diabetes
- alleviate symptoms
- avoid hospital admissions
- increase quality of life
- prolong life

### **Treatment approaches**

Treatment can be divided into medical and non medical treatment.

- **Medical:**

Drug treatment

Procedures and interventions

Surgery

- **Non medical:**

Controlling your symptoms and keeping well (self management)

### **Drug Treatment**

These aims are mostly achieved by drug treatment which involves taking several different kinds of drugs.

Your drug treatment may change quite often, under the guidance of your nurse or doctor, to give you the best benefit. Too little treatment can cause symptoms to come back, especially fluid retention and shortness of breath.

## **Taking your drugs**

- Taking your drugs properly will make you feel better.
- All drug treatment must be taken regularly, as prescribed, and should be carefully monitored by the nurse or doctor.
- Make sure you never run out of tablets.
- Always keep a list of your current drugs with you at all times.
- Return any unused drugs to the chemist so that there is no confusion about what you are taking.
- If you are admitted to hospital, take all your drugs with you so the doctor can see exactly what you have been taking.
- Report side effects to your doctor but do not stop taking any drugs without consulting with your nurse or doctor first.
- Some over-the-counter-drugs (such as pain killers like ibuprofen) can interfere with the action of drugs so always check with the pharmacist before buying drugs.



## COMMONLY USED DRUGS IN HEART FAILURE

Drug Groups	My Drugs	How they work / action	Additional info	Tips / advice
<b>Aldosterone Antagonists:</b> <ul style="list-style-type: none"> <li>• spironolactone</li> <li>• epleronone</li> </ul>		Rids your body of excess fluid. Diuretics work by making you pass more urine.	Can make the body lose potassium so supplements are sometimes necessary as well.  Report diarrhoea & vomiting lasting over 24 hours.	Taking diuretics first thing in the morning gets having to go to the toilet out of the way and avoids having to get up through the night. (Can take later in day if suits better. Some people, however, need to take them twice per day.) If getting to the toilet is a problem, ask your nurse or doctor for advice.
<b>Angiotensin Converting Enzyme Inhibitor (ACE) and Angiotensin Receptor Blocker (ARB):</b> <ul style="list-style-type: none"> <li>• ramipril - ACE</li> <li>• lisinopril - ACE</li> <li>• enalapril - ACE</li> <li>• perindopril - ACE</li> <li>• losartan - ARB</li> <li>• candesartan - ARB</li> <li>• valsartan - ARB</li> </ul>		These relax your blood vessels, making it easier for the heart to pump blood through them. They also help to prevent progressive enlargement of the heart.	ACE inhibitors can cause a dry tickly cough, if this occurs tell your doctor or nurse and an ARB can be used which does not cause a cough.	ACE inhibitors are usually started with a small dose and increased gradually to prevent dizziness from the blood pressure being lowered. Sometimes taking this at night can help if you have dizziness.
<b>Anti-arrhythmics:</b> <ul style="list-style-type: none"> <li>• digoxin</li> <li>• amiodarone</li> </ul>		These help regulate your heart rhythm and are commonly used if it is too fast or irregular (atrial fibrillation).	Can cause nausea and a slow heart rate if too high a dose.	Levels need to be monitored to achieve best dose. Warfarin may also be given as a precaution against strokes- see warfarin above.

Drug Groups	My Drugs	How they work / action	Additional info	Tips / advice
<b>Anticoagulants:</b> <ul style="list-style-type: none"> <li>warfarin</li> </ul> <b>New anticoagulants:</b> <ul style="list-style-type: none"> <li>dabigatran</li> <li>rivoroxaban</li> </ul>		Prevents clot formation by interfering with the clotting mechanism of blood.	<p>This is often used if the heart is found to be beating irregularly (atrial fibrillation) which is common in people with heart failure, to reduce the risk of strokes.</p> <p>Risk of bleeding and digestive symptoms such as nausea and heartburn.</p>	Problems: regular blood tests are needed to establish the dose. Refer to CHSS Warfarin factsheet. Avoid cranberry juice.
<b>Antiplatelets:</b> <ul style="list-style-type: none"> <li>aspirin</li> </ul>		Interferes with the clotting mechanism of blood.	Reduces the risk of developing blood clots used to prevent heart attacks and strokes.	
<b>Betablockers:</b> <ul style="list-style-type: none"> <li>carvedilol</li> <li>bisoprolol</li> <li>nebivolol</li> </ul>		These help to slow your heart rate and reduce the work the heart has to do. They can improve the general symptoms of heart failure.	Can cause dizziness, tiredness, impotence and cold hands and feet. It may be a few months before you see any real benefit from this tablet.	Sometimes taking them at night can help symptoms of dizziness. Please discuss impotence with your nurse/doctor.

