



TAKE HEART



Beta-Blockers for Heart Failure



Low Salt Recipe



European Heart Failure Awareness

A Day in the Life...

Maureen O'Donnell, Specialist Heart Failure Nurse, NHS Lothian talks about her role...

I've been working for the NHS Lothian Heart Failure Nurse Service since 2003. There are currently five nurses in the team with an average caseload of around 100 patients per nurse. We usually **visit people at home** quite often during the first six months after diagnosis and get to know the person, their friends and family quite well. Once the person feels a bit better, they may well attend heart failure clinics and hopefully be discharged from the Service. We usually see patients again when things change and treatment needs to be altered, often over many years. The Service covers the whole of Lothian.

The heart failure nurses are frequently the first medical professionals to **discuss patients' diagnosis** with them. We discuss what heart failure is, its causes and symptoms. We explain how people may be affected in the short and longer term. Patients have told us that their weekly heart failure nurse visit was 'a real lifeline at a very difficult time'.

We also explain **treatment options**, optimising these and dealing with any issues that arise, perhaps due to other conditions the person might have. Heart failure is a complex condition to manage, so needs specialist input. One of the most important tasks of heart failure nurses is to **give patients hope**. With well-managed treatment, patients can be stable and enjoy a **good quality of life**. **Improved management** is one of the key changes I've seen over the years.

The **role** of heart failure nurses is very **diverse**, the needs of older patients often differ from those of younger patients, for example. Heart failure nurses act as a **link person** between patients and other health and social care professionals, as well as organisations like CHSS and Vocal



Maureen at HF Awareness Day stand at RIE

(for carers). We provide support for the whole family, whether that means speaking to care providers, employers, schools, or housing support. Sometimes you have to think outside the box to find the right solution for someone.

Heart failure clinics allow us to see patients in one place. We work holistically to diagnose any issues, prescribe heart medications and monitor changes. We look at crossovers and impacts of other conditions on managing heart failure. We work together with specialists in other conditions, GPs, palliative care specialists and many others to work out the best plan for each patient and offer a great deal of **specialist advice!** I run a clinic at the Royal Infirmary and in East Lothian, as well as a weekly clinic with a cardiologist. We can admit a patient to hospital or day hospital from a clinic, for intravenous diuretics, for example. We aim to prevent unnecessary admissions to hospital, so we refer to hospital at home teams as well.

I couldn't do my job without a great **team spirit** and help from colleagues. No two days are the same, which keeps you on your toes in a very positive way. It can be hard to manage patients when they're very poorly, especially when you've got to know them and their family. But I work in a great team and we all support one another. I love the challenge of my job and we have a lot of laughs to balance the downtimes – I wouldn't want to do anything else.

We learn a lot from patients – they give us a great deal of information we can share with others. It's a privilege listening to people's stories. Patients make me feel better about doing my job and life in general and are so appreciative of what we do. Our Service is constantly changing and evolving and we always aim to do better.

BETA-BLOCKERS FOR HEART FAILURE

Q: Who should take a beta-blocker?

A: The latest heart failure guideline from the Scottish Intercollegiate Guidelines Network (SIGN) recommends that everyone with heart failure and reduced ejection fraction (when the heart does not pump enough blood to the rest of the body) should be started on beta-blocker treatment as soon as their heart failure is stable.

The beta-blockers most commonly used to treat heart failure in Scotland are bisoprolol, carvedilol and nebivolol.

Q: Why does SIGN recommend this?

A: There is good evidence that beta-blockers can improve the symptoms of heart failure, reduce hospital admissions due to worsening heart failure, and increase survival.

Q: Is there anyone who shouldn't take a beta-blocker?

A: People who have asthma should not take beta-blockers, as they can trigger an asthma attack. People who have chronic obstructive pulmonary disease (COPD) can take a beta-blocker, but will need to be monitored closely.

Other people who should not take beta-blockers include people with heart block (an abnormal electrical activity of the heart), people with unstable heart failure, and people with low blood pressure (hypotension).

Q: How are beta-blockers taken?

