

REACH CHF Ed. for ~ What Is Heart Failure?

Heart failure is a serious condition that occurs when the heart's ability to pump or fill with blood is decreased. It does not mean that your heart has stopped beating or is going to stop beating, but rather that your heart is not pumping blood (systolic heart failure) or filling with blood (diastolic heart failure) as well as it should. Here we will focus on systolic heart failure.

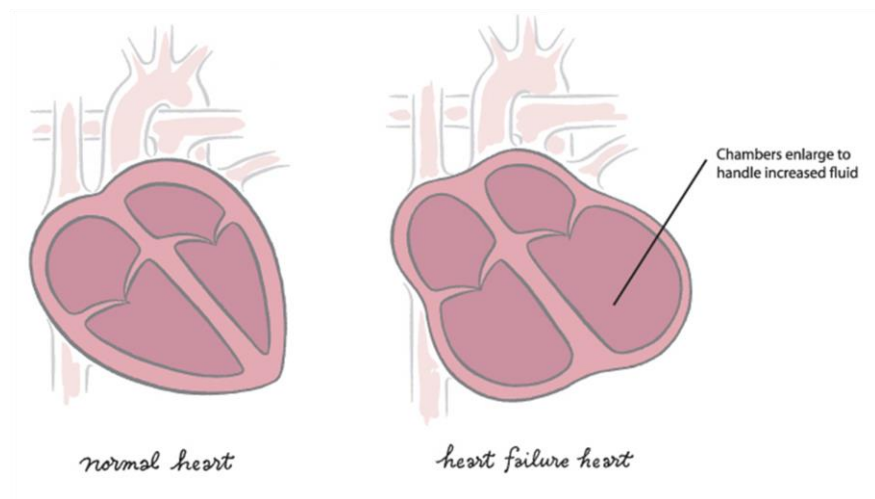
Heart failure can develop after injury to the heart.

Here are some of the things that can cause heart failure:

- Coronary artery disease
- Heart attack
- Uncontrolled high blood pressure
- Heart valve problems
- Infection of the heart
- Heart problems that you were born with
- Long-term alcohol abuse
- Pregnancy, during or after (postpartum)

If you have heart failure, your heart cannot pump enough blood to supply your body's need for oxygen. Your heart must work harder to keep up and might pump faster for a short time. Due to this, the pumping action weakens and the heart eventually gets tired. