**What is heart failure?**

Heart failure (formerly called congestive heart failure) is a condition when your heart does not pump as strongly as it should. And when your heart doesn’t pump strongly enough, your body doesn’t get the right amount of blood and oxygen it needs to work properly. Blood that should be pumped out of your heart can cause fluid to back-up (swelling or edema) into other organs or tissues, such as your lungs, stomach, liver, intestines or legs (which explains the term congestive heart failure).

Heart failure can cause too much fluid to back-up in your lungs which can cause a life-threatening condition called “acute pulmonary edema”. This condition can interfere with your breathing, making you short of breath, and give you a cough that’s worse at night and when you’re lying down. This condition requires emergency treatment.

**What’s happening to my body when I have heart failure?**

Heart failure is usually a long-term condition that gradually gets worse over time. By the time you are diagnosed, chances are that your heart has been slowly losing its ability to pump properly for quite a while.

When you first start to develop heart failure, your heart tries to make up for this by:

- **Getting bigger.** When the heart chamber enlarges, it stretches out and can contract more strongly and pump more blood.

- **Developing more muscle mass.** Your heart develops more muscle mass because the cells that are contracting get bigger. More muscle means that your heart is able to pump more strongly, but this doesn’t last.

- **Pumping faster.** This helps your heart pump out the blood faster.

Because your heart tries to make up for its inability to pump properly, it may be years before you realize that it’s not working properly. But these changes that your heart makes only work for a while and eventually, your heart and body just can’t keep up, and you start to feel tired, experience breathing problems, or develop other symptoms which make you realize that something’s wrong.

Although heart failure can be a serious, long-term condition, with the right treatment and lifestyle, you can live a full and enjoyable life.
What are the causes of heart failure?

Heart failure can be caused by many different things, including:

- Poor blood flow to your heart over a long period of time
- A previous heart attack, which damaged your heart
- High blood pressure over a long period of time
- Diabetes
- Heart valve disease
- An infection causing inflammation of the heart muscle or the heart valves
- Excessive use of alcohol or drugs
- Disease of the heart muscle itself, called cardiomyopathy
- Defects in your heart that were present at birth (called “congenital heart defects”)
  - Children are born with these defects when the heart, heart valves, and/or blood vessels near the heart don’t form correctly. This can weaken the heart muscle and lead to heart failure.
  - Children don’t have the same symptoms or get the same treatment for heart failure as adults.
  - To learn more about congenital heart defects, click on the links below:

How common is heart failure?

If you have heart failure, you’re not alone. Approximately 500,000 Canadians are living with it.

And the number of people developing and living with heart failure is increasing. Reasons for this include, an aging population and the fact that doctors are becoming more successful at treating heart attacks and other heart conditions. Because of this, people with damaged hearts are living longer, and when you have a damaged heart, you’re more likely to develop heart failure.

How serious a condition is heart failure?

Unfortunately, heart failure can be quite serious. Depending on how severe your symptoms are and how damaged your heart is, heart failure can be associated with an annual death rate between 5% and 50%.

The average death rate for heart failure is 10% per year and up to half of people with heart failure die within five years of being diagnosed.

But heart failure is a condition that you can manage. You will need to follow all of your doctor’s recommendations for your treatment and make the necessary changes in your lifestyle to make sure you have your best possible quality of life.
Who is at risk for developing heart failure?

Some people are at higher risk for developing heart failure than others. They include:

- **People who are 65 or older.** As we get older, our hearts get weaker. And, as we get older, we’re more likely to have had a disease for many years that leads to heart failure (such as heart disease, high blood pressure, or diabetes).
- **People who are overweight.** When you are overweight, your heart has to work harder. And people who are overweight are at greater risk of developing type 2 diabetes, which is a cause of heart failure.
- **Men.** Men are more likely to develop heart failure than women. But there are more women living with heart failure, because women live longer than men and heart failure is more common in the elderly.
- **African Americans.** African Americans are at higher risk of developing heart failure. They tend to have symptoms of it at a younger age, get worse faster, have more hospital visits due to heart failure, and die from heart failure.

