



Take a positive step

# Your guide to positively managing congestive heart failure





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If you think you have a medical or psychiatric emergency, call 000 or go to the nearest hospital. If you are not sure what sort of care you need, please call your doctor or local hospital.

There are a number of products and services mentioned throughout this brochure for which MBF does not pay a benefit such as some doctor consultations and some complementary therapies. The information in this brochure relates only to the particular MBF Positive Health Program in question and does not represent which products and services may or may not be covered under your level of MBF cover.

The information provided in this brochure is current and correct as at 1 April 2007.

# The MBF Congestive Heart Failure Management Program

The MBF guide to positively managing Congestive Heart Failure (CHF) is for adults and the parents of children with CHF. It may also be a useful resource for family members and other people around them who want to know more about heart failure and how they can help.

The guide is part of the **MBF Congestive Heart Failure Management Program**, one of the programs MBF Health offers at no additional cost for members with MBF hospital cover to help them better manage their health conditions.

Based on the latest information and research on heart failure, the program can assist you to take positive action to reduce its effects, enjoy life more and feel better, for longer. The MBF Congestive Heart Failure Management Program helps you take the best possible care of your health. It includes tools, resources and information such as:

- an MBF Congestive Heart Failure Action Plan that you can take to your doctor or cardiac rehabilitation specialist to complete (you will find it at the back of this guide). It will help you set physical activity goals and stay on track with your medication. You can learn how to monitor your everyday health and know when to seek help;

- a Personal Health Record where you can record the date and results of your check-ups;
- information on heart failure and the best ways to reduce its impact on your general wellbeing; and
- a professional nursing telephone service trained to answer queries on your general health.\*

Medical evidence has proven that people with heart failure can reduce the risk of further heart disease with a combination of a heart healthy diet, physical activity and the right medication. The MBF Congestive Heart Failure Management Program was developed to help you do just that.

Note: MBF does not pay any benefits for doctors' and specialists' services provided outside of hospital unless we specify otherwise under your level of cover and we have an agreement with the provider for that treatment.

\*Operated by ETI Australia Pty Ltd, trading as Mondial Assistance



## What is Congestive Heart Failure?

Congestive Heart Failure is also known as CHF, Congestive Cardiac Failure (CCF) and Chronic Heart Failure.

The term 'failure' refers to the difficulty or inability of the heart to do the job of pumping blood around the body as it needs to do. The 'congestion' is the build up of fluid in the lungs or typically, in the feet. If you have heart failure, it means that your heart doesn't pump blood around your body as effectively as it should.

Your heart has four chambers. The pair on the right has the job of pumping blood from the rest of the body into the lungs, where it takes up the oxygen all our cells use to function. The pair of chambers (an atrium and a ventricle) on the left then draws this oxygen rich blood from the lungs and pumps it back to the rest of the body. Heart failure is usually noticed when there is a problem with the left side of the heart (most often its lower chamber, the ventricle). When the blood isn't pumped out properly, a number of things happen.

Firstly, the body doesn't receive freshly oxygenated blood as efficiently and effectively as it should. A steady supply of oxygen is essential for all the cells in the body. Lack of oxygen can leave you feeling tired and breathless. Reduced blood supply to the heart muscle can also cause temporary chest pain or discomfort known as 'angina'.

Secondly, when blood cannot effectively circulate, excess fluid that would normally be excreted after passing through the kidneys and other excretory organs has nowhere to go. Instead, it stays in your body. This is known as 'fluid retention'. The fluid may stay around your heart and lungs, causing further breathing difficulty and discomfort. The force of gravity can cause fluid to stay down in your lower limbs, in the feet, ankles and calves, causing puffiness, swelling and sometimes tight, irritated skin. This type of swelling is known as 'oedema'. Sometimes it can even accumulate in your hands and wrists, or in your lower back if you have to spend a lot of time in bed.

Excess fluid retention can also cause problems because it can put strain on other organs.



## Why do I need an MBF Congestive Heart Failure Action Plan?

CHF is one of the most common reasons for deterioration of quality of life, usually as we get older. As well as severely limiting your ability to live an active life, it is also one of the most common reasons for admission to hospital for the elderly and all too often results in death.

The treatment of many types of chronic disease is difficult because the disease progresses slowly and you may not be aware of the deterioration. However, once heart failure becomes severe, the deterioration is easily recognised. For this reason, it's better if the condition can be diagnosed early so that it can be arrested before getting worse.

Taking effective action to manage heart failure and its symptoms is important for a number of reasons. It can reduce the risk of:

- further heart problems and possibly hospitalisation;
- other serious health problems such as kidney failure;
- your heart stopping suddenly if you have severe disease; and
- many of the uncomfortable and debilitating effects of heart failure so that you feel better more of the time.

In addition, treating your heart failure effectively will probably have beneficial effects on other chronic conditions you may have. It can enable you to enjoy more physical, social and other activities and to have more fun. It can also increase your understanding of your own health, so you can be more confident about what you can and cannot do. In this way, you can be alert to the signs that indicate you might be in need of urgent medical help.

