heart failure: TAKING CARE OF YOURSELF
INTRODUCTION

Dear Member,

We want you to have important information about your heart condition. This booklet covers the most important facts about heart failure, your medicines, diet, and when to call your physician. Please take some time to read it. Your nurse or physician will answer any questions you have. They want you to be comfortable with caring for yourself.

This booklet is just the beginning. Our physicians and nurses know that you and your family can be important partners in living with heart failure. We have Living Well with Heart Failure classes at all of our Health Education Departments. We hope you will join us at these classes and bring your family or a close friend. When you are there you will meet a nurse, a dietitian, and a pharmacist. The nurse will explain in detail what heart failure is, the dietitian will explain how to eat a low-salt diet, and the pharmacist will explain how each medicine you take works to help your heart.

Sincerely,
Your Health Care Team

Important Phone Numbers:

Physician: __________________________

Nurse Practitioner or Physician Assistant: __________________________

Heart Failure Case Manager: __________________________

Nurse Educator: __________________________

Registered Dietitian: __________________________

Pharmacist: __________________________

Pharmacy Refill: __________________________

Social Worker: __________________________

Health Education Department: __________________________

Other: __________________________
Heart Failure Key Points

Dietary Recommendations

• Decrease sodium (salt). Limit to 2,000 mg/day. Read labels.
• Decrease alcohol and caffeine.
• Decrease processed and “take out” foods.
• For more information, see Chapter 3.

Medications

Your physician may prescribe one or more of these medications:
• Lisinopril or captopril to help your heart work better.
• Cozaar to help your blood vessels open up.
• Water pills (Lasix) to help your kidneys get rid of extra sodium and water in the body.
• For more information, see Chapter 4.

Physical Activity

If your physician says it’s OK, start an exercise program such as walking or chair or low-impact aerobics.
• Start with 5 to 10 minutes a day.
• Slowly increase exercise sessions to 30 to 45 minutes a day.
• Stop exercising if you feel short of breath, have chest pain, feel dizzy, or break into a cold sweat.
• If these symptoms continue, call your physician.
• For more information, see page 18.

Weigh Yourself Every Day

Sudden or steady weight gain is a warning sign that your body is holding on to extra fluid.
• Keep a daily weight diary.
• Weigh yourself every morning after going to the bathroom and before eating breakfast.
• If you gain 2 to 3 pounds in one day, or 5 pounds or more in one week, call your physician.
# Heart Failure Key Points (continued)

## Control Your Risk Factors

**Quit smoking**
- Call the Healthy Living Helpline at 1-866-402-4320 for help quitting.

## When to Call Your Physician

Call your physician for new or increasing symptoms, such as:
- Shortness of breath or inability to breathe lying down
- Sudden weight gain: 2 to 3 pounds in a day, or 5 pounds or more in a week
- Irregular heartbeats or palpitations
- Swelling of feet, legs, ankles, or stomach
- Cough that does not go away
- Side effects from medication that are different or occur more often than what you usually experience

## When to Call 911

If you experience:
- Severe shortness of breath
- Chest discomfort/pain **not** relieved by rest or nitroglycerin
- Profuse sweating
- Coughing up pink/frothy sputum
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Heart Failure: Taking Care of Yourself
THE HUMAN HEART
UNDERSTANDING YOUR HEART

The heart is a pump that sits in your chest behind the breastbone. Normally the heart is a little bigger than a fist. The heart is divided into a right and left side. Each side is divided into a top and bottom half. Blood from the body enters the top right side of the heart (the right atrium), and passes into the lower right side (the right ventricle). Here the blood is sent to the lungs to pick up oxygen. This oxygen-rich blood returns to the heart at the top left side (the left atrium), and then passes into the lower left part of the heart (the left ventricle). This part of the heart is the strongest because it pumps oxygen-rich blood to all parts of the body.

WHAT IS HEART FAILURE?

Heart failure (HF) does not mean your heart has stopped or will stop in the near future. When you have heart failure, the heart has become weakened and does not contract or relax normally. A weakened heart can result in congestion (a buildup of fluid) in the body. Fluid in the lungs can cause shortness of breath or difficulty breathing and coughing. It can also back up into the feet, ankles, or abdomen, causing swelling (edema). When the body becomes congested with extra fluid, this is called congestive heart failure. Congestive heart failure and heart failure are both used to describe this medical condition. It is a serious condition, and in most cases it can be treated, but not cured.

WHAT ARE THE MAIN CAUSES OF HF?

The heart doesn’t pump as strongly as before. This can be caused by rheumatic heart disease, a heart attack, an irregular heartbeat, coronary artery disease, HIV, viral cardiomyopathy, diabetes, alcohol, or drugs such as cocaine or methamphetamine.

There is too much work for the heart. This can be caused by high blood pressure, arteriosclerosis (hardening of the arteries), problems with the valves of the heart, or a fast, irregular heart rhythm (such as atrial fibrillation). Other causes include congenital heart problems, severe lung disease, and chronic kidney disease.
WHAT IS AN EJECTION FRACTION?

When the heart squeezes, it “ejects” blood around the heart and into the arteries. This is called an “ejection.” Since the biggest pump of your heart is in the left ventricle, that is where heart function is measured. The left ventricle never pushes (empties) out all the blood inside the chamber; there is always some left behind waiting for the next contraction. The amount of blood pumped out by your left ventricle on each heartbeat is called the “ejection fraction.” Normal ejection fraction is 55 percent or more. When it falls below 55 percent on each heartbeat, it means your heart muscle is weaker and cannot pump as much blood out of the heart. This leads to the development of heart failure symptoms.