Can heart failure be prevented?

The major causes of heart failure are heart disease, high blood pressure and diabetes. You can take steps to prevent heart failure by preventing or treating these conditions. To learn more about how to prevent high blood pressure or diabetes, click on the one you’d like to learn more about. The sooner you start, the better your chances of avoiding heart failure and staying healthier longer.

One of the best ways you can prevent heart failure is by controlling the risk factors that could lead to heart disease. You can do this by:

- Being smoke-free (including second-hand smoke)
- Controlling your weight
- Being physically active
- Controlling your blood pressure
- Controlling your cholesterol
- Controlling your diabetes
- Eating healthy foods that are low in salt, saturated and trans fats, and cholesterol
- Limiting alcohol use
- Reducing stress
- Visiting your doctor regularly, following your doctor’s advice, and taking any medications that your doctor has prescribed for you

What are the symptoms of heart failure?

Some of the symptoms you might experience when you have heart failure are:

- Tiredness
- Cold limbs
- Sudden weight gain
- Breathlessness
- Weakness
- Loss of appetite
- Swelling in your legs and ankles
- A dry, hacking cough, particularly at night
- Waking up from sleep with shortness of breath or feeling like you can’t breathe when you lie down to try and sleep
You may also find that your symptoms get worse when you do certain things, like eating salty foods, drinking a lot of fluids, or when you have a cold or the flu.

**Signs to watch out for**

When you have heart failure, you need to be very aware of your symptoms on a day-to-day basis. If your symptoms change or get worse, you need to call your doctor or get medical attention as soon as you can. By paying attention to any of the “warning” signs listed below, you can keep yourself out of the hospital.

**Here’s what you should watch out for:**

- **Sudden weight gain**
  
  If you gain three or more pounds in one day, or five or more pounds in one week, you should contact your doctor. When you have heart failure, it’s very important that you weigh yourself every day in order to watch out for sudden changes in your weight. The best time to weigh yourself is in the morning, before breakfast and after urinating. You should try to weigh yourself with the same type of clothes on every time (for example, your pyjamas), without shoes, on the same scale and in the same spot in your house.

- **Increased shortness of breath while at rest, not related to exercise or exerting yourself**
- **Increased swelling in your legs or ankles**
- **Swelling or pain in the stomach area**
- **Trouble sleeping (waking up short of breath, or if you find that you’re using more pillows to prop yourself up)**
- **Frequent dry, hacking cough**
- **Loss of appetite**
- **Increased fatigue or feeling tired all the time**
- **Feeling bloated or full all the time**
- **Cough or cold symptoms that last for two weeks or more**

If you catch these symptoms early, your doctor may tell you that you just require a change in your medication, which can often be explained over the phone.

**How is heart failure diagnosed?**

There isn’t one specific exam or test that will tell your doctor that you have heart failure. Instead, if you have symptoms of heart failure, your doctor will do the following:

- **Ask about the symptoms you’ve been having and whether anyone in your family has or has had a disease or condition that can cause heart failure**
- **Do a physical exam**
- **Perform some tests**
Tests for the diagnosis of heart failure

No one test shows whether you have heart failure. If you have signs and symptoms of heart failure, your doctor may do one or more of these tests:

- Blood tests
- ECG/EKG (electrocardiogram)
- Echocardiogram (Echo)
- Chest X-ray
- Additional tests

Your doctor may have you go and see a cardiologist at some point. A cardiologist is a doctor who specializes in treating people with heart problems.

ECG/EKG (electrocardiogram)
This test shows how fast your heart is beating and whether its rhythm is steady or irregular. It may show whether you have had a heart attack or whether the walls in the chambers of your heart are thicker than normal. Thicker walls can make it harder for your heart to pump blood.

What’s involved
An ECG/EKG is a painless test. You will have a number of electrodes attached to various parts of your body including your arm, leg and chest. The electrodes are attached with small suction cups or sticky patches. The test usually takes about 5 to 10 minutes. Sometimes an ECG/EKG test is done while you’re sitting or lying down. Sometimes it’s done while you’re walking on a treadmill (or riding a stationary bike), and this is called a stress test.