Drug Groups	My Drugs	How they work / action	Additional info	Tips / advice
<b>Diuretics:</b> <ul style="list-style-type: none"> <li>• furosemide</li> <li>• bumetanide</li> <li>• bendroflumethiazide</li> <li>• metolazone</li> </ul>		Rids your body of excess fluid. Diuretics work by making you pass more urine.	Can make the body lose potassium so supplements are sometimes necessary as well.  Report diarrhoea & vomiting lasting over 24 hours.	Taking diuretics first thing in the morning gets having to go to the toilet out of the way and avoids having to get up through the night. (Can take later in day if suits better. Some people, however, need to take them twice per day.) If getting to the toilet is a problem, ask your nurse or doctor for advice.
<b>Ir channel blockers:</b> <ul style="list-style-type: none"> <li>• ivabradine</li> </ul>		Lowers heart rate	Can cause some reversible visual disturbance	Sometimes used when beta-blockers or some calcium channel blockers cannot be used.  Angina.
<b>Opiates:</b> <ul style="list-style-type: none"> <li>• morphine</li> </ul>		Used in heart failure to improve symptom of increased shortness of breath. Can relieve pain and distress.	Can cause constipation and tiredness.	
<b>Statins:</b> <ul style="list-style-type: none"> <li>• pravastatin</li> <li>• simvastatin</li> <li>• atorvastatin</li> </ul>		Used to lower cholesterol level.		Avoid grapefruit juice when taking simvastatin.



## **RESPONDING TO TREATMENT**

### **Keeping stable**

It is the fine-tuning or balance of taking these different drugs that gets the best possible function of the heart. A small adjustment can make all the difference. Some people, when they start to feel the benefit from their drug treatment, think they don't need the drugs anymore when in fact it is the drugs that have stabilised their condition.

### **Worsening symptoms of heart failure**

Sometimes your condition can suddenly deteriorate, without any apparent cause, to such an extent that admission to hospital is vital and emergency treatment is needed. This is what you are trying to avoid by reporting any changes or deterioration in symptoms to your nurse or doctor. Sudden worsening of symptoms, including increased feet or ankle swelling, new palpitations and breathlessness, should be reported as soon as possible to your nurse or doctor.

### **If you don't respond well to treatment**

Heart failure is a chronic condition and the episodes of worsening symptoms may not always respond well to treatment.

Consideration of other options may be discussed, such as a heart transplant or use of devices such as pacemakers or defibrillators.

## **Death and dying**

Some people may die of their heart failure. Sometimes people may die suddenly without any warning, but this is very difficult to predict.

It may be that heart failure advances to the point where worsening symptoms no longer respond to conventional treatment, complications arise and recurrent hospital admissions are unavoidable. The doctor or heart failure nurse may at this time consider a referral to a palliative care team for further specialist advice, although this will be discussed with you and your family.

Palliative care services are generally known for caring for patients with cancer but they also provide support for other conditions such as heart failure. Their expertise will ensure you are getting the best possible care.

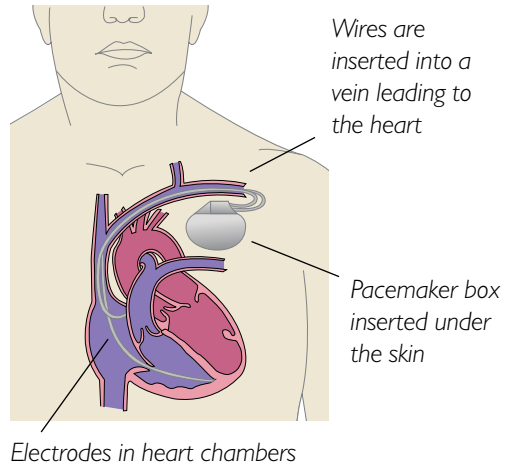
## INTERVENTIONS AND SURGERY

Heart failure is a chronic condition and episodes of worsening symptoms may not always respond to treatment. If this is the case other options may be considered.

### **Pacemaker**

A pacemaker is a clever device that is used to correct and regulate an abnormal heart rhythm.

When necessary a pacemaker will send out electrical signals to stimulate the heart chambers to contract and relax in a regular way.