TWO TYPES OF HF

The heart’s squeezing (pumping) cycle has two phases:

• Filling phase: Your heart muscle relaxes, allowing blood to enter and fill the right and left ventricles. This is called diastole.

• Contraction phase: Your heart muscle squeezes to pump out blood. This is called systole.

Systolic dysfunction: The heart’s contraction is weak so less blood is pumped to the lungs and the body. It is usually defined by an ejection fraction of 40 to 45 percent or less.

Diastolic dysfunction: The heart muscle is stiff and can’t relax between contractions. This prevents the ventricles from filling with enough blood so less blood is pumped to the lungs and the body.

Your heart may have problems with one or both phases of its pumping cycle.
FACTORS THAT MAY WORSE OR TRIGGER HEART FAILURE IN PEOPLE WITH WEAKENED HEARTS

- Severe anemia (low level of red blood cells or hemoglobin)
- High fever
- Rapid heartbeat
- Respiratory infection/disease
- High salt intake
- Drinking too much fluid (talk to your physician or care manager about this)
- Being overweight
- Working your body too hard
- Emotional stress
- Not taking heart failure medications correctly
- Uncontrolled blood pressure

SYMPTOMS OF WORSENING HF

Notify your physician or other health care professional immediately of any serious change in your symptoms:

- You have **shortness of breath** that does not go away with rest, or is getting worse.
- You have a **weight gain of 2 to 3 pounds** in a day or 5 pounds or more in a week.
- **Swelling** of feet, ankles, and stomach becomes worse, even after elevation and rest.
- You **continue to feel more tired/weak** than usual.
- Your **heart rate is faster than usual** (you have “palpitations”).
- You **feel chest discomfort** (pain, heaviness, tightness) that is more frequent or more severe than usual.
**SIGNS OF SEVERE HF**

Listed below are signs of HF that need **immediate** medical attention. **Call 911 for any of the following:**

- Severe shortness of breath
- Coughing up pink, frothy sputum
- Profuse sweating and pale color
- Chest pain that is not relieved by rest or medication

**HOW TO MANAGE HF**

☑️ Things I can do to manage my HF:

- Weigh myself daily
- Follow a low-sodium diet
- Be active every day
- Take prescribed medicine
- Lose weight (if overweight)
- Get support of friends and family
- Quit smoking
- Limit alcohol (if your heart failure is caused by alcohol, avoid it completely)
- Take care of other medical conditions, such as high blood pressure and diabetes
DAILY WEIGHT

It is important to weigh yourself daily. Sudden or steady weight gain can be a warning sign that your body is holding on to fluid. This may occur even before you have symptoms. Prompt reporting and treatment of weight gain can prevent symptoms from occurring or getting any worse.

• Place your scale on a hard surface, not on carpet.
• Use the same scale each day.
• Get up in the morning and go to the bathroom.
• Step on the scale wearing the same amount of clothing each day.
• Keep a record of your daily weight in your Heart Failure Action Plan & Diary.
• Bring your Heart Failure Action Plan & Diary to each physician’s appointment.
• Know what your weight should be when you are not swollen or retaining water.

My weight when I can lie flat and breathe well and I am not retaining water is _____ pounds.

SHOULD I LIMIT MY LIQUID INTAKE?

• Some people may be told by their physician to restrict fluids. This prevents excess fluid buildup and extra work for the heart.
• Discuss limiting fluids with your physician or other health care professional.
• Remember that liquids include soup, Jell-O, ice cubes, milk, and iced tea.
• To keep your mouth from getting too dry, suck on hard candies or lemon wedges.

I can have ___ 8-ounce cups of liquid a day.
SELF-CARE AGREEMENT

☑️ I agree to:

☐ Weigh myself every morning and record my weight in my diary or chart.
  My target weight is _____ pounds.

☐ Avoid added salt and eat a diet low in sodium (2,000 mg of sodium per day).

☐ Avoid drinking too much fluid. I will discuss this with my health care professional.

☐ Keep track of any symptoms of heart failure daily.

☐ Be active and exercise as tolerated. Alternate activities with rest periods.

☐ Take medications as prescribed.

☐ Quit smoking. I will call the Healthy Living Helpline at 1-866-402-4320 for help quitting.

☐ Limit alcohol. I will discuss this with my health care professional.

☐ ________________________________
CHAPTER 3

Diet and Exercise
**DIETARY RECOMMENDATIONS**

- Limit sodium to 2 grams (2,000 mg) per day.
- Follow a heart-healthy diet:
  - Eat less saturated and trans (hydrogenated) fat and cholesterol. Choose the healthier fats, such as olive, canola, soy, or flaxseed oil, and trans-fat-free margarine instead.
  - Choose healthy protein sources such as fish, chicken, turkey, beans, lentils, tofu, and soy products instead of red meat (beef, pork, or lamb). Have red meat only once or twice per month.
  - Eat 6 to 10 servings of fruits and vegetables each day.
  - Choose whole grains and unprocessed grains such as brown rice, whole-wheat pasta, and whole-grain cereals instead of processed grains.
  - Choose low-fat (1 percent) and fat-free milk, yogurt, and cheese.
- Limit alcohol. If your heart failure is caused by alcohol, avoid it completely.
- Limit caffeine.

**SODIUM**

People with HF should cut down on sodium in their diet. Sodium acts like a sponge to hold extra water in the body, which creates more work for the heart. Reducing the sodium you eat is an important part of your treatment plan. Sodium is found in large amounts in salt. However, sodium is naturally present in many foods and added to most prepared and processed foods. Approximately 80 percent of the sodium most Americans consume is from processed foods.
Sodium Content of Foods

Following a 2,000 milligram (mg) sodium diet means eating fresh foods with very little salt added to them.