Stress test
Stress tests are done because some heart problems are easier to diagnose when your heart is working harder and beating faster than when it’s at rest.

What’s involved
A stress test is an ECG/EKG that’s done while you’re exercising, either walking on a treadmill or riding a stationary bike. An exercise ECG is usually done in a clinic or hospital. You will be asked to walk on a treadmill (or sometimes pedal a stationary bicycle). You will have a number of electrodes attached to your chest like during an ECG/EKG, and then you will either begin by walking or pedaling slowly. You will gradually increase the speed of your walking or pedaling, and this will help your doctor see how your heart copes when it has to work harder. This test usually takes between 15 and 30 minutes. It’s a good idea to wear or bring clothing and shoes that are comfortable for exercising when you do this test.

Echocardiogram (Echo)
An echocardiogram uses sound waves to create a picture of your heart. It shows the size and shape of your heart and how well your heart valves and chambers are working. The test can also show if there are places in your heart where blood is flowing poorly, where the heart muscle doesn’t contract properly, and where there is damage to the heart muscle. The test can also help your doctor determine how well your heart is pumping by measuring the percentage of blood pumped out of your heart’s main pumping chamber (the left ventricle) with each heartbeat. This measurement is called the ejection fraction.
What’s involved

An echocardiogram is a painless test. A gel is placed on your chest and a device called a “transducer” is moved over your chest. This test can take between 15 and 45 minutes. Sometimes this test is done before and after a stress test.

Chest X-ray

A chest X-ray takes a picture of your heart, lungs and bones of the chest. It can show whether your heart is larger than it should be, whether you have fluid in your lungs, or whether you have lung disease.

What’s involved

Having a chest X-ray is painless and only takes a few minutes.

Additional tests

During your first visit, or during follow-up visits, your doctor may want to perform additional tests to better understand the cause of your heart failure (improve diagnosis) or to follow-up the evolution of your condition (may help optimize your treatment). Some of these tests include:

• Coronary angiography: to see if there are any blocked heart vessels, done mainly in patients who suffer from angina
• Holter monitoring: a small box that you carry with you will check your heart rhythm for a full 24- or 48-hour period
• Other imaging tests such as: cardiac catheterization, multiple gated acquisition (MUGA) scanning, magnetic resonance imaging (MRI) and computerized tomography (CT). These imaging tests not only measure ejection fraction, but can also check the heart arteries and valves, determine if you have had a heart attack, and look for unusual causes of heart failure.

How is heart failure treated?

There are a number of different elements to the treatment of heart failure, and they include:

• Lifestyle changes
• Medications
• Surgery (sometimes)
• Follow-up care

When it comes to heart failure, treatment is not as simple as taking a pill or having surgery. To treat heart failure successfully, you have to be involved in all the elements of your treatment. This may mean getting used to new restrictions and responsibilities and working them into your daily routine. It may seem challenging at times, but with proper treatment, you can live a longer, more active life.
Lifestyle changes

If you have heart failure, you should try to make the same lifestyle changes that are recommended for people with heart disease. By doing these things, you will improve your symptoms, slow the disease’s progression and improve your everyday life.

You can do this by:

• Being smoke-free (including second-hand smoke)
• Controlling your weight
• Being physically active
• Controlling your blood pressure
• Controlling your cholesterol
• Controlling your diabetes
• Eating healthy foods that are low in salt, saturated and trans fats, and cholesterol
• Limiting alcohol use
• Reducing stress
• Being aware of your symptoms and letting your doctor know about any changes in them
• Visiting your doctor regularly, following your doctor’s advice, and taking any medications that your doctor has prescribed for you

Eating healthy

If you have heart failure, there are a few things that you should keep in mind with respect to your eating habits. These things include:

• Reducing the amount of salt you eat
• Getting the right amount of potassium
• Being aware of the amount of fluids you drink