A pacemaker consists of a box and pacing wires. The device can be inserted under local anaesthetic or during other heart surgery.

### **Implantable Cardioverter Defibrillator (ICD)**

ICDs are life-saving devices similar to pacemakers. They are programmed to pick up and stop specific life-threatening arrhythmias (abnormal heart rhythms) by delivering a 'shock' that restores your heart to a normal rhythm.

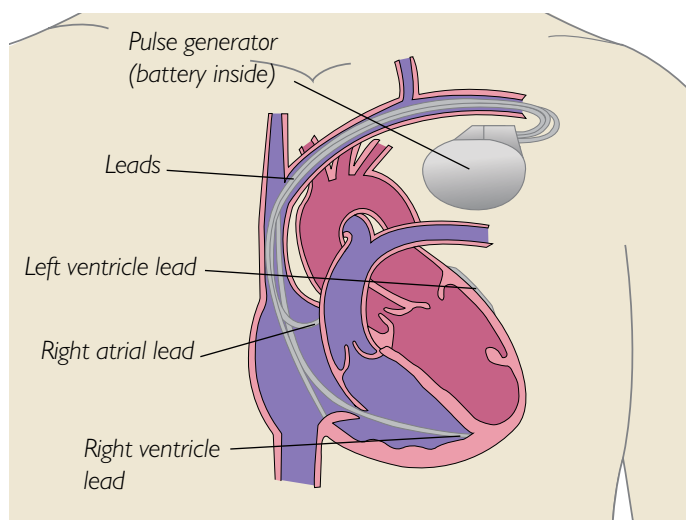
### **Cardiac Resynchronisation Therapy (CRT)**

You may need a special type of ICD that has the ability to control the actual chambers of the heart

directly, making them contract and relax in a regular way, thus improving the pumping action.

This is called a CRT- P (P for pacing).

There is also a type of CRT that can be used to deliver a 'shock' to treat dangerous heart arrhythmias and then synchronise your heart's chambers to normal rhythm once more. This is CRT-D (D for defibrillation).



See the CHSS booklets *'Living with a pacemaker'* and *'Living with an ICD'* for more information.

### **Ventricular Assist Device (VAD) or LVAD**

A VAD, also known as an LVAD for Left Ventricular Assist Device is a circulatory support device. It takes blood from the left ventricle and pumps it into the aorta, assisting the heart in pumping blood round the body.

It was originally designed to support the work of the heart while someone was waiting for a heart transplant. However, it is now also used as a long term support therapy for those who are not candidates for transplant and is intended for those with end-stage heart failure.

### **Heart Transplant**

Ultimately this major operation is the only cure for heart failure. However, there are limitations on who can be considered, the number of heart donors available and specialist areas available to perform transplants. If you are considered for transplant you will receive full and detailed information about the process.

## **CONTROLLING YOUR SYMPTOMS**

### **Report any changes**

Report any changes to your symptoms such as increased puffiness in ankles or abdomen, increase in weight or increase in breathlessness to your nurse or doctor.

By knowing about your symptoms small changes can be made to your tablets which could help avoid an acute attack and possible hospital admission.

### **Weigh yourself daily**

An increase in weight can be due to fluid retention and be a sign that your heart is not working efficiently enough.

- Weigh yourself daily and keep a record of it – use the chart at the back of this booklet.
- Weigh yourself every morning after going to the toilet and use the same set of scales.
- It is vital to report any changes in weight early.

**If you gain weight 2-3 days in a row or you gain 3-4lbs (1.5-2kg) in a week, you MUST report this to your nurse or doctor.**



### **Eat less salt**

Too much salt in the diet encourages fluid retention and may worsen the symptoms of heart failure.

Less salt means less fluid retention  
 Less fluid means less strain on the heart  
 Less strain on the heart means fewer / less severe symptoms



How to eat less salt:

- Try to keep your salt intake less than 2 grams per day.
- Avoid foods high in salt such as cheese, bacon, sausages, processed foods, salted snacks.
- Check the packaging of food to work out the salt content.
- Avoid adding salt to food when cooking.
- Avoid adding salt to your food at the table.
- Avoid using salt substitutes such as Lo-salt as this can interfere with your medications.
- Effervescent or fizzy medicines can have a high salt content.
- Use herbs, garlic, lemon and other flavourings. In time you will get used to a less salty taste and prefer it.

See the CHSS factsheet 'Salt' for more information.