Evidence suggests that people who take an active role in managing heart failure and adopt the strategies provided in this guide will have the best success in achieving their goals. Taking positive action can allow you to help you and your doctor to slow down the progress of heart failure and perhaps prevent any further deterioration to your health.

### What causes Congestive Heart Failure?

CHF is the result of damage, overwork and/or scarring of the heart. The most common reasons for this damage are coronary heart disease, often after past heart attacks and high blood pressure, which is not well controlled so that the heart has to work against abnormally high pressures in your arteries. Other causes are heart valve disease and congenital heart problems that you are born with.

There is a broader range of conditions that can affect various organs of your body and sometimes have similar effects on the heart. One of these is excessive alcohol intake over a long period of time. Sometimes, viral infections can cause generalised damage to your heart muscle, though this is rare.

Any of these conditions can cause the heart muscle to not function properly, a condition known as 'cardiomyopathy'.

### Who is affected?

The National Heart Foundation of Australia (Heart Foundation) estimates that there are around 300,000 people living with some degree of heart failure, while another 30,000 people are newly diagnosed with it each year. It may be that the incidence is even higher, because there are no definitive tests to confirm the diagnosis. Disturbingly, the number of people with some degree of heart failure is growing due to our ageing population and it is the only cardiovascular condition not to have declined in recent years.



## What to expect when you visit the doctor

A careful physical examination is important for the initial diagnosis of CHF and to identify the potential causes and aggravating factors. An ongoing evaluation of the status of the disease is also necessary to manage your health.

It is recommended that even with moderate heart failure, there is a comprehensive clinical assessment and investigation to determine whether there are any reversible causes of heart failure. Your doctor will determine the clinical level of your limitations and this will, in turn, make a difference to the treatment recommended to you.

Investigations may include an ECG (electrocardiogram), chest X-ray, blood tests and possibly an ultrasound scan (echocardiogram) that visualises the actual pumping of the heart and how effectively the heart pumps the blood through. Other investigations will be performed to exclude any other factors that might be contributing to or affecting your heart failure.

## How is Congestive Heart Failure managed?

Although in most cases there is no cure for CHF, we do know that effective management may slow down or even stop the progress of the disease. It can also reduce the debilitating symptoms and increase your quality and length of life.

The active management of this disease provides you with the opportunity to become aware of the causes of heart failure and the strategies for optimising your heart function. Despite the damage to the heart, you can learn to minimise the symptoms and perhaps arrest the progress of any further damage.

Often, there is no single way to manage CHF. The best results are achieved using a combination of medication, a healthy lifestyle and self-monitoring so that you don't allow the symptoms to progress. It is usually helpful for members of your family to be informed and counselled by the doctor about your condition and your program for management. They can get involved and help you to follow your program and they may even notice any changes in your condition before you do.

Once your CHF is being managed, the Heart Foundation recommends the following guidelines<sup>1</sup> for seeking medical attention. You should contact your doctor if you are experiencing:

- weight increases of more than 1.5kg in one day;
- shortness of breath and NOT exercising at the time;
- very rapid heart beat;
- increased swelling in your ankles, legs or abdomen;
- a high temperature, or you are shivering or confused;
- coughing fits, especially at night;
- more tiredness than usual; and/or
- redness, swelling or tenderness in your joints.

It is also advisable to visit your doctor if you have asthma and need more medication than usual.

1. Source: The Heart Foundation.

The need to contact your doctor is more urgent if you are experiencing:

- dizziness or if you pass out;
- angina that is getting worse; and/or
- serious side effects from your medications.

## Managing 'Acute Heart Failure'

Sometimes CHF can start quickly or even deteriorate rapidly. Doctors refer to 'Acute Heart Failure' when there is a sudden deterioration in your breathing, low blood pressure and a fast heart rate. This can indicate a medical emergency and you should call for an ambulance or get help without delay.

If you or someone else is experiencing Acute Heart Failure, there are some guidelines you can follow while waiting for the ambulance or doctor. These are:

- sitting the patient in an upright position with the feet as low as possible;
- getting medical help quickly which may save a life;
- taking oxygen if available, as this will help the heart; and
- if you or the patient is taking frusemide (for example 'Lasix'), take an extra dose with as little water as possible.

It is also important to call an **ambulance** by dialling '000' if you have:

- chest pain, tightness or discomfort that lasts longer than 10 to 15 minutes and has not been totally relieved in that time by taking your angina medication (for example 'Anginine' tablets or GTN spray under the tongue);
- severe shortness of breath; and
- any new symptoms or any other symptoms that are causing you more distress than usual.

# Medications for Congestive Heart Failure

A number of different medications are often used in the treatment of CHF because it can have various causes and symptoms. Some medications are used to treat the underlying heart condition that causes your heart failure such as coronary artery disease and/or high blood pressure. Commonly, other medications are used to treat the symptoms of heart failure itself, for example, fluid retention.