Reducing the amount of salt you eat
When you have heart failure, it’s important that you reduce the amount of salt (sodium) that you eat. The reason for this is that sodium can make your body retain water, which can cause swelling and put more stress on your heart. You are allowed to have between 2 and 3 grams of sodium per day.
Here are some easy tips on how to reduce the amount of salt you eat:

- Take your salt shaker off the dinner table. Instead of using salt, experiment with herbs, spices, garlic or salt substitutes that you can find at the grocery store. (But make sure that the salt substitute doesn’t contain something called “potassium chloride”, because this ingredient could be harmful for your heart). Do not add salt to your food during cooking.
- Check the foods you eat for salt content.
  - Read the labels on foods to figure out how much salt they contain. Choose products that have less than a 10% daily value (DV) of sodium (salt).
- Eat more fresh fruits and vegetables.
- Eat snacks that are low in salt, like unsalted popcorn.
- Most processed or prepared foods have a lot of salt in them. These types of foods include canned vegetables and frozen dinners. Other foods and sauces that have a lot of salt are:
  - Cheese
  - Pickles
  - Barbecue sauce
  - Salad dressing
  - Lunch meat
  - Ketchup
  - Soya sauce

Getting the right amount of potassium
If you have heart failure, you may be taking a type of medication called diuretics, and this type of medication can lower the amount of potassium in your body. This can be dangerous for people with heart failure, because it can affect the rhythm of your heart. You can get more potassium from foods such as:

- Bananas
- Fish
- Citrus juice/fruits
- Dates
- Mushrooms
- Spinach
- Tomatoes
- Chicken
- Meat
- Prune juice
- Raisins
- Potatoes
- Squash

On the other hand, too much potassium can be harmful if you have kidney problems or if you’re taking certain medications for the treatment of heart failure. A dietitian can help you create a healthy, low-salt diet with the proper recommendation for potassium intake.

Being aware of the amount of fluids you drink
When you have heart failure, it is important that you are aware of the amount of fluids you drink. This is because the more fluids you drink, the more blood there is in your body, and the harder your heart has to work to pump it all.

Your doctor or nurse will probably tell you how much you should drink each day, and what types of fluids you should drink. For most people with heart failure, 6 to 8 cups of fluid per day is the maximum amount they should drink. It might be tricky for you to calculate how much you’re drinking at first, because even the water you drink to swallow your medication should be counted.

Staying healthy
Getting the flu is no fun for anyone. But when you have heart failure, getting the flu or pneumonia can be very serious. If you develop a lung infection, your heart has to work harder to get oxygen through your body. And people with heart failure should avoid making their hearts work harder.
If you don’t already, getting the flu and a pneumonia vaccine is a great idea. You should also try to avoid being around people when they have a cold or the flu.

Reducing stress
When we are under stress, our bodies react by making our hearts beat faster and by making us breathe harder. If you have heart failure, you need to avoid as much stress as possible, because it makes your heart work harder, which can make your symptoms worse.

It’s natural to be stressed about things in day-to-day life, and maybe you are feeling some stress from being diagnosed with heart failure as well. It won’t be possible to get rid of all the stress in your life, but you can find ways to cope with stress better. Some ways that you can do this are:

• Talk with family, friends, or other people that you trust about your concerns and stresses and ask them for advice and support. Or write down what’s bothering you. Some people find that writing in a journal helps to relieve their stress and anxiety.
• Take a few minutes each day to sit quietly, breathe deeply and relax.
• Try to accept things you can’t change. For example, rush-hour traffic isn’t going to move any faster if you get angry about it, so find a good song on the radio and enjoy it. Or some people enjoy listening to books on CD while in the car.
• When you feel really angry about something, count to 10 before speaking.
• Don’t use smoking, drinking, overeating, drugs or caffeine to cope with stress. These make things worse and are things that you should avoid to stay healthy.
• Exercise regularly and choose activities that you enjoy so you’ll stick with them.
• Avoid situations or people that upset or bother you.
• Don’t try to do too much. Learn to say no without feeling guilty.
• Join a support group, such as one for people with heart disease. You can find one online by visiting http://www.morethanmedication.ca/en/find_support/?gclid=COPoybfCg50CFRBM5QodqlU9bw.
• If you find that you’re having trouble coping on your own, get professional help. Ask your doctor, family or friends for recommendations for a mental health professional or counselor.