Sample
A balanced diet of fresh foods, as shown below, has less than 1,000 mg of sodium. This diet does not include any added salt.

<table>
<thead>
<tr>
<th>Foods</th>
<th>Serving Size</th>
<th>Avg. mg Sodium</th>
<th>Servings Per Day</th>
<th>Total Sodium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td>1 cup</td>
<td>120 mg</td>
<td>2</td>
<td>240 mg</td>
</tr>
<tr>
<td>Fresh meat, poultry, or fish</td>
<td>3 oz.</td>
<td>60 mg</td>
<td>2</td>
<td>120 mg</td>
</tr>
<tr>
<td>Fresh vegetables</td>
<td>½ cup</td>
<td>10 mg</td>
<td>3</td>
<td>30 mg</td>
</tr>
<tr>
<td>Fruit</td>
<td>½ cup</td>
<td>2 mg</td>
<td>3</td>
<td>6 mg</td>
</tr>
<tr>
<td>Bread</td>
<td>1 slice</td>
<td>150 mg</td>
<td>3</td>
<td>450 mg</td>
</tr>
<tr>
<td>Grains—oats, rice, pasta, etc. (no salt added)</td>
<td>½ cup</td>
<td>10 mg</td>
<td>5</td>
<td>50 mg</td>
</tr>
<tr>
<td>Margarine, butter, or mayonnaise</td>
<td>1 tsp.</td>
<td>30 mg</td>
<td>3</td>
<td>90 mg</td>
</tr>
</tbody>
</table>

Total Sodium Per Day: 986 mg

Sodium Counter
You may use a few other foods that have sodium, as long as you keep your total intake below 2,000 mg daily.

<table>
<thead>
<tr>
<th>Breads, Cereal</th>
<th>mg sodium</th>
</tr>
</thead>
<tbody>
<tr>
<td>biscuit (1)</td>
<td>250</td>
</tr>
<tr>
<td>pancakes (3)</td>
<td>600</td>
</tr>
<tr>
<td>dry cereal (¼ cup)</td>
<td>280</td>
</tr>
<tr>
<td>shredded wheat</td>
<td>0</td>
</tr>
<tr>
<td>instant hot cereal</td>
<td></td>
</tr>
<tr>
<td>(1 pkg.)</td>
<td>250</td>
</tr>
<tr>
<td>bagel (1)</td>
<td>300</td>
</tr>
<tr>
<td>corn tortilla (1)</td>
<td>40</td>
</tr>
<tr>
<td>flour tortilla (1)</td>
<td>170</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Beverages</th>
<th>mg sodium</th>
</tr>
</thead>
<tbody>
<tr>
<td>V8 juice (6 oz.)</td>
<td>550</td>
</tr>
<tr>
<td>buttermilk (1 cup)</td>
<td>260</td>
</tr>
<tr>
<td>soda (12 oz.)</td>
<td>50</td>
</tr>
<tr>
<td>diet soda (12 oz.)</td>
<td>50</td>
</tr>
<tr>
<td>club soda (12 oz.)</td>
<td>70</td>
</tr>
<tr>
<td>mineral water (12 oz.)</td>
<td>8</td>
</tr>
<tr>
<td>coffee, tea</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Entrees</th>
<th>mg sodium</th>
</tr>
</thead>
<tbody>
<tr>
<td>frozen chicken</td>
<td></td>
</tr>
<tr>
<td>pot pie (8 oz.)</td>
<td>1,000</td>
</tr>
<tr>
<td>canned chili</td>
<td></td>
</tr>
<tr>
<td>with beans (1 cup)</td>
<td>1,260</td>
</tr>
<tr>
<td>pizza (¼ of 12”)</td>
<td>600</td>
</tr>
<tr>
<td>corned beef on rye</td>
<td>1,200</td>
</tr>
<tr>
<td>macaroni &amp; cheese</td>
<td></td>
</tr>
<tr>
<td>(1 cup)</td>
<td>700</td>
</tr>
<tr>
<td>Convenience Foods</td>
<td>mg sodium</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>stuffing mix (½ cup)</td>
<td>500 ¹</td>
</tr>
<tr>
<td>flavored minute rice</td>
<td>700 ¹</td>
</tr>
<tr>
<td>(½ cup)</td>
<td></td>
</tr>
<tr>
<td>Shake &amp; Bake (¼ pkg.)</td>
<td>600 ¹</td>
</tr>
<tr>
<td>soup (1 cup)</td>
<td>900 ¹</td>
</tr>
<tr>
<td>canned vegetable</td>
<td>300 ¹</td>
</tr>
<tr>
<td>(½ cup)</td>
<td></td>
</tr>
<tr>
<td>Top Ramen (1 pkg.)</td>
<td>1,400 ¹</td>
</tr>
<tr>
<td>baking soda (1 tsp.)</td>
<td>820 ¹</td>
</tr>
<tr>
<td>baking powder (1 tsp.)</td>
<td>485 ¹</td>
</tr>
<tr>
<td>Meat Products</td>
<td>mg sodium</td>
</tr>
<tr>
<td>tuna (¼ cup)</td>
<td>300 ¹</td>
</tr>
<tr>
<td>bacon (1 slice)</td>
<td>100 ¹</td>
</tr>
<tr>
<td>lunch meat (1 slice)</td>
<td>300 ¹</td>
</tr>
<tr>
<td>pork link (1)</td>
<td>500 ¹</td>
</tr>
<tr>
<td>hot dog (1)</td>
<td>500 ¹</td>
</tr>
<tr>
<td>light soy sauce (1 Tbsp.)</td>
<td>1,000 ¹</td>
</tr>
<tr>
<td>olive (2 large)</td>
<td>150 ¹</td>
</tr>
<tr>
<td>dill pickle (1 large)</td>
<td>1,430 ¹</td>
</tr>
<tr>
<td>sweet pickles (4 chips)</td>
<td>200 ¹</td>
</tr>
</tbody>
</table>

If you have any questions, please call your registered dietitian.
☐ Check off the things you are willing to try to lower your sodium intake

☐ Remove the salt shaker from your table—you’ll be less likely to use it. One teaspoon of salt is equal to 2,000 mg of sodium.