It is important to remember the following points about your medication:

- You may need to take several different medications together to get the maximum, or adequate benefit. If this is the case, you may need to discuss this with your doctor and pharmacist regularly. It is also recommended that you check that you are taking them all in the correct manner, otherwise you may need to modify your treatment.
- There is a general consensus among international researchers about which drugs should be included in your treatment regime, depending on the extent of your symptoms. You can help maximise your health by working with your doctor to check that you are getting the benefits of those medicines.
- Because of the complexity of symptoms and underlying causes of CHF, there may be a period of trial and error before the combination of medicines that is right for you can be found. During this adjustment period your doctor may want to try different options or doses if the first does not succeed. For this reason, it is important to take your prescribed medicines in the right dose at the right time, even though it is not always easy to do so. It is recommended that you develop a systematic approach that works for you to ensure that you always take the right medications at the right times and in the correct dose. It is also essential that you stick to your regime.
- You should tell your doctor and pharmacist about any other medications you are taking, such as vitamins, 'natural remedies' or over-the-counter cold, flu or pain medications. These other medications may alter the way your CHF medications work.



The MBF Congestive Heart Failure Management Program aims to help you stay on track with your medication. There are internationally accepted medication guidelines that will suit most people with heart failure. You can use these guidelines as an opportunity to check that you are on the recommended medications to match the extent of your condition. You can also, if appropriate, check with your doctor to understand why they have recommended that you be on your particular treatment. In the following section, there is a list of commonly recommended medications and what they will do for you.

## Medications for heart failure

The following list of common heart failure medications from the Heart Foundation can help you understand your medications better. But if you are unsure, ask your doctor to explain your medications and take note of the explanations so that you can refer to it later.

The medication information outlined below is for general explanatory purposes only and is not medical advice. You should always check with your doctor prior to taking any medication.

### ACE inhibitors

Some common names for ACE inhibitors include **Captopril**, **Lisinopril**, **Perindopril**, **Enalapril**, **Ramipril**, **Fosinopril** and **Quinopril**. This medication helps to open blood vessels throughout your body to ease the heart's workload. ACE inhibitors are essential in the management of symptomatic heart failure. In fact, the Heart Foundation's guidelines for Ace inhibitors recommend that all people with systolic heart failure should be taking ACE inhibitors unless there are valid reasons why they should not. The reasons for not taking them should be noted by your doctor as 'contraindications' in your MBF Congestive Heart Failure Action Plan. This will make it easy for another doctor in an emergency to know what medications you cannot take and why you are or are not, on certain treatment. It is important to remember that these drugs can have side effects, which may include dry, persistent cough, nausea or dizziness. If you develop side effects, you should discuss them with your doctor.

### Beta-Blockers

Some common names for Beta-Blockers are **Carvedilol**, **Metoprolol** and **Bisoprolol**. This medication helps to slow your heart rate and lower blood pressure by blocking nerves

that act on the heart and other blood vessels. The Heart Foundation's guidelines for beta-blockers recommend that most people with mild to moderate heart failure will benefit from treatment with a beta-blocker unless 'contraindicated', particularly if they are already taking an ACE inhibitor. Again, your doctor should note these 'contraindications' in your Action Plan. It is important to remember that these drugs can have side effects, which may include wheezing, tiredness and increased shortness of breath. If you develop side effects, you should discuss them with your doctor.

### Diuretics

Some common names for diuretics are **Furosemide** and **Thiazide**. This medication helps your body to get rid of excess fluid. Patients with signs and symptoms of fluid retention should be prescribed a diuretic. These drugs are used to control the symptoms of your heart failure, such as fluid retention, especially as they relieve the symptoms faster than other drugs. Diuretics cause your kidneys to produce more urine, so it is best not to take them before you go to bed, unless you suffer from breathlessness at night. Nor is it recommended that you take them before taking a long trip because you will need to regularly go to the bathroom. You will also need to have the level of potassium in your blood monitored to make sure you are not losing excessive amounts of potassium in your urine. It is important to remember that these drugs can have side effects, which include dizziness, nausea and skin rash. If you develop side effects, you should discuss them with your doctor.

### Potassium supplements

Some common names for potassium supplements are **Slow K** and **Span K**. Potassium supplements help maintain normal potassium levels which can become low when taking some diuretics. As a first choice, many doctors prescribe eating a banana rather than a supplement, but sometimes it isn't enough. Side effects are unusual with potassium supplements, but in rare cases they may cause stomach upset.

### Aldosterone antagonist

The common name for this drug is **Spironolactone**. This medication is a special type of diuretic that has re-emerged as helpful for people with moderate to severe heart failure. (New York Heart Association functional Class III or IV heart failure, see page 32). It helps to remove excess fluid from the

body and also lowers blood pressure. Your doctor should use caution when prescribing this drug especially for anyone with kidney failure or impairment. It has the reverse effect to most other diuretics and keeps potassium in your blood, so caution is also required so that potassium levels don't rise too high. It is important to remember that this drug can have side effects that include diarrhoea, cramping, nausea and itching. If you develop side effects you should discuss them with your doctor.