Being physically active
Physical activity is something that everyone should do, because it’s good for your heart and for your overall health. It may seem strange to be encouraged to do physical exercise when it will make your heart work harder. But exercise can actually make your heart stronger and improve the symptoms of heart failure. Exercising can give you an energy boost, make you feel less tired and reduce your stress. It will also help you control your risk factors for heart disease, such as weight, high blood pressure and cholesterol levels.

Your healthcare professional may also have told you about a cardiac rehabilitation program in your area. If so, this is a great way to help you start exercising. These programs are run by people who will help you get the right kind of physical exercise and also educate you on how to make healthy changes in your lifestyle.

But before you start any exercise program, it’s important that you speak with your healthcare professional to make sure that you choose an activity at a level that’s right for you. You should always follow your doctor’s recommendations and be sure to stay within your own comfort zone while exercising. Exerting yourself too much could be dangerous for your heart.
Here are some dos and don’ts to keep in mind:

**DO**

- Wear comfortable, loose-fitting clothing and running shoes.
- Start slowly. Gradually build up to at least 30 minutes of activity, five or more times per week (or whatever your doctor recommends). If you find that 30 minutes is too much at one time, you can break it up into 3 periods of 10 minutes during the day.
- Exercise at the same time of day so it becomes a habit. For example, you could go for a walk every day during your lunch hour at work.
- Exercise with a buddy to keep you motivated. Or join a gym or exercise group at your local community centre or church.
- Choose different activities so you don’t get bored. Try walking one day, swimming the next, and bike riding on the weekend.
- Try to find ways to be more active during the day. Take the stairs instead of the escalator, or get off the bus or subway one stop early and walk the rest of the way on your way to work or home.

**DON’T**

- Give up exercising if you’ve stopped for a while. For example, if you go on vacation and take a break from exercising, get back into your regular routine when you get back.
- Do exercises that require you to hold your breath, or use sudden bursts of energy. Also avoid lifting weights and competitive or contact sports, such as football.
- Engage in any activity that causes you to have chest pain, shortness of breath, dizziness, or lightheadedness. If these happen, stop what you’re doing right away.
- Exercise right after meals, or when it’s very hot or humid.

There are some types of activities that you should avoid if you have heart failure, because they could be too hard on your heart. These include:
- Lifting or pushing heavy objects
- Shoveling snow
- Sit-ups or push-ups
- Competitive sports
- Heavy housework, like washing windows or scrubbing floors
- Racquetball, squash, tennis

**Sexual activity**

Having heart failure does not mean that you can’t have sex. Most people with heart failure can continue their normal sexual activities once their symptoms are under control. But there are a few things you should keep in mind:

- Choose a time when you’re not tired or tense.
- Avoid having sex right after eating a big meal.
- If you’ve just done an activity that required a lot of energy, rest for a while before having sex.
- If you start to feel uncomfortable or tired during sex, stop and rest for a while.
Some drugs used to treat heart failure could contribute to difficulties in achieving an erection (a condition called erectile dysfunction or ED for short). There are drugs available that can help men achieve an erection, but sometimes these drugs interfere with heart medications. You should, for example, never use oral medications for ED if you take any form of nitrates, often used to treat heart problems, such as angina.

It is difficult for many couples to deal with ED. However, ED is a reality for many men and for their partners. Rather than allowing ED to ruin what can be a wonderful part of a relationship, men should take the first step–discuss the problem with their partner. Help each other, support each other. Then take the second step–seek professional help, because current medical treatment can help most men with ED return to a healthy, satisfying, sexual relationship.

**Medications**

Heart failure is a chronic disease that needs lifelong management. However, with treatment, a failing heart can become stronger, and the signs and symptoms of heart failure can improve. For most people, the treatment of heart failure involves a balance of the right medications, and in some cases, devices that help the heart beat properly. Some of the medications used to treat heart failure are listed below.