☐ Use spices, herbs, and other seasonings instead of salt to flavor foods. Experiment with new flavors.

☐ Eat fresh foods. Canned, processed, and smoked meats, fish, vegetables, and side dishes are usually higher in sodium.

☐ Snack on fresh fruits and vegetables instead of salty snack foods such as pretzels, chips, or popcorn. Fruits and vegetables are good sources of fiber and potassium, and they are low in calories.

☐ Read labels before buying food. The amount of sodium a product has is listed on the label (see page 16).

☐ ________________________________________________________________
READING LABELS

Package labels give important information that can help you select healthy, low-sodium foods.

**Nutrition Facts**

Serving Size 1 cup (228g)
Servings Per Container 2

<table>
<thead>
<tr>
<th>Amount Per Serving</th>
<th>Calories from Fat 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories 90</td>
<td>% Daily Value*</td>
</tr>
<tr>
<td>Total Fat 3g</td>
<td>5%</td>
</tr>
<tr>
<td>Saturated Fat 0g</td>
<td>0%</td>
</tr>
<tr>
<td>Cholesterol 0 mg</td>
<td>0%</td>
</tr>
<tr>
<td>Sodium 300 mg</td>
<td>13%</td>
</tr>
<tr>
<td>Total Carbohydrate 13g</td>
<td>4%</td>
</tr>
<tr>
<td>Dietary Fiber 3g</td>
<td>12%</td>
</tr>
<tr>
<td>Sugars 3g</td>
<td></td>
</tr>
<tr>
<td>Protein 3g</td>
<td></td>
</tr>
</tbody>
</table>

Vitamin A 90%
Vitamin C 60%
Calcium 4%
Iron 4%

*Percent Daily Values are based on a 2,000-calorie diet. Your daily values may be higher or lower depending on your calorie needs:

<table>
<thead>
<tr>
<th>Calories</th>
<th>2,000</th>
<th>2,500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Fat</td>
<td>Less than 65g</td>
<td>80g</td>
</tr>
<tr>
<td>Sat. Fat</td>
<td>Less than 20g</td>
<td>25g</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>Less than 300mg</td>
<td>300mg</td>
</tr>
<tr>
<td>Sodium</td>
<td>Less than 2,400mg</td>
<td>2,400mg</td>
</tr>
<tr>
<td>Total Carbohydrate</td>
<td>Less than 300g</td>
<td>375g</td>
</tr>
</tbody>
</table>

% Daily Value shows how a food fits into a 2,000-calorie diet.

Check here for information on serving size.

Check here for the amount of sodium.

Check here to see if this food fits your fat recommendations.
Understanding Labeling Claims

- Light in sodium—50 percent less sodium.
- Sodium-free—less than 5 mg per serving.
- Very low sodium—35 mg or less per serving.
- Low sodium—140 mg or less per serving.
- Reduced salt means that the product has less sodium than the original version. However, many reduced-salt foods still have a large amount of sodium.
- Check the % Daily Value column. Items less than 5 percent are good choices. Items more than 20 percent are high in sodium.

EAT A HEART-HEALTHY DIET

A heart-healthy diet can greatly decrease your risk of more heart problems.

☑ Check off the things you will do:

- Limit meat to once or twice a month.
- Avoid fatty meats, such as prime rib, spare ribs, prime cuts, hot dogs, bacon, sausages, and fatty lunch meats.
- Choose trans-fat-free margarine such as Smart Balance.
- Look for foods that are labeled “trans-fat-free.”
- Bake, broil, boil, grill, or steam foods instead of frying.
- Use fat-free or low-fat (1 percent) milk, yogurt, and cheese.
- Eat 6 to 10 servings of fruits and vegetables a day.
- Eat whole-grain cereals, breads, pasta, and rice.
- Use canola, soy, flaxseed, or olive oil instead of other fats.
- Limit added fats, such as salad dressing, mayonnaise, margarine, butter, cream cheese, or sour cream.
Alcohol
It is best to limit alcohol. If your HF is alcohol-related, avoid it entirely.

Caffeine
Caffeine is a stimulant, and may lead to an increased or irregular heartbeat. Limit beverages with caffeine, such as regular coffee, tea, and colas, to 2 cups per day.

POTASSIUM
Potassium is an important mineral needed for proper muscle function. If you are taking a diuretic (a water pill such as furosemide, or Lasix), you may need to eat more foods that are high in potassium since these medications cause a loss of potassium. However, some medications, such as spironolactone, make your body hold on to potassium, so you may need to limit foods that are high in potassium. Ask your physician about this.

High-Potassium Foods
- Apricots
- Artichokes
- Avocados
- Bananas
- Beets
- Broccoli
- Brussels sprouts
- Cantaloupe
- Carrots
- Dates
- Grapefruit
- Honeydew melon
- Orange juice
- Oranges
- Papaya
- Peaches
- Potatoes
- Prunes
- Pumpkin
- Raisins
- Scallops
- Spinach
- Squash
- Tomato juice
- Tomatoes
- Watermelon
- Yams

ACTIVITY AND EXERCISE
When you have HF, your heart is not as strong as it used to be and you may tire more easily.
- Physical activity may help you feel better; enable you to do more; lower anxiety and stress; and help control weight, blood pressure, and blood sugar.
• The type and amount of exercise recommended for you depends on the severity of your heart condition.
• Remember to balance your activities with rest.
• Talk with your physician. If your physician says it’s OK, start an exercise program such as walking or chair or low-impact aerobics.
• Start with 5 to 10 minutes a day.
• Slowly increase exercise sessions to 30 to 45 minutes a day.