### Digitalis

The most common brand names are **Digoxin**, **Lanoxin** and **Lanoxin PG**. This drug helps the heart pump more efficiently and regularly. The Heart Foundation's guidelines for digitalis recommend that this medication may be prescribed for patients with more severe symptoms of heart failure. Other patients who have a cardiac condition known as '**atrial fibrillation**' may also be prescribed digitalis by their doctor. This drug may also be useful if you cannot tolerate one of the drugs mentioned above or have poor function of your left ventricle (one of the heart chambers). It is important to remember that this drug can have side effects that include nausea, vomiting, altered vision and heart rhythm problems. If you develop side effects you should discuss them with your doctor.

### Angiotensin II receptor antagonists

Some common names for this type of drug includes **Candesartan**, **Irbesartan**. These drugs have a similar action to ACE inhibitors and are sometimes prescribed when ACE inhibitors cannot be used. It is important to remember that these drugs can have side effects that include headache, dizziness, nausea and weakness. If you develop side effects you should discuss them with your doctor.

### Anti-coagulation and anti-platelets drugs

The most common anti-coagulant drug is **Warfarin** and common anti-platelet drugs include **aspirin** and **clopidogrel**. These drugs help to 'thin' the blood to prevent or slow clotting. These are often prescribed when parts of the heart are not beating strongly and are more likely to allow blood clot formation. When you are on warfarin you will also need regular blood tests. These drugs can have side effects that include bleeding that can be difficult to stop and bruising easily. If you develop side effects you should discuss them with your doctor.



## More information to help you with managing your Congestive Heart Failure

The following information is to help you to learn more about the day-to-day management of CHF, what complications it may cause and most importantly, how you can lower the risks of those occurring.

### Managing your fluid intake

As fluid retention is a symptom of heart failure, one of the things that you may be asked to do is to limit the amount of fluid you drink (or eat). However, you are also likely to be treated with diuretics that override the normal bodily fluid control and increase urine excretion, so you may need to balance your daily fluid intake against your normal diuretic dose.

Alcohol can increase the amount of urine you produce, so you will need to be careful that you top up your normal fluid intake, but be careful not to overcompensate.

Fevers can cause increased loss of fluid, so you might need to adjust for any febrile illness, either by modifying fluid intake slightly or, on the advice of your doctor, reducing your diuretic.



## Smoking and heart failure

If you have heart failure and you are still smoking, the risk of further and continuing heart damage resulting in premature death is dramatically increased. Giving up smoking should be your most urgent priority. Ask your doctor for advice and information to help you quit.

## Maintaining a healthy lifestyle

We all know the value of a healthy diet and getting enough physical activity or exercise. If you have heart failure, this has never been more important. It is an essential requirement to stay as fit and well as you can. Studies have shown that for people with heart failure there is a close relationship between nutrition, weight, the amount of physical activity and the risk of further cardiovascular disease.

An important part of staying in control of your heart condition is to exercise your heart safely and have excellent nutrition because the vitamins and minerals you take in are important in making sure your cells work to the optimum. Another consideration is to reduce the load on your heart by trimming down, losing weight and keeping your blood pressure under control. Remember, any excess body mass makes the heart work harder.

The Heart Foundation has developed a number of guidelines and recommendations for the prevention and treatment of cardiovascular diseases. See the back of this guide for useful Heart Foundation contacts.

## Physical activity

Physical activity of any kind, from walking or gentle stretching to lifting lightweights or cycling is also vital for your heart health and for helping you maintain a healthy weight.

As a general rule:

- try to get active every day;
- do what you can without getting breathless or over-tired – you should be able to talk easily as you do it;
- if you can't manage one longer session of activity, divide your activity into two or three shorter sessions; and
- avoid strenuous activities that make you breathless unless your doctor has approved them.

Your doctor can talk to you about the amount, type and intensity of activity that's best for you. It may also be suggested that you talk to a physiotherapist. With their advice, you can develop some safe and achievable daily activity goals. Your doctor can decide if you need a rest day. If your condition changes, your doctor or therapist can change your activity goals.

## Weight control

For patients with CHF, controlling your weight can really make a difference. It is not about losing the extra fat, but about being proactive and using your weight to monitor your fluid intake. Changes in your daily weight can indicate whether you are succeeding in controlling the congestion of fluid in your body. When your body retains extra water, this adds to your weight. However, by weighing yourself every day and recording your weight, you will notice if you have gained weight suddenly and this will alert you that you have accumulated fluid. Then you can do something about it by talking to your doctor when this occurs. Your weight is a great monitor of fluid accumulation and lets you use your medicines and any behaviour like restricting fluid intake to be proactive in keeping as healthy as you can. It's also advisable to talk to your doctor when you have difficulty breathing or before going to hospital or if you experience any other health issues.



## Your daily weight

Weight gain often means that fluid is building up in your body.

1kg of weight = 1 litre of body fluid.

Weighing yourself every day lets you know if you are retaining excess fluid.