A: When your heart failure is stable you will be started on a low dose of beta-blocker. The dose will be increased gradually every few weeks until you reach the recommended dose, or the highest dose that

you can tolerate. You will need to keep taking beta-blockers in the long term, so it is important that you feel comfortable taking the dose you are prescribed.

Q: Are there any side effects?

A: Side effects are most common when you start a beta-blocker or when the dose is increased. Common side effects include:

- Tiredness or fatigue
- Cold hands and feet
- Dizziness or light-headedness – be careful if you operate heavy machinery or drive for a living
- Problems for men in getting an erection (impotence)

If you think you are experiencing side effects, speak to your doctor as soon as possible.

Q: What else should I know?

A: When you start taking a beta-blocker, your symptoms may temporarily get worse. However, it is important that you keep taking them as they will improve your heart failure in the longer term. It may take 3-6 months for you to notice the benefit. Weighing yourself every day (before dressing, after going to the toilet and before eating) is a good way to tell if your symptoms are getting worse.

REMEMBER: Do not stop taking your beta-blocker without speaking to your doctor or heart failure nurse first.



To celebrate the Rio Olympics, here's a quiz to test your sporting knowledge....

1. How often are the Olympic Games held?
2. Where will the next Summer Games take place?
3. Which country does Usain Bolt represent?
4. Who carried the Team GB flag at the opening ceremony?
5. How far do you run in a marathon?
6. When were the Rome Olympics held?
7. Can you name three sports with referees?
8. What equipment do you need to play badminton?
9. Dumb-bells, snatch and jerk are used in which sport?
10. What happens in a velodrome?

(Answers on p4)

Low Salt Recipe CAMELISED ONION MASHED POTATO



CAMELISED ONIONS MAKE A DELICIOUS ADDITION TO MASHED POTATO.

SERVES: 6 • PREP TIME: 20 MINUTES

COOKING TIME: 25 MINUTES

INGREDIENTS

- 1.2kg potatoes, peeled and chopped
- 1 tablespoons olive oil
- 2 large onions, peeled and thinly sliced
- 50g low fat spread
- 100ml semi skimmed milk or to taste
- Ground black pepper

METHOD

1. Rinse the chopped potatoes under cold water. Bring a large pan of water to the boil and add the potatoes. Boil gently for 20 minutes or until tender.
2. While the potatoes are cooking, caramelise the onions. Heat the olive oil in a non-stick frying pan over a low heat. Add the onions and cook very gently for about 20 minutes, stirring occasionally, until they are dark brown.
3. Drain the cooked potatoes. Return them to the pan. Add the low fat spread, milk and black pepper. Mash the potatoes. The more you mash them, the lighter and fluffier they will be.
4. Stir in the caramelised onion and serve.

SUGGESTIONS

For a different flavour, stir 2 tablespoons of balsamic vinegar into the onions towards the end of their cooking time.

See more at: www.actiononsalt.org.uk

SAVE THE DATE – SATURDAY 5TH NOVEMBER – PATIENT EDUCATION DAY

The Scottish Heart Failure Hub will run the first ever Scottish-wide heart failure patient and carer event **‘Ensuring Success for people with Heart Failure’** at Dunblane Hydro between 10.am and 3.30 pm on 5th November 2016.

This free event will include lunch and refreshments. It will feature presentations from leading experts in different aspects of living with heart failure, practical workshop sessions and a panel session giving you the opportunity to ask questions and influence policy. The event is supported by a number of heart charities, including CHSS.

Find out more and register at: www.eventbrite.co.uk (ensuring success for people with heart failure), or phone Janet Reid, Heart Failure Hub Co-ordinator on 0131 242 1863.

RESEARCH UPDATE

Here is a brief guide to what’s just been published and on the horizon:

RECENT STUDIES:

Leadless pacemaker safe with MRI. Research into whether a new Medtronic leadless pacemaker is safe to use with magnetic resonance imaging (MRI). This case study found that there were no MRI related complications. Recently published in the Heart Rhythm Journal.