Stop and rest if you have these symptoms during physical activity:
• Abnormal responses to exercise
• Severe shortness of breath
• Chest pain or pressure
• More fatigue than you usually feel
• Dizziness
• Nausea
• Rapid heartbeat (palpitations)
• Feeling light-headed

Sexual Activity
Many people with HF have questions about sexual activity. Sometimes they are embarrassed to discuss these questions with their physician. However, sexuality is a natural part of human life, and as long as you listen to your body, you should be able to enjoy a satisfying sexual relationship. Your physician is prepared to answer questions about sexual activity. It is also a good idea to discuss your fears or anxieties with your sexual partner. Reassurance and open communication will help resolve anxiety and prevent depression.

General Guidelines for Sexual Activity
• Choose a time when you feel rested and relaxed.
• Avoid intercourse for one hour after a meal.
• Keep the room at a comfortable temperature during intercourse. Avoid activity in extreme temperatures.
• Positions for intercourse should be comfortable and should permit unrestricted breathing.
• If you become short of breath or tired during intercourse, rest for a few moments and breathe deeply to relax.
• An unfamiliar sexual partner or position may increase stress to your heart. Discuss these issues with your physician.
• Some medications may interfere with sexual desire, and may interfere with a man’s ability to achieve and maintain an erection. Discuss your medications with your case manager or physician if these problems occur.
• Remember that sexuality is more than intercourse. If your condition is severe or you do not feel ready emotionally, choose less demanding ways to express love and affection, such as hugging and kissing.

For Safety’s Sake
Safety is of special concern for those who live alone.
• Use the “buddy system” with friends, neighbors, or relatives—make arrangements to call at the same time every day to check in or see if you need anything.
• Get to know neighbors who can see your windows. Arrange a “safety signal” (a shade pulled down, a certain lamp lit) that you will do every day by a certain time. If it is not done, ask your neighbors to come over and make sure you are well.
• Put a list of emergency telephone numbers near your phone(s) or on your refrigerator. Include your name and address in case someone else is making the call. The list should include police and fire departments, your physician, relatives, friends, and neighbors. Keep a copy of this list in your wallet.
CHAPTER 4

Medications
HEART FAILURE MEDICATIONS
How They Work

**Class:** Beta Blockers
**Common name:** Carvedilol (Coreg), bisoprolol (Zebeta), metoprolol (Lopressor, Toprol-XL), atenolol (Tenormin)
**Where it works:** Heart
**How it works:** Helps heart pump easier; helps with angina; prevents buildup of chemicals that are harmful to the heart; helps to control heart rate and rhythm; slows progression of heart failure.

**Class:** Diuretics
**Common name:** Furosemide (Lasix), bumetanide (Bumex), metolazone (Zaroxlyn)
**Where it works:** Kidneys
**How it works:** Helps kidneys get rid of excess fluid; helps reduce symptoms of heart failure.

**Class:** Potassium-Sparing Diuretic
**Common name:** Spironolactone (Aldactone)
**Where it works:** Kidneys
**How it works:** Prevents buildup of chemicals harmful to the heart.

**Class:** ACE Inhibitors
**Common name:** Lisinopril (Zestril, Prinivil), captopril (Capoten)
**Where it works:** Heart, kidneys, blood vessels
**How it works:** Relaxes blood vessels; helps heart pump better; prevents buildup of chemicals harmful to the heart.

**Class:** ARB
**Common name:** Losartan (Cozaar)
**Where it works:** Same as ACE.
**How it works:** Same as ACE.

**Drug combination:** Long-Acting Nitrate & Hydralazine
**Common name:** Isosorbide dinitrate (Isordil), isosorbide mononitrate (Imdur)
**Where it works:** Blood vessels
**How it works:** Dilates blood vessels; helps heart pump easier.

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MEDICATION GUIDELINES

Create a Routine for Taking Your Medicines

• Take your medications as prescribed, even when you are not having symptoms.
• If you miss a dose, take it as soon as you remember. If it is within two hours of your next dose, skip the missed dose. Do not double your next dose.
• Set a regular routine for your medicines (at mealtime, bedtime, when you brush your teeth, or at the same time as an everyday activity, such as a television show you watch daily).
• Set an alarm clock or watch alarm to remind you to take medications.
• A pill organizer is a very helpful way to organize and remember to take medications.

Know Your Medications

• Learn the generic and brand name, dose, and reason for taking your medications.
• Keep a written list of your medications (prescription and nonprescription), herbs, and vitamins. Post it in a visible place for reference and keep a copy in your wallet. Fill out the “Daily Medication Schedule” on page 31.
• Bring your medication list to all appointments.
• Keep a list of medications you are intolerant or allergic to.

Store Your Medicines Correctly

• Keep your medicines properly labeled.
• Store medicines away from heat, direct light, or damp places. A good place to store medications is in a kitchen cabinet.
• Do not put medications in the freezer.
Safety First!
• Do not let your prescriptions run out. Refill when you are down to a two-week supply of medication.
• Never stop a medicine, change the dose, or take another medication by yourself unless your physician has given you specific instructions.
• Ask your physician what medicines you can take for a cold, flu, or pain of any kind. Do not take an herbal medicine unless your physician or pharmacist has checked it.
• Do not take ibuprofen (Advil, Motrin) or naproxen (Aleve, Naprosyn).