Weigh yourself at the same time each morning as part of your daily routine, following these steps as guidelines:

**Step 1.** Wake up

**Step 2.** Go to the toilet

**Step 3.** Weigh yourself with the same type of clothing on

**Step 4.** Record your weight in your Personal Health Record

**IF YOUR WEIGHT INCREASES BY MORE THAN 1.5KG IN 24 HOURS (or 2KG if you know your weight fluctuates more than this normally), CALL YOUR DOCTOR OR HEART FAILURE NURSE.**

## A healthy state of mind

First of all, there is a lot of evidence that having a positive mindset and good attitude is associated with better health outcomes. So if you believe, and have a commitment to follow an Action Plan and take positive steps to keep as healthy as possible, then you're on the right track.

If you're having trouble keeping positive, then you might benefit from cognitive behaviour therapy that is generally offered as a short program by a clinical psychologist. This program can provide you with tools to assist with your approach. It is sometimes done within groups of people who have the same condition. Ask your doctor whether a referral would be appropriate.

Just as important, it is not uncommon for people with heart failure to feel 'down' or even to experience depression. While you may have been through a major health trauma, have been feeling very frightened or you are experiencing pain, discomfort and frustrating limits in your ability to do all the things you'd like to do, this is very understandable. This state of mind can interfere with your resolve to do everything you can to improve your condition, including following your MBF Congestive Heart Failure Action Plan. It can also contribute



to a reduced quality of life, which can lead to a deterioration of your condition.

It's important to understand that depression can be treated. In the same way as you need to keep an eye on your physical health and symptoms, you should monitor your mental and emotional wellbeing. Feeling low every now and then is normal. However, if your depression continues for more than two weeks, and your low mood is affecting your ability to carry out your normal routine, it's best to see your doctor. Dealing with these feelings is part of the path to greater control of your physical condition and your CHF.

## Cardiac rehabilitation

Cardiac rehabilitation is an individually tailored program designed to optimise your health and help you carry out your day-to-day activities. Initially the healthcare team (which could include doctors, nurses, physiotherapists, exercise specialists and dieticians) will perform an assessment and create a program especially tailored for you. The program may include exercise training, nutritional advice and education about your condition.

You should manage your own health and wellbeing by learning more about your condition and how various treatments work. Self-management empowers the individual to make informed decisions and manage their own program for positive health. The MBF Congestive Heart Failure Action Plan and Personal Health Record should be used in consultation with your doctor to evaluate your progress or modified to suit your needs. The program gives you the tools and resources to help manage your own health effectively.

## Surgery and surgically implanted devices

In some cases, depending on the cause of the heart failure, your general health and other factors, your doctor may recommend surgery. This may include surgery to replace or repair heart valves, to install a special kind of pacemaker helping the heart beat properly as part of 'cardiac resynchronization therapy', or to install an implantable defibrillator to monitor or correct your heart rate. In very extreme cases, a heart transplant may be recommended. Whether or not surgery is suggested in your case will depend entirely on your unique situation and your doctor's clinical judgement. Check your level of hospital cover to see if cardiac surgery is included and if necessary, call MBF to discuss the level of cover that is right for you.

## Other health conditions

Most people who have moderate or more severe heart failure have other health problems, some of which may be contributing to their control of their heart failure.

If you have **ischaemic heart disease** (coronary artery disease, angina, previous heart attacks or coronary artery surgery) then part of your MBF Congestive Heart Failure Action Plan should help to minimise the potential for further problems with the coronary arteries that might make your heart failure worse. However, it usually means that you should simply pay greater attention to your diet, weight, blood sugar, blood lipids and exercise and ensure you take the medications you need for that condition too.

Similarly, if you have **diabetes**, good control of your blood sugar levels, regular monitoring, appropriate diet, and regular check-ups of your HbA1c\* make an important contribution to your long term health. You should also have your feet

checked about every 6 months by your doctor or podiatrist. Because your heart has been damaged in some way, avoiding the stress that the complications of diabetes can cause will help avert any imbalance in your normal state of control with your condition. Exercise is also helpful in the management of diabetes, but it may require a different program, so check with your diabetes specialist as to the sorts of exercise you may need to include in the program.

For further information on diabetes you can also refer to the MBF Diabetes Management Program.

\*HbA1c is a blood test to give you and your doctor information as to how your blood sugar control has been over a few months.

**Kidney failure** can also result in fluid retention, and heart failure can make certain types of kidney failure worse, so make sure you are taking good care of your kidney condition as well.

**High Blood Pressure or Hypertension** puts a strain on the heart. Some of the medications you need to take are the same as for your heart failure, but it is important to keep monitoring your blood pressure and ensuring it is under control. That way you are not asking your heart to do more than it should.

**Pneumonia, Flu and serious chest infections** can place a strain on the capacity of your lungs to transfer oxygen to the blood and place other strains on the heart. The following guidelines may be helpful:

- be aware and seek medical attention early if you have moderate to severe heart failure;
- flu vaccine can avert an infection that might put you at risk;
- when prescribed antibiotics, make sure you stick diligently to the course prescribed; and
- if you haven't stopped smoking yet, this would be a good time.

**Anaemia, infections and thyroid disease** are other conditions that can put a strain on your heart.

You need to be aware that you must take extra care with your heart failure if you have any of these conditions and consult your doctor as to whether you need to do any extra tasks to stay healthy.