**What is low, medium and high sodium or salt content per 100g?**

<b>LOW</b>	<b>MEDIUM</b>	<b>HIGH</b>
salt ≤ 0.25g sodium ≤ 0.1g	salt 0.5-1g sodium 0.2-0.4g	salt ≥ 1.25g sodium ≥ 0.5g

## Fluid restriction

Some people are advised to limit the amount of fluid they take in every day. Your nurse or doctor will tell you how to do this. If you feel thirsty try:

- sucking on ice cubes
- freezing fruit juice to make a drink last longer

## Traffic lights for heart failure

'Traffic lights for heart failure' information flyers produced by CHSS can help you monitor and control your symptoms. Speak to your nurse or GP about getting a copy.





## **KEEPING WELL**

### **Stop smoking**

It is very important that you stop smoking. Nicotine replacement therapy might help. Ask your doctor or nurse about smoking cessation classes near you.

Call Smokeline: 0800 84 84 84

### **Eat a healthy diet and lower cholesterol**

Enjoy a healthy, varied diet, low in saturated fat. You may need to take statin drugs, used to lower cholesterol, as well as watching your diet.

*See the CHSS factsheet 'Healthy Eating' for more information.*

### **Keep as active as possible**

As the heart is a muscle, exercising it will help make it stronger. You may be limited in what you can do but start slowly and pace yourself. Any increase in activity is good, from simple exercises from your armchair to short walks. Some hospitals and heart-failure services can offer specialised, individual exercise programmes to do at home or at a class. In time, you may actually be able to do more. **The less you do the less you will be able to do.**

*See the CHSS factsheet 'Just Move' for more information.*

## **Alcohol**

Limit your alcohol intake to 1-2 units a day. If alcohol has contributed to your heart failure you should not have any. Remember alcoholic drinks form part of your fluid allowance.

## **Maintain a sensible body weight**

This applies to those who are underweight as well as those who are overweight. Ask your doctor or nurse about this. Sometimes as your heart failure worsens you can lose too much weight and you may need some supplements to your diet.

## **Vaccinations and avoiding infections**

It is advisable to have the annual flu immunisation and the pneumonia immunisation (only needed once) to give yourself protection against infection. Ask your doctor or nurse about this.

Green / yellow spit might indicate a chest infection. Prompt treatment with antibiotics is very important.

## **HOW TO GET HELP**

**Have access to help** – keep the nurse's or doctor's phone number by your phone. Most areas provide heart failure nurses who will come and see you at home. District nurses may be also able to help. Regular contact with a health professional will give you reassurance and a chance to talk about how you feel.

### **Ask for help –**

- Social Services may be able to arrange some help for you in the house. You might benefit from adaptations to the house such as extra banisters or a shower.
- It may be possible to arrange for you to get out regularly even for a few hours.
- Ask your friends and family to visit you if you can't get to them. Explain to them the things you have difficulty doing and get them to help.
- You may also be eligible for benefits such as Attendance Allowance for the over-65s and Disability Living Allowance for the under-65s. Ask a health professional or social work department about this.

### **Help from CHSS**

You may be eligible for a Personal Support Grant to assist with items ranging from disability equipment and household goods to respite care and holidays.

The Heart Failure Support Service (HFSS) is available in some areas and provides volunteer befrienders to help reduce isolation.



## **UNDERSTANDING HEART TESTS**

**Blood tests** to check for anaemia, thyroid gland function, diabetes, cholesterol and chemical balance of salts in the blood.

**Chest x-ray** looks at the size and shape of the heart, and for infection and fluid in the lungs.

**Electrocardiogram (ECG)** – gives a read out of the electrical activity of the heart. It tells the doctor about the rate and rhythm of your heart as well as identifying any changes, such as a heart attack.

**Echocardiogram** is an ultrasound scan that gives clear information about the size of the heart and how well it is working.

**Other scans**, such as a thallium scan, can be helpful in some cases.

**Coronary angiogram** is sometimes needed to look for narrowings in the coronary arteries.

## USEFUL HEART PUBLICATIONS

Booklets	
<b>H1</b>	Living with Angina
<b>H2</b>	Reducing the Risk of Heart Disease
<b>H3</b>	Understanding Heart Disease
<b>H4</b>	Living with High Blood Pressure
<b>H5</b>	Living with Heart Failure
<b>H6</b>	Living with a Pacemaker
<b>H7</b>	Heart Attack: A Guide to your Recovery
<b>H8</b>	Understanding Heart Valve Problems
<b>H9</b>	Understanding Atrial Fibrillation
<b>H10</b>	Living with an ICD