MEDICATIONS FOR HF
Your physician ordered medicines that will help your heart work better. Your heart can now pump blood through your body with less work so you will have fewer symptoms of HF. The most common groups of medicines are diuretics, vasodilators, beta blockers, and digoxin.

Diuretics
Diuretics (water pills) help the kidneys get rid of excess salt and water in the body.
• Take your last diuretic dose for the day no later than 4 p.m. so you will not have to urinate during the night.
• If you take one diuretic pill every day, take it in the morning.
• Your physician will need to order blood tests to check your potassium level.
• Your physician will order potassium for you if the diuretic pill causes you to lose potassium in your urine.
• Your physician may ask you to limit the amount of potassium you get from foods if your diuretic causes you to hold onto potassium.
• Ask your physician which kind of diuretic you take.
Furosemide (Lasix)
• Take it with meals or a glass of milk to prevent an upset stomach. If your upset stomach gets worse (nausea, vomiting, stomach pain, severe diarrhea) call your physician.
• Furosemide may cause your body to lose potassium. Check with your physician to find out if you should eat foods that are high in potassium.
• Furosemide may cause you to be more sensitive to sunlight. Wear protective clothing such as a hat and sunglasses. Use a sunscreen of SPF 15 or higher when you are outside.

Metolazone (Zaroxolyn, Diulo)
• If you take both metolazone and furosemide, take the metolazone 30 minutes before the furosemide. This routine will help each medicine work better.
• Take it with meals or a glass of milk to prevent an upset stomach. If your upset stomach gets worse (nausea, vomiting, stomach pain, severe diarrhea) call your physician.
• Metolazone can cause you to lose potassium in your urine. Check with your physician to find out if you should take potassium supplements or eat foods that are high in potassium.

Spironolactone (Aldactone)
• Take it with meals or a glass of milk to prevent an upset stomach. If your upset stomach gets worse (nausea, vomiting, stomach pain, severe diarrhea) call your physician.
• Spironolactone may cause your body to hold onto potassium. Check with your physician to find out if you should avoid foods that are high in potassium.
Vasodilators
Vasodilators relax the walls of the blood vessels so the heart can pump blood more easily through the blood vessels. Vasodilators can also prevent the heart from growing larger.
• You might get dizzy when you change your position quickly. Get up slowly. Sit on the side of the bed for a minute or two before standing and walking in the morning.
• Call your physician or nurse if you continue to get dizzy or it gets worse.

Lisinopril (Prinivil, Zestril) and Captopril (Capoten)
• Captopril works best if you take it on an empty stomach. You can take it one hour before a meal, or two hours after a meal.
• Do not use potassium supplements or salt substitutes with these medicines unless you have talked with your physician or pharmacist.

Tell your physician or pharmacist if you experience:
• Persistent dry cough
• Rash
• Change in your ability to taste

Stop taking the medication and contact your physician or the Emergency Department immediately if you experience:
• Swelling of your face, eyes, eyelids, or tongue
• Difficulty swallowing

Losartan (Cozaar) and Valsartan (Diovan)
Losartan and valsartan relax the blood vessels, which decreases your blood pressure. Your heart will not have to work as hard to pump blood through your blood vessels. These medicines can also decrease the worsening symptoms of heart failure.
• Do not use potassium supplements or salt substitutes without consulting your physician.
• Avoid alcohol.
• Possible drug interactions may occur if you use diuretics, potassium supplements, or lithium. Check with your physician or pharmacist.
Hydralazine (Apresoline), Nitrates (Isordil, Nitro-Bid, Imdur)

Hydralazine and nitrates are vasodilators that relax the wall of your blood vessels and decrease blood pressure. They decrease how hard your heart has to work. Your physician may order both of these medicines or only one of them.

• Take hydralazine with food.
• Avoid alcohol.
• Nitrates may cause a headache. This will lessen over time. If it continues, contact your physician or pharmacist.
• If you experience fever, joint pain, persistent fatigue, or chest pains, contact your physician immediately!

Beta Blockers

Beta blockers reduce the heart rate and improve the heart’s pumping ability over time. They also decrease the body’s production of harmful chemicals in response to heart failure.

• Dizziness may occur. Change your positions slowly.
• Report symptoms of persistent dizziness to your physician or other health care professional.
• You may experience a slow heartbeat or skip a heartbeat. Your physician can adjust your medicine to relieve this symptom. Report these symptoms to your physician or care manager.
• Feeling tired is an expected side effect. Do not stop taking your medication or change the dose without discussing it with your physician.

Carvedilol (Coreg), Metoprolol (Lopressor, Toprol-XL), Atenolol (Tenormin), Bisoprolol (Zebeta)

• Take these medications with a meal or a glass of milk.
• Dizziness may occur. Change your positions slowly.
• Soon after you start this medication, you may feel very tired. These effects will lessen over time. Your starting dose will be small so your body can get used to the drug. The dose will be increased slowly until your target dose is reached.
• As your dose is increased, you may temporarily feel a worsening of your HF symptoms.
• Do not stop taking your medication without your physician’s approval. Abrupt withdrawal of these medicines can lead to worsening of heart function and side effects.
• It may take as long as two to three months before you notice the desired effects of these medicines.
• If you wear contact lenses, you may experience dry eyes.

Tell your physician or pharmacist if you experience:
• Low blood pressure, dizziness, or tiredness
• Shortness of breath, wheezing, or asthma symptoms
• Swelling in ankles, feet, or stomach
• Nausea, vomiting, or diarrhea
• Slow heart rate (less than 55 beats per minute)
• Rash
• Changes in blood sugar
• Depression
• Sexual dysfunction

Digoxin
Digoxin makes the heart pump stronger and can slow the heart rate if it is too fast or irregular. The symptoms of heart failure, such as swelling of the ankles and shortness of breath, are controlled a little better with this drug.