## Heart healthy nutrition

As well as watching your diet, many people with heart failure have coronary artery disease; so keeping a check on the fats in your blood such as cholesterol should be part of your plan. In addition to diet, many people need to take cholesterol-lowering medication, called 'statins' to keep the arteries as clear as possible. This can reduce your chance of further heart attacks or heart damage.

If you are overweight, losing weight in the longer term will help lower the workload on your heart and may help you become more active. You can ask your doctor or a dietician for help.

In addition, anyone with diabetes is at a much greater risk of heart disease if it is not under control, so managing your blood sugar levels will have a direct effect on maintaining your heart function.

It is advisable to restrict your salt intake as excess salt can cause your body to retain fluid. Because of this, it is important not to add salt to your food at the table or during cooking and ensure you eat low-salt foods. Eating a wide variety of fresh fruit and vegetables, 5 to 7 serves a day, is considered a good way to reduce salt in your diet. It is also advisable to check food labels and buy products with less than 120mg sodium per 100g serving. Replacing salt with garlic, herbs and spices is an ideal way to avoid highly salted seasonings, especially in takeaway foods that are high in salt.

Limiting your alcohol intake can have a direct effect on your fluid retention rate. However, your doctor can advise you on whether or not you should stop drinking, as alcohol can damage your heart. As a general rule, you should have no more than two standard drinks per day. Needless to say, you should not drink any alcohol if your heart failure is caused by alcohol.

## Tips for heart healthy nutrition

It's really important to know that if you have heart failure, your diet choices directly affect your health. Working out some simple diet priorities can help you cut through the confusion and make the right choices when you're shopping, cooking or eating out.

## Priorities for healthy nutrition

### Learn about fats and reduce saturated fats

The type and amount of fat you eat is vitally important to your wellbeing. Not all fats are the same though, so you need to be careful about your fat intake.

**Saturated fats** are the most dangerous and should be avoided as much as possible. They can increase the level of cholesterol in your blood, clogging your already overworked blood vessels with fatty material called plaque and making your heart work even harder to push the blood through your body. Generally, any fat from an animal is saturated fat, including fatty meats and full-fat dairy products like milk, cream, cheese and butter, offal (eg liver, kidneys, brains, egg yolks). Other sources include anything deep-fried, commercially baked pastries, cakes and biscuits and many chocolates. There are also high levels in coconut oil, coconut milk and palm oil.

**Polyunsaturated fats** can help lower blood cholesterol and are an essential part of your diet but should still be eaten in moderation as they have a high energy level. Unless you are very active, this can lead to unwanted weight gain. These include polyunsaturated margarine spreads and sunflower, safflower and Soya bean oils, fish, some nuts (walnuts, Brazil nuts, hazel nuts) and seeds (for example pumpkin seeds or whole seeds found in many breads).

**Monounsaturated fats** can also help lower blood cholesterol but once again should be consumed in moderation. They include monounsaturated margarine spreads and the oils from which they are derived for example those based on olive or canola oil, some nuts (for example peanuts, cashews, almonds), seeds and avocado.

## Eat a variety of foods

For good nutrition, eat as many different kinds of low-fat foods as you can. This applies especially to fruit and vegetables. Be aware that the brighter and deeper the colour of the fruit or vegetable, the more likely it is to be high in essential vitamins and anti-oxidants. Choose dark leafy greens like spinach, silver beet, rocket and Asian greens as well as broccoli. Eat plenty of bright orange foods like pumpkin, carrot, mango, rockmelon, oranges and other citrus fruits. Choose red leafy greens, fruits and vegetables like radicchio, red cabbage, beetroot and berries.

## Eat mainly plant-based foods and watch your energy intake

Your diet should be made up mainly of plant-based foods like vegetables, fruit and grain-based foods such as breads, cereals, pasta, noodles and rice. The best breads and cereals are those containing or made from whole grains. Also include legumes such as peas, beans, lentils, and chickpeas. Choosing a grain-based food that is marked as having 'low GI' is also a good choice. These foods release energy into your blood stream more slowly than 'high GI' foods, keeping you satisfied for longer and helping to manage, or reduce your risk of diabetes. Check labels and ask your dietician or doctor about the benefits of a 'low-GI' diet. If you choose a diet that is high in plant-based foods, you will also be eating a high fibre diet, which is beneficial for your general health and wellbeing.

Generally, plant based foods are lower in energy or calorie content than animal-based foods. This is important to you because the secret of keeping a healthy weight is learning to balance how much food you take in, with how much activity you release. You have an immediate advantage if most of your diet consists of lower energy plant-based foods.

## Learn what's in your food and healthy ways to prepare food

Read labels to see how much of each fat the food contains and avoid those with high levels of fat content. Trim all visible fat from meat. Remove the skin from chicken and use the lean cuts only. Try to use cooking methods requiring little or no fat at all like stir-frying, steaming, micro waving, roasting and grilling. It's better to use only low-fat dairy products and a poly- or mono-unsaturated margarine in moderation instead of butter. Substitute healthy alternatives for high-fat ingredients in your favourite recipes for example yoghurt or low-fat evaporated milk for cream. Try using tofu or low fat meat substitutes for meat. Filo pastry is lighter than short crust or puff pastry. Try to avoid takeaway and snack foods like chips and biscuits.