[www.heartrhythmjournal.com/article/S1547-5271\(16\)30493-3/abstract](http://www.heartrhythmjournal.com/article/S1547-5271(16)30493-3/abstract)

Anaemia and Iron deficiency linked to increase in mortality in individuals with Heart Failure. Specific causes of anaemia were difficult to identify and varying definitions of anaemia made the outcomes difficult to assess. Results can be used to inform future investigations into effective treatment of anaemia and iron deficiency.

www.medpagetoday.com/Cardiology/CHF/58844?xid=nl_mpt_DHE_2016-07-01&eun=g427504d0r&pos=1

Does Home Oxygen Therapy (HOT) in the treatment of intractable breathlessness associated with Heart Failure improve quality of life?

Initial results showed that (HOT) prescribed for 15 hours per day and used around 5.4 hours per day, has no impact on quality of life (as measured by the MLWHF questionnaire score at 6 months). Further research is needed to clarify results.

www.journalslibrary.nihr.ac.uk/hta/volume-19/issue-75#abstract

WATCH THIS SPACE:

REVIVED Trial – Researching how Percutaneous Intervention (PCI) and optimal medication therapy (OMT) can improve survival in individuals with poor left ventricular function and coronary artery disease. It will follow participants following intervention and will look at hospitalisation and survival rates.

<http://revived.lshtm.ac.uk/>

Iron-man – A big name study examining how Iron replacement therapy may have a role in patients with heart failure and Iron deficiency. It will compare Intravenous Iron replacement treatment with standard therapy.

<http://clinicaltrials.gov/ct2/show/NCT02642562>

European Heart Failure Awareness Day 2016



This year saw an extensive social media and web campaign from CHSS and others to raise public awareness of heart failure. In addition, local events were held to celebrate the Day.

In Lothian, the NHS Lothian Specialist Heart Failure Nurse Team organised information stalls at the Royal Infirmary of Edinburgh and St John's Hospital.



NUISANCE CALLS

Lots of readers have said you find nuisance calls really annoying, here's some advice on how to stop them.

The most common types of nuisance calls are marketing and silent calls.

The first thing to do is to ask the company to stop calling you and remove you from their calling list. Some marketing calls start with a recorded message. Listen to the whole message, as some have an option that lets you stop them.

You can also sign up for the **Telephone Preference Service**. It's free and makes your phone number unavailable to companies that might try to nuisance call you. Once you're signed up, you should only get marketing calls from companies you've given permission to contact you.

Register online with TPS at www.tpsonline.org.uk or call 0345 070 0707.

Contact your telephone provider, as they might offer some additional ways to deal with nuisance calls, including:

- Anonymous Call Reject – lets you block calls from withheld numbers
- Ex-directory – removes your number from the telephone directory

A lot of silent calls come from automatic dialling equipment in call centres, where more calls are made than there are operators to handle them. These can be very distressing. Registering with the Telephone Preference service should help to reduce these too.

You can sign an online petition that is trying to stop these calls at:

<https://campaigns.which.co.uk/nuisance-calls-scotland/>

SUMMER PATIENT & CARER MEETING REPORT

Our meeting was lively, as always. We heard about 'Talking Matters' – thinking about the future, which had an additional bonus in the form of an exhibition of photographs and information table we could look at over tea/coffee. Our second session was an introduction to Mindfulness, including some practical and breathing exercises. We all felt very relaxed afterwards. **Remember our next meeting will take place on Monday 5th September at 1.30 pm**, Seminar Room 2, Chancellor's Building, Royal Infirmary of Edinburgh EH16 4SB. It would be lovely to see you there. **Contact Irene for further details.**

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Edinburgh & Lothians Health Foundation

Answers
1. Every four years; 2. Tokyo; 3. Jamaica; 4. Andy Murray; 5. 26 miles; 6. 1960; 7. football, rugby, boxing; 8. racket, net, shuttlecock; 9. weight lifting; 10. cycling

We try to be as up-to-date as possible with our newsletter, but sometimes we are unable to withdraw copies if a bereavement has happened close to mailing, or we are unaware of it. We would like to offer our apologies if this has happened to you. Please let us know and we will amend our records.