

TAKE HEART



**Beta-Blockers
for Heart
Failure**



**Low Salt
Recipe**



Nuisance Calls

A Day in the Life...

Your first encounter with a heart failure nurse is usually when they **visit you at home** after a stay in hospital. They may see you quite often during the first six months after diagnosis and get to know you, your friends and family quite well. Once you feel a bit better, you might attend a heart failure clinic and hopefully be discharged from the Service. Nurses usually see patients again when things change and treatment needs to be altered, often over many years. The nurses are based in small teams and usually work from a hospital base.

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

They 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 to flow from their work.

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

Heart failure clinics allow nurses to see patients in one place. They work holistically to diagnose any issues, prescribe heart medications and monitor changes. They look at crossovers and impacts of other conditions on managing heart failure. They 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! Nurses can admit a patient to hospital or day hospital from a clinic, for intravenous diuretics, for example. They aim to prevent unnecessary admissions to hospital, so refer to hospital at home teams as well.

Heart failure nurses have an important **education role** – for individual patients, families, other medical professionals and students, as well as awareness-raising for the general public, through events like European Heart Failure Awareness Day. People often don't realise that heart failure is on the increase. Sometimes heart failure nurses are involved in research, and can refer patients to studies, where appropriate.

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>