## The MBF Congestive Heart Failure Personal Health Record

Take your Personal Health Record with you when you visit your doctor, so that you can monitor your progress together and keep track of your medications.

# The MBF Congestive Heart Failure Action Plan

Name

Date

You should try to use this Action Plan to help keep in mind how you can take positive steps to maximise your health and function. Work with your doctors to keep in control of your heart failure. Take this Action Plan and your Personal Health Record with you when you visit your doctor.

## Essentials

1. Ensure you understand the cause of your CHF - once you understand that you can avoid things that might make it worse.
2. Check that your medications are right for your stage of CHF and also that the doses prescribed are controlling your symptoms. Then, take your medications regularly.
3. Weigh yourself daily and see your doctor if your weight rises by more than 1.5kg in a day.
4. Follow any fluid restriction guidelines you've been given.
5. In addition, adopt habits that will reduce the strain on your heart:
  - a. Lose weight, if necessary
  - b. Adopt a daily exercise program
  - c. Keep to a healthy diet
  - d. Keep your diabetes or high blood pressure under control (if appropriate)

## Diagnosis and assessment

Goal to be reviewed	Actions/ medications	Minimum recommended frequency	Comments	Date due	
<p>Have a <b>thorough assessment</b> of your condition. <b>Keep a record</b> of the tests and measures of your condition from the time you go to the doctor and regularly after that. Discuss with your doctor your improvement or deterioration whenever you are reassessed, and note any reasons for the change if you can</p>	Blood pressure	Every routine visit or more frequently if not under control			
	Electrocardiogram	As directed by your doctor			
	Chest x-ray	As directed by your doctor			
	Echocardiogram	As directed by your doctor			
	Weight assessment	Initially by doctor as a base measurement; Daily to monitor success of your treatment; and every routine visit to review health goals			
	<b>Blood tests</b>				
	Haemoglobin to check for anaemia	Initially as a base measurement and then as required			
Lipid studies (cholesterol) that can inform you of the need to take preventive action	Annually or more often if recommended by doctor	Heart Foundation recommends goals of: <ul style="list-style-type: none"> <li>• Low Density Lipoprotein (LDL) cholesterol less than 2.5 mmol/l</li> <li>• Total Cholesterol (TC) less than 4.0 mmol/l</li> <li>• High Density Lipoprotein (HDL) cholesterol more than 1.0 mmol/l</li> <li>• Triglyceride (TG) less than 2.0 mmol/l</li> <li>• establish short, medium and long term goals and review progress with your doctor</li> </ul>			
Blood test for diabetes	Initially blood sugar level as baseline, and possibly a Glucose Tolerance Test if suggested. If you have diabetes: <ul style="list-style-type: none"> <li>• regular measurement of blood sugar as required by doctor</li> <li>• HbA1c every 3 months</li> </ul>	If you are told you have diabetes aim for HbA1c less than 7%			

Goal to be reviewed	Actions/ medications	Minimum recommended frequency	Comments	Date due
Have a <b>thorough assessment</b> of your condition. <b>Keep a record</b> of the tests and measures of your condition from the time you go to the doctor and regularly after that. Discuss with your doctor your improvement or deterioration whenever you are reassessed, and note any reasons for the change if you can	Blood test for kidney function	Annually or as required	This test usually measures creatinine levels but may be more extensive	
	Doctor to record Functional Grade of heart failure (see page 32, footnotes: NYHA grades*)	After full assessment	Based on your Functional "Grade" or capacity recommended medications may be different	
	BNP (Brain Natriuretic Peptide)	As required	This is a new test which helps in the diagnosis of CHF	
	Vascular Ultrasound (Neck)	At initial assessment	This test gives a picture of the state of your arteries and can be helpful for the specialist to give you a full description of your condition and your risk	

## Ongoing management

Adjust your fluid and food intake and adopt healthy habits	Fluid restriction	As directed by your doctor		
	Modify your salt intake	As directed by your doctor		
Ensure you are on the correct medications	<p>Very clear guidelines have been established for the best treatment of CHF based on sound clinical research</p> <p>This may be the most important thing you can do to maintain your function and quality of life. Your doctor will be able to prescribe treatment that meets</p>	<p>Check against the Medications section and the Heart Foundation guidelines that you are on medications that match your level (grade) of function</p> <p>Try to understand which drugs you are taking and for what reason</p>		