**Drugs that help reduce symptoms of heart failure**

**Diuretics** (also known as water or fluid pills) help reduce fluid build-up in your lungs and swelling in your feet and ankles. They make your kidneys produce more urine, so that more water and salt gets out of your body through your urine. This helps to lower your blood pressure and makes it easier for your heart to pump.

**Digoxin** makes your heart beat stronger and slows down your heart rate to help it pump more blood.

**Drugs that help reduce the risk of long-term complications and death related to heart failure**

**ACE inhibitors** help to widen your blood vessels, making it easier for your blood to flow. This helps to lower your blood pressure and reduce the strain on your heart.

**Angiotensin receptor blockers** work in a similar way to ACE inhibitors, by relaxing your blood vessels and lowering your blood pressure, so that your heart doesn't have to work as hard.

**Aldosterone antagonists** work by blocking the action of aldosterone, a natural substance in the body that raises blood pressure. They also work like diuretics to help your body get rid of salt and water through urine, which reduces the amount of blood that your heart must pump. However, unlike regular diuretics, aldosterone antagonists do not remove potassium from your body.

**Beta-blockers** slow your heart rate and lower your blood pressure to reduce the amount of work your heart has to do.

You'll probably need to take two or more medications to treat heart failure. Your doctor may also prescribe other heart medications, like nitrates for chest pain, a statin to lower your cholesterol, or blood-thinning medications to help prevent blood clots.

If you are taking medications and are still having trouble breathing, your doctor may order extra oxygen for you to take at home.
Surgery

As your heart failure gets worse, lifestyle changes and medications may not be enough to control your symptoms. If this happens, you may need to have surgery. There are different kinds of surgeries that are done for heart failure which are described below.

Coronary artery bypass surgery is often called bypass surgery or CABG (pronounced like cabbage) surgery. This surgery is done to improve blood flow problems to your heart caused by a build-up of plaque (atherosclerosis) in your coronary arteries.

What’s involved
The surgery involves taking a piece of healthy blood vessel from somewhere else in your body (like your leg, arm, or chest) and using it to create a detour or “bypass” around the part of your coronary artery that’s blocked. Sometimes your heart needs to be stopped to do this surgery, and a machine called a “heart-lung machine” will do the normal work of your heart and lungs. The surgeons attach the section of healthy blood vessel above and below your blocked artery. When your heart is restarted, your blood will flow through the bypass and around the blocked portion of your artery. If you have more than one blockage, the surgeons can create several bypasses.

Coronary artery bypass surgery is done under a general anesthetic, which means that you will be asleep during the whole surgery and for some time after it’s done. The surgery can take anywhere from 3 to 6 hours, depending on the number of bypasses that you need. After the surgery, you will probably have to stay in the hospital for 5 to 7 days.

Percutaneous Cardiac Intervention (also known as angioplasty or PCI) is a procedure that is sometimes done instead of coronary artery bypass surgery. This procedure is done to open blocked blood vessels. Small structures called “stents” are inserted into the arteries to keep them open. A stent is a small, wire-mesh tube. The stent is inserted into a blood vessel and expanded using a small balloon. The balloon is then removed and the stent is left in place.
Implantable pacemakers are devices that are inserted near your heart which help your heart beat at a normal rate and rhythm.

What’s involved
Most pacemaker procedures are done under local anesthesia, meaning you’ll be “frozen” in the area where the pacemaker is being inserted. (Some procedures may be done under general anesthesia though.) If local anesthesia is used, you will be awake throughout the procedure. Using a thin, flexible tube (called a catheter) inserted into a blood vessel, the surgeon will place wires on the inside lining of your heart. The leads are then attached to a small device that is slipped just beneath the skin of your upper chest or your abdomen. After the procedure, you will have to stay in the hospital anywhere from several hours to a few days. The length of time you’ll have to spend in the hospital afterwards depends on the type of procedure you had and how serious your condition is. Your pacemaker might feel a bit strange to you at first, but you will soon get used to it. For the first few weeks after it’s put in, try to avoid making sudden, jerky movements with your arms, stretching or reaching over your head, or touching or “fiddling with” the pacemaker.