Digoxin (Lanoxin, Digitek)
• Digoxin should be taken at the same time each day.
• Do not take digoxin and antacids, Metamucil, or cholesterol-lowering powders at the same time. Allow at least one hour in between these medicines.
• Do not stop taking digoxin without checking with your physician or other health care professional because it may seriously affect your heart’s strength.
• Check your pulse each day before taking digoxin. (See “Taking a Pulse” on page 30, or ask your physician, nurse, or pharmacist to show you how.) If your heart rate is
faster or slower than usual, check with your physician.

• Tell the other health care professionals you see for treatment or medication that you are on digoxin.

• Your physician needs to very carefully watch the amount of digoxin in your bloodstream. Too much can cause serious side effects. Complete all routine blood tests your physician orders.

Tell your physician or pharmacist if you experience:

• Loss of appetite, nausea, vomiting, or diarrhea
• Slow heart rate (less than 50 beats per minute)
• Unusual or severe tiredness, weakness, or drowsiness
• Blurred vision or yellow/green/white colors in vision
• Confusion, headache, or fainting
TAKING A PULSE

Your pulse tells how fast your heart is beating. As the heart pumps blood through your blood vessels, you can feel a throbbing in blood vessels close to the surface. This throbbing is called your pulse. It corresponds to each beat of your heart. A pulse can be taken at your wrist, neck, or upper arm.

Some drugs may alter your heart rate. For example, digoxin and beta blockers may lower your heart rate. Before you take these medicines, check your pulse.

**Practice this safe rule:** If your pulse is less than 50 beats per minute or more than 100 beats per minute, call your physician or nurse care manager.

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**Instructions for Taking a Pulse**

1. Place two fingers gently against the wrist as shown. Do not use your thumbs.
2. Count the beats for 30 seconds.
3. Double that number. This is your pulse rate or heartbeats per minute.
4. Record your pulse in your *Heart Failure Action Plan & Diary.*
## Daily Medication Schedule

**Name:** ____________________________  **Medical Record Number:** ____________________________  **Date:** ____________________________

**Allergies:** ____________________________

<table>
<thead>
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<th>Name of Medications and Dosage</th>
<th>Purpose</th>
<th>When to Take Medication and Number of Tablets to Take</th>
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<th>Special Instructions</th>
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**Pharmacy Phone Number:** ____________________________
UNDERSTANDING YOUR FEELINGS

Experiencing a variety of feelings about having HF is normal. Sometimes what we are thinking can trigger feelings that interfere with managing HF. Understanding your feelings is essential for overcoming problems and coping with HF.

COPING WITH STRESS

Understanding Stress

Stress is a part of life. It is the way we react physically, mentally, and emotionally to the demands of life and to changes in our life.

Positive Ways to Reduce Stress

- Talk to someone about your concerns.
- Join a support or community group.
- Cultivate a sense of humor—laugh a lot!
- Cry if you feel like it.
- Listen to music.
- Learn and practice muscle relaxation.
- Break down big jobs into small steps.
- Practice positive “self-talk.”
- Avoid being a perfectionist.
- Re-evaluate your priorities in life.
- Volunteer to help others.

- Keep a journal of your feelings.
- Take up a hobby.
- Develop outside interests with others.
- Maintain a reasonable, balanced diet.
- Learn and practice relaxation breathing.
- Get away for a weekend.
- Learn to meditate.
- Know your limits—learn to say “NO.”
- Exercise regularly and moderately.
- Take a walk or play a sport.
- Practice spiritual activities, such as prayer or meditation.

Although we can’t always control or change what happens in our lives, we can control or change how we deal with it. Negative thinking limits your life. You can change your life by thinking positively!
Remember:
Although you may not like having HF, it is possible to live well with it. How you live your life will affect your ability to manage your HF. How well you manage HF will affect how well you are able to live.

DEPRESSION
Everyone feels depressed now and then. Feeling sad or becoming withdrawn for brief periods of time is normal. However, when blue moods hang on for weeks and interfere with your daily life, it’s time to take action.

Most of the time, you can help yourself to lift your mood and regain your emotional balance. Sometimes this is not the case. To take good care of yourself you need to know when you need help and how to get it.

The good news is that there is effective treatment available. Many people take medication, get psychotherapy, or use a combination of these to help manage depression. Talk to your health care professional about treatment options available for you.

Symptoms of Depression:
• Losing interest in things you usually enjoy
• Feeling blue
• Feeling worthless or guilty
• Loss of energy or feeling tired all the time
• Trouble sleeping or sleeping too much
• Problems concentrating and thinking
• Decrease or increase in appetite
• Feeling slowed down or restless
• Thoughts of death or suicide
Self-Help Techniques

The following techniques help lessen the symptoms of mild to moderate depression:

• Do something active and pleasurable. Action helps overcome the trapped feeling that often comes with depression.

• Do something creative. This often helps to refocus thoughts and emotions.

• Reach out to friends, relatives, and professionals. Depression thrives on isolation. Meaningful contact can relieve your sense of helplessness.

• Exercise every day. Walking, swimming—or anything else that gets you moving—will improve your well-being, lessen tension, and raise your energy level. Even doing a little bit can help!

• Ask a friend for his or her perspective—you may be surprised. Often people who are depressed see themselves and the world pessimistically.

• Keep and look at reminders that tell you how much other people value or care for you, such as birthday cards, awards, letters, and photos.

If you are having recurrent thoughts of harming yourself or others, contact a health care professional immediately.
CHAPTER 6  General Medical Information
ADVANCE DIRECTIVES
You cannot be sure about your health or the medical care you will need in the future. However, you can have control over the type of medical care you wish to receive.