Goal to be reviewed	Actions/ medications	Minimum recommended frequency	Comments	Date due
Ensure you are on the correct medications	your individual needs from among the medications listed below and any others	Establish a firm schedule of when to take each medication and ensure you keep to the schedule		
	Review your ACE inhibitor medication	Every routine visit	If you are not receiving this type of therapy, ask your doctor to record the reason for not treating with ACE inhibitor	
	Beta Blocker	Every routine visit	If you have Grade III or IV Congestive Heart Failure (see page 32, footnotes: NYHA grades*), and you are not receiving this type of therapy, ask your doctor to record reason for not treating with Beta Blocker	
	Diuretic	Every routine visit		
	Spironolactone	Every routine visit	If you have Grade III or IV Congestive Heart Failure (see page 32, footnotes: NYHA grades*), and if your symptoms are not controlled on other drugs, and you are not receiving this type of therapy, ask your doctor to record reason for not treating with Spironolactone	
	Flu vaccination	Annually	Ask your doctor about yearly flu vaccinations	
	Vaccination for pneumococcal disease	Discuss with your doctor		
	Digitalis (Digoxin, Lanoxin or Lanoxin PG)	If your symptoms worsen or were not under control on other medications	If you have severe heart failure symptoms, or suffer "atrial fibrillation" and you are not receiving this type of therapy, you can ask your doctor whether you should be treated with digitalis	
Manage your weight	Improve diet Manage weight Develop and maintain a fitness routine	Record weight same time daily. Use separate chart or Personal Health Record  Waist measurement Calculate Body Mass Index (BMI)	Ideally your waist measurements should be: <ul style="list-style-type: none"> <li>• male &lt; 94cm</li> <li>• female &lt; 80cm</li> </ul> Body Mass Index (BMI) is calculated by dividing your weight in kilos by your height in metres squared	
	Moderate your eating habits so that you can work towards a fit weight that puts less strain on your heart	There are many ways to seek help with this: establish your goals and work with your doctor, dietician, family and/or friends to achieve a good weight for you in achievable steps		



Goal to be reviewed	Actions/ medications	Minimum recommended frequency	Comments	Date due
Keep active	Develop and maintain a fitness program of moderate intensity physical activity for at least 30 minutes on 5 or more days per week	Discuss with your doctor at each visit	Moderate activity will cause a slight increase in breathing and heart rate and may cause light sweating. Try walking, cycling or swimming. You should be able to carry on a conversation whilst exercising. If you can't manage 30mins in one block, then break them up into 2 or 3 smaller blocks	
	Commence muscle strengthening program	Discuss with your doctor at each visit		
	Especially if you have recently had an acute cardiac event, ask your doctor if you could benefit from a cardiac rehabilitation program	Discuss with your doctor	This is particularly useful after an acute event period	
Quit smoking	Give up smoking Avoidance of passive smoking	As soon as possible	This is good advice at any time with your condition	
Ensure you maintain adequate nutrition	Establish and maintain healthy eating Review your diet	Annually or as required	It is recommended you: <ul style="list-style-type: none"> <li>• restrict your salt intake;</li> <li>• restrict saturated and trans fatty acid intake to no more than 8% of your total energy intake; and</li> <li>• seek more education about healthy foods</li> </ul>	
Limit your alcohol intake	Low risk alcohol consumption It is recommended that you limit intake to no more than 2 standard drinks per day (men) or 1 standard drink per day (women)	Your doctor should assess medications for potential interactions with alcohol	It is recommended that you restrict your alcohol intake to less than or equal to 2 standard drinks daily. However, if alcohol was the cause of your heart failure, then you should avoid alcohol	
Keep a positive mindset	Keep focused on a positive outcome	Discuss with your doctor	If you are having problems with feeling down or feel you may be depressed, or even if you are having trouble keeping to a regime that is controlling your symptoms, you may benefit from seeing a clinical psychologist and/or cognitive behaviour therapy	

\*Footnotes: New York Heart Association grading system

NYHA grading	Description
Class I	No limitations. Ordinary physical activity does not cause undue fatigue, dyspnoea or palpitations (asymptomatic LV dysfunction).
Class II	Slight limitation of physical activity. Ordinary physical activity results in fatigue, palpitation, dyspnoea or angina pectoris (mild CHF). Marked limitation of physical activity. Less than ordinary physical activity leads to symptoms (moderate CHF).
Class III	Marked limitation of physical activity. Less than ordinary physical activity leads to symptoms (moderate CHF).
Class IV	Unable to carry on any physical activity without discomfort. Symptoms of CHF present at rest (severe CHF).

**Sources:** The MBF Congestive Heart Failure Action Plan has been synthesised from the following references:

1. National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand Guidelines for the prevention, detection and management of chronic heart failure in Australia, 2006.
2. The Medical Journal of Australia. Guidelines for the prevention, detection and management of people with chronic heart failure in Australia 2006.
3. The Heart Foundation. Let's talk about Heart Failure. A guide for patients, their families and carers. 2006.
4. Professor G. Tofler et al., NSW Clinical Service Framework for Heart Failure. Vol. 1 and 2, 2003.

# Where can I get further information?

For further information and support, contact:

- your local doctor
- Heartline, the Heart Foundation's Health Information Service on 1300 36 27 87 (local call cost)
- The National Heart Foundation of Australia at [www.heartfoundation.com.au](http://www.heartfoundation.com.au)
- Dieticians Association of Australia on 1800 81 29 42
- The QUITline on 131 848
- [mbf.com.au](http://mbf.com.au)

Note: The Heart Foundation's association with MBF's Congestive Heart Failure Management Program does not necessarily imply an endorsement of any specific MBF products or services.



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