Heart transplant surgery involves the removal of your heart when it doesn’t work anymore and replacing it with a donor heart. Heart transplants are done in cases of severe heart failure when no other treatment options will work. Sometimes, mechanical heart pumps are used prior to heart transplant surgery. They are special devices that are placed inside your body and pump your blood so that your heart doesn’t have to. These pumps are usually used temporarily until a donor heart becomes available for a heart transplant.

What’s involved
A transplant is conducted under a general anesthetic so you will be asleep throughout the procedure. During the operation, a machine will be used to pump blood to the rest of your body. Most of the old, failing heart will be removed. The new heart will be inserted and is then shocked so it will start beating. The surgery usually takes about 3 to 5 hours. You will probably have to stay in the hospital for at least 2 or 3 weeks after surgery. Once you return home, you will have a rehabilitation (rehab) program to follow that will help you recover.

Information for caregivers
If you have a loved one who’s been diagnosed with heart failure, you may come to play an important role through the care and support you can provide. People with heart failure often find that they can’t physically do all the things they were able to do before they were diagnosed. They also have many lifestyle changes and medications to think about now too, so it can all be a little overwhelming. Having someone like you to help them along will be a great source of comfort for them.

Becoming a caregiver for someone with heart failure requires a long-term commitment of time and energy. Being a caregiver can be very rewarding for you, but it can also be very challenging. That’s why it’s important that you have support and resources for yourself as well. There are many support groups in your community and on the internet, so be sure to check them out and find one that’s right for you. Ask the healthcare professionals involved in the patient’s care for contact numbers and help in giving care.

What you can do as a caregiver
When a person is diagnosed with heart failure, their doctors ask them to change their lives. They tell them to eat differently, take medications, paying close attention to their bodies and symptoms and reduce their stress. Some of these changes may be really hard for the patient to make, because it may involve breaking lifelong habits. You can help them to incorporate and adapt to these changes.
Giving emotional and moral support

• Realize that change takes time. It’s natural for people to have trouble changing habits developed over many years. Help your loved one understand this, and be patient with them. Try not to nag them if they’re not doing everything they’re supposed to right away. Encourage them when they need a little “push” and praise them when they develop good new habits.

• Suggest joining a support group. Local hospitals, community centres and newspapers typically offer information about support groups for people with heart failure or disease. There are also discussion forums available on the internet. You can find one online by visiting http://www.morethanmedication.ca/en/find_support/?gclid=COPoybfCg50CFRBM5QodqlJ9bw

• Understand that there may be some loss of physical intimacy with a spouse or partner. If you are caring for a spouse or partner, you should realize that the diagnosis of heart failure often means that the patient must stop or limit sexual activity until the condition is under control. Or they may not feel that they’re ready to start having sex again right away. You and your spouse or partner should work together to find out other ways to show your love for each other.

Helping with medical care and treatment

Participate during hospital and doctor visits, but don’t take over the conversation. You can be a great resource in helping your loved one keep track of information about instructions on lifestyle changes, medication, rehabilitation, and record-keeping at home. The amount of information you get may seem overwhelming to you as well at first, so be sure to ask any questions you might have and take notes.

Help your loved one follow the advice of their healthcare team. Help your loved one manage their medications and follow any other treatments recommended by their healthcare team. You could offer to exercise with them, buy and prepare healthy foods that your loved one will like, and emphasize why these lifestyle changes are so important to their health.

Communicate with the doctor and other healthcare providers. As a caregiver, you are an important resource of information for your loved one’s doctors and healthcare providers. They will turn to you for information on your loved one’s condition, changes in their symptoms and any progress they’ve made with diet and exercise recommendations. They may ask you questions when you’re present at office visits. If your loved one isn’t following their advice, don’t make excuses and “cover” for them. It’s important to tell the healthcare providers what’s really happening so that they can better treat your loved one.