An advance directive lets you state the care you would want if you became unable to speak for yourself. It also allows you to name someone to choose treatment for you (your “agent”). This form of advance directive is called an Advance Health Care Directive.

An advance directive is important whether you are young or old. Injury or illness may strike unexpectedly at any age. The first step is to decide under what conditions you would accept or refuse medical treatments, such as life support measures.

Talking to your family or friends about your wishes can sometimes be difficult. But it is the best way to make sure you’ll get the care you want. It is important to talk with them before you become seriously ill or injured.

Discuss your advance directive with your primary care physician and other health care professionals you see often. Your physicians, like your agent, have a responsibility to carry out your wishes.

An advance directive can give you and your family peace of mind by making sure that everyone has the same understanding of your values and wishes for treatment.

An advance directive can be changed at any time. Give a copy of your signed and completed advance directive form to your physician and your designated agent.

Issues Affecting Health Care Decisions
Your values will affect the decisions you make about your health care. Before you complete an advance directive or instruct your agent about your wishes, you may want to examine and clarify your feelings about some of the following:

• Your attitude toward illness
• Your life goals, projects, hopes, unfinished business
• Death and dying
• Your religious beliefs/practices
• Mobility (ability to walk, sit, stand, and drive)
• Essentials of daily living, such as sleep, food, hygiene habits, elimination (bowel and bladder function)
• Loss of sight, hearing, speech
• Loss of ability to communicate
• Family interactions and relationships
• Your support network
• Companionship
• Dependency (physical and/or financial)
• Financial concerns
• Your property and possessions
• Privacy and confidentiality
• Use of artificial breathing devices, feeding tubes, etc.
• Quality of life versus prolonging life

THE PHYSICIAN-PATIENT RELATIONSHIP

The key to a successful relationship between you and your physician is good communication.

The first step is to understand what your physician is saying to you. Be sure you understand your health condition, your treatment, and all about the medications you may be taking.

Many people feel intimidated in the physician’s office—they are not sure what questions to ask and often forget their questions once they are in the office. Following are some tips for communicating effectively.
Lists Can Help

• Write down your most important questions and concerns about your health before your office visit.
• Bring a list of the current medications you are taking.
• Briefly describe your symptoms in writing ahead of time. Try to describe them as clearly as possible.

During the Office Visit

• Tell your physician your concerns and any questions you may have at the beginning of your visit.
• Bring a pen and notepad to write down notes. Writing down the answers to your questions means you can reread and think about them later when you are at home.
• You may wish to ask a family member or friend to go with you to the physician. Your friend can take notes, ask more questions, and help you recall what was said.
• Share your views about the medical treatment recommended for you.
• Ask your physician about:
  → Your diagnosis. Be sure you are clear about what it means.
  → Recommended treatment. Ask about the risks and complications. Find out what will happen if you are not treated.
  → Follow-up. Know what you should watch for. Find out if you need another appointment. Learn what kinds of things you should report to your physician.

If a Diagnostic Test Is Ordered

• Ask the reason for the test and what will be learned from it.
• Ask when the results will be ready and how you will learn of them.
• Ask if you need to do anything special to get ready for the test.
• Find out what the test involves.
• Find out if you will need help getting home after the test.

Questions I will ask my physician:
1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________

FOR YOUR HEALTH

Do
• Get a flu shot every year
• Get a pneumonia shot
• Attend a heart failure class

Do Not
• Smoke or chew tobacco
• Use illegal drugs
• Spend time with people who have colds or the flu
KAISER PERMANENTE RESOURCES

Kaiser Permanente Health Education Departments
To contact your local Health Education Department, call the Healthy Living Helpline at 1-866-402-4320.

kp.org
This Web site offers a variety of services, including drug and health encyclopedias, prescription refills, online appointment scheduling, personalized online health programs, discounts on health products and services, and more.

Kaiser Permanente Healthwise® Handbook
This book helps you recognize and cope with more than 180 common health problems and helps you decide when you should call your physician or other health care professional.

Healthy Living Helpline
1-866-402-4320
If you’re ready to quit smoking, lifestyle coaches are available to give you self-help materials, referrals to local group classes, and enroll you in the telephone program.

Kaiser Permanente Patient Notification System
1-888-457-8378
Several lab test results are available automatically by phone.

Kaiser Permanente Member Service Call Center
Member Service representatives answer questions about your Kaiser Permanente coverage and replacement of Kaiser Permanente identification cards; handle concerns about service; provide information about facilities and services; and answer questions about advance directives. Contact our Member Service Call Center at 1-800-464-4000 or 1-800-777-1370 (TTY for the hearing impaired), weekdays from 7 a.m. to 7 p.m., and weekends from 7 a.m. to 3 p.m.
OTHER RESOURCES

American Heart Association
National Center
7272 Greenville Avenue
Dallas, TX 75231
1-800-AHA-USA-1 (1-800-242-8721)
americanheart.org/chf

The Mended Hearts, Inc.
National Office
7272 Greenville Ave. 
Dallas, TX 75231 
1-888-HEART99 (1-888-432-7899)
mendedhearts.org

National Heart, Lung, 
and Blood Institute
Health Information Center
P.O. Box 30105
Bethesda, MD 20824-0105
(301) 592-8573
www.nhlbi.nih.gov

National Institute on Aging
Building 31, Room 5C27
31 Center Drive, MSC 2292
Bethesda, MD 20892
1-800-222-2225
www.nia.nih.gov

Public Broadcasting System
pbs.org/wgbh/nova/heart/treating.html

Heart Failure Society of America
(651) 642-1633
hfsa.org

Heart Information Network
heartinfo.org