Video/DVDs	
<b>H5D</b>	Living with Heart Failure DVD: £5.00
<b>H7D</b>	Heart Attack: A guide DVD: £5.00

Factsheets – Free	
<b>F1</b>	Smoking
<b>F2</b>	Salt
<b>F3</b>	Cholesterol
<b>F4</b>	Warfarin
<b>F6</b>	Holidays
<b>F7</b>	Insurance companies
<b>F13</b>	Air travel for people affected by chest, heart and stroke illness
<b>F17</b>	Diabetes: links with heart disease and stroke
<b>F18</b>	Coping with tiredness
<b>F20</b>	Illustrated risk factors (ethnic target)
<b>F21</b>	Illustrated risk factors (general target)
<b>F22</b>	How to make the most of a visit to your doctor
<b>F23</b>	Living with stress and anxiety
<b>F24</b>	Healthy eating
<b>F26</b>	Understanding help in the community
<b>F28</b>	Glossary
<b>F30</b>	Just move!
<b>F37</b>	Coping with low mood/depression

**A full Publications List is available from  
the CHSS Head Office and on the CHSS  
website [www.chss.org.uk](http://www.chss.org.uk)**

## USEFUL ADDRESSES AND WEBSITES

### **Breathing Space**

Phoneline: 0800 83 85 87

Website: [www.breathingspacescotland.co.uk](http://www.breathingspacescotland.co.uk)

The phoneline is open 24 hours at weekends (Friday - Monday, 6pm to 6am) and weekdays (Monday - Thursday, 6pm to 2am)

*Breathing Space is a free and confidential phoneline service for any individual, who is experiencing low mood or depression, or who is unusually worried and in need of someone to talk to.*

### **British Heart Foundation**

Greater London House

180 Hampstead Road

London NW1 7AW

Tel: 020 7554 0000

Heart Helpline: 0300 330 3311

(Monday - Friday, 9am to 5pm)

Website: [www.bhf.org.uk](http://www.bhf.org.uk)

*The British Heart Foundation provides free, confidential information, help and support on all heart health issues. They invest in pioneering research and support and care for heart patients.*

## **The Cardiomyopathy Association**

Unit 10

Chiltern Court

Asheridge Road

Chesham Bucks HP5 2PX

Helpline: 0800 018 1024

(Monday - Friday, 8.30am to 4.30pm)

Email: [info@cardiomyopathy.org](mailto:info@cardiomyopathy.org)

Website: [www.cardiomyopathy.org](http://www.cardiomyopathy.org)

*The Cardiomyopathy Association provides information on the main forms of the heart muscle disease known as cardiomyopathy.*

## **Carers Scotland**

The Cottage

21 Pearce Street

Glasgow G51 3UT

Tel: 0141 445 3070

Carersline: 0808 808 7777

(Wednesday and Thursday, 10am to 12noon and 2pm to 4pm)

Email: [info@carerscotland.org](mailto:info@carerscotland.org)

Website: [www.carerscotland.org](http://www.carerscotland.org)

*Carers Scotland provides information on all matters relating to caring.*

## **Chest Heart & Stroke Scotland**

Head Office

Third Floor

Rosebery House

9 Haymarket Terrace

Edinburgh EH1 2 5EZ

Tel: 0131 225 6963

Advice Line: 0845 077 6000

Email: [advice@chss.org.uk](mailto:advice@chss.org.uk)

Website: [www.chss.org.uk](http://www.chss.org.uk)

*CHSS improves the quality of life for people in Scotland affected by chest, heart and stroke illness, through medical research, influencing public policy, advice and information, and support in the community.*

## **Depression Alliance Scotland**

11 Alva St

Edinburgh EH2 4PH

Tel: 0808 802 2020 or 0131 467 3050

(Monday to Thursday, 11am to 1pm and 2pm to 4pm)

Email: [info@actionondepression.org](mailto:info@actionondepression.org)

Website: [www.actionondepression.org](http://www.actionondepression.org)

*Provides information, support and understanding to those affected by depression.*



**No Panic**

93 Brands Farm Way

Telford

Shropshire

TF3 2JQ

Tel: 01952 590005

Helpline: 0808 808 0545

Email: [ceo@nopanic.org.uk](mailto:ceo@nopanic.org.uk)

Website: [www.nopanic.org.uk](http://www.nopanic.org.uk)

*Aims to aid the relief and rehabilitation of those suffering from anxiety disorders and panic attacks and offers support to sufferers and their families or carers.*