Coping with the demands of being a caregiver. Although being a caregiver can be a wonderfully satisfying experience, you may feel depressed and isolated at times. You may find that you have less time for yourself and that you receive little regular help from your loved one’s family members. This is why it’s important to take care of yourself. Some tips on how to do this are:

Share your feelings. Talk to family members and friends, or anyone who can help you when you have concerns. You might be feeling guilty thinking you should have recognized past habits or symptoms that may have contributed to your loved one’s present situation. Don’t blame yourself. You may also feel depressed or afraid of losing your loved one. These are all perfectly normal feelings, and talking about them can help to relieve some of the anxiety you may be feeling.

You can’t do everything on your own. Don’t feel guilty about asking others for help. If you’re the primary caregiver, ask others for help when your loved one isn’t feeling well. If family and friends aren’t available, seek out a volunteer group that provides such help. If you aren’t the primary caregiver, help out however you can. Visit or call more often. Offer to drive the patient to doctor appointments, pick up medications, prepare meals or help with chores around the house.
Join a caregiver support group. Spending time with others that are in similar situations will help. Find out when and where your local support groups meet by contacting the social worker at your hospital, or join an online discussion group.

Educate yourself. The more you know about heart failure, the more in control you’re likely to feel. The internet is a great place to start. Check the resources section of this website as a start.

Plan ahead. Heart failure can be managed, but there is no cure for it. As hard as it may be, you may need to work with your loved one to make sure that finances, wills and insurance policies are in order.

Take care of yourself. Being a caregiver can be demanding and draining. In order to take care of your loved one, you also need to make sure that you take time for yourself and the activities you enjoy.

Signs to watch out for

When your loved one has heart failure, you have to be very aware of his/her symptoms on a day-to-day basis. If the symptoms change or get worse, you need to call the doctor or get medical attention as soon as you can. By paying attention to any of the “warning” signs listed below, you can keep your loved one out of the hospital.

Here’s what you should watch out for:

• Sudden weight gain
  - If your loved one gains three or more pounds in one day, or five or more pounds in one week, they should contact their doctor. When someone has heart failure, it’s very important that they weigh themselves every day in order to watch out for sudden changes in their weight. The best time to weigh themselves is in the morning, before breakfast and after urinating. They should try to weigh themselves with the same type of clothes on every time (for example, their pyjamas), without shoes, on the same scale and in the same spot in their house.
• Increased shortness of breath while at rest, not related to exercise or exertion
• Increased swelling in the legs or ankles
• Swelling or pain in the stomach area
• Trouble sleeping (waking up short of breath, using more pillows to prop themselves up)
• Frequent dry, hacking cough
• Loss of appetite
• Increased fatigue or feeling tired all the time
• Feeling bloated or full all the time
• Cough or cold symptoms that last for two weeks or more

If these symptoms are caught early, the doctor may say that your loved one simply requires a change in medication, which can often be explained over the phone.

If your loved one is ever in severe distress, call an ambulance immediately. Some people with heart failure have a sudden change in symptoms that requires emergency care.
Resources

The following websites are good sources of information for heart failure:

**National Heart Lung and Blood Institute**

**American Heart Association**

**European Society of Cardiology**
[www.heartfailurematters.org](http://www.heartfailurematters.org)

**The Canadian Heart Failure Network**
[www.chfn.ca](http://www.chfn.ca)

**The Heart and Stroke Foundation**
[www.heartandstroke.ca](http://www.heartandstroke.ca)

Managing Congestive Heart Failure* (free booklet)
Published by: The Heart and Stroke Foundation of Canada
Heart and Stroke Foundation of Canada
Ontario Chapter
477 Mount Pleasant Road, 4th Floor
Toronto, Ontario M4S 2L9
Visit [http://www.heartandstroke.on.ca/site/c.pyl3leNWJwE/b.3829047/k.91D8/Health_Info(resource)_Catalogue.htm](http://www.heartandstroke.on.ca/site/c.pyl3leNWJwE/b.3829047/k.91D8/Health_Info(resource)_Catalogue.htm) to order or download the booklet.