

Information for patients and carers

Heart Failure

A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue. The top band is a light blue, the middle is a medium blue, and the bottom is a dark blue.

Your GP will have explained that you may have heart failure. This is a condition where the heart does not pump as effectively as it should. There are various causes of heart failure.

You may hear the terms heart failure with reduced ejection fraction, (HF-REF) and heart failure with preserved ejection fraction, (HF-PEF) to describe your condition.

Reduced ejection fraction (HF-REF) is when the heart muscle does not pump effectively, and less blood is pumped around the body.

Preserved ejection fraction (HF-PEF) is when the heart muscle pumps normally, but the ventricles do not relax as they should.

Follow Up

You will already be having treatment and to make sure your treatment continues to be effective once you leave hospital you will be referred to a heart failure specialist nurse.

On or after discharge, you will receive a clinic appointment to see a heart failure specialist nurse. If you have any questions before that appointment date, then please contact the nurses on the telephone numbers at the end of this leaflet.

Monitoring your weight

If your heart is unable to pump effectively then you may have problems removing and retaining fluid. Therefore, it is important that you weigh yourself regularly.

Please weigh yourself twice weekly after going to the toilet to pass urine early in the morning. If you notice a weight gain of more than 2 kilos or 4lbs in 3 days, please telephone the heart failure specialist nurse or your GP.

Medicines for heart failure

ACE Inhibitors (Angiotensin Converting Enzyme Inhibitors)

You should be given an ACE inhibitor no matter how severe your heart failure is. Ace inhibitors lower your blood pressure and reduce the work your heart must do to pump blood around the body. Your symptoms should improve in a few weeks to a few months within the start of this treatment. Side effects of ACE inhibitors can cause:

- Cough
- Low blood pressure or dizziness (hypotension)
- Renal impairment
- High levels of potassium in the blood.

A rare side effect can cause swelling under the skin around the eyes, lips, and throat (called angioedema.) This can be dangerous, and if this happened the ACE inhibitor will be stopped, and you will be prescribed alternative medicines. If you have severe kidney problems or critical aortic stenosis (narrowing of the aortic valve) you will not be suitable to have ACE inhibitors or Angiotensin Receptor Blockers (ARB)

Angiotensin Receptor Blockers (ARB)

If you experience side effects from an ACE Inhibitor you may be given an ARB instead. You will be started on a low dose and your blood pressure will be monitored closely. You will also have your blood taken regularly to monitor your kidney function.

Sacubitril/Valsartan (Entresto®):

This medication may be prescribed by the cardiologist to increase life expectancy and relieve the symptoms of heart failure. This tablet is a combination of two drugs, Valsartan and Sacubitril. It works by widening your blood vessels, increasing blood flow and lowering your blood

pressure to reduce the strain on your heart. You will be monitored carefully with this medication, as it can increase your potassium levels and may cause abnormal kidney function and low blood pressure.

Beta Blockers:

You will commence a beta-blocker once your condition is stable usually after you have started an ACE inhibitor. Clinical studies have shown that beta-blockers improve the life expectancy for people with heart failure. However, if you have a history of asthma, heart block (electrical conduction problems within the heart) or severe hypotension, beta-blockers will not be recommended.

The most common side effect of beta-blockers are a slowing of the heart rate, tiredness, cold hands and feet, insomnia, dizziness, and impotence in men. Not everyone experiences these side effects and if they do occur the dosage will be adjusted accordingly or even stopped altogether. When starting a beta blocker, you will start with a low dosage, and this will be gradually increased over time.

Ivabradine:

This medicine will slow down the heart rate. This is prescribed if you still get symptoms or if you are unable to take a beta-blocker.

Diuretics:

These are commonly known as water tablets. Diuretics reduce the amount of fluid in the body and help you breathe more easily. Diuretics can also lower blood pressure.

A common side effect is feeling dizzy especially when you get up from sitting or lying down. Diuretics will also make you urinate more often. Not all individuals will be prescribed diuretics.

Digoxin:

Is used to treat heart problems by helping your heart beat more strongly and regularly. A common side effect can be skin rashes or hives. Digoxin toxicity can also happen in rare cases, signs to look out for and report are confusion, loss of appetite, nausea, vomiting, diarrhoea or changes in vision such as a blurred yellow vision.

Spirolactone or Eplerenone:

Spirolactone is another type of diuretic used when the heart is not pumping well. However, Spirolactone can cause breast tenderness and if this happens you will be swapped over to Eplerenone. Some individuals will be prescribed Eplerenone first, usually if they have suffered a heart attack as well as having heart failure in the past.

Hydralazine:

Hydralazine may be used if you are unable to have an ACE inhibitor or ARB. for example. if you have a poor kidney function, or critical aortic stenosis. They are not as effective as ACE inhibitors or ARB, however they have their use at times. Usually, hydralazine is used in combination with a nitrate such as Isosorbide Mononitrate or Isosorbide Di-nitrate.

Dapagliflozin or Empagliflozin:

Dapagliflozin or Empagliflozin are tablets that are known to be used for diabetes and now for symptomatic chronic heart failure patients that may or may not be diabetic. This medication has demonstrated to improve heart failure patient's life expectancy, reduce the risk of being admitted to hospital with a heart failure event and be beneficial for the kidneys. The side effects to be aware of are a rash, dizziness, frequency of urine and urinary tract infections.

You should not take this medication if:

- You are a Type 1 diabetic

- Allergic to the medication
- Have severe renal impairment (<15ml/min for Dapagliflozin, <20ml/min for Empagliflozin)
- Pregnant or breastfeeding
- On a low calorie or low carbohydrate diet

Symptoms worsening and what to do

Inform the heart failure specialist nurse or GP if you experience any of the following:

- Increasing shortness of breath and less tolerance of activity
- Consistently awakening in the night short of breath.
- Needing more pillows to sleep comfortably
- Increasing swelling of the legs or ankles
- Worsening cough
- Worsening dizziness

Sensible body weight

If you are overweight you need to lose weight, as this will help your heart. Losing weight slowly and steadily around a pound a week is healthier than losing weight too quickly. Please speak to your GP or heart failure specialist nurse if you need any advice on how to lose weight.

Fluid intake

Your GP or heart failure specialist nurse will advise you on how much fluid you are permitted to drink.

Exercise

Exercise has proven to be beneficial for heart failure patients and can improve symptoms, quality of life, and improve ventricular function. It is important that you start slowly with exercise and gradually build up over time. Walking is excellent exercise to start with even if it only means walking slowly for a short distance down the road. If you become severely breathless during exercise slow right down and stop. Remember - a little simple exercise is better than none. The heart specialist nurse will give you details on the available leisure centres that run classes.

Sexual activity

Breathlessness on exertion and inability to lie flat may limit activity. If you or your partner are concerned about the possible risks during sexual activity, please feel free to seek further guidance from your heart failure specialist nurse or your GP.

Smoking

Smoking is a major risk factor for all heart disease. It is highly recommended that you reduce or stop smoking altogether.

If you have given up in the last year, well done! The first year is the hardest, and if we can provide help or support during this time, please speak to your heart failure specialist nurse, or contact your local stop-smoking team 0800 328 6297.

Salt in your diet

Salt restriction is recommended, as it will help with reducing fluid retention. Less than 6 grams of salt in 24 hours is recommended. Please try to stop adding salt to your food. LO SALT is not recommended as it contains sodium and elevated levels of potassium.

Alcohol

Chronic excessive alcohol consumption may damage the heart muscle and lead to heart failure. Please keep to less than 14 units per week. Please speak to your heart failure specialist nurse if you are unsure how much a unit is. For patients who have alcohol-related heart failure, total abstinence is essential.

Flu injection

It is highly recommended that you attend your GP surgery for a yearly flu injection and a one-off pneumonia injection.

Depression

Depression and mood disorders can be common in heart failure patients. Please speak to your heart failure specialist nurse if you are feeling low in mood and need some advice.

Sick Day Rule

Please contact your heart failure nurse or GP if you are experiencing diarrhoea and/or vomiting, and they will advise you which tablets to withhold until you are back to your baseline of eating and drinking.

Contact details

Heart failure specialist nurses:

01257 247588 (Chorley Hospital heart failure nurses)

01772 777629 (Community heart failure nurses)

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

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www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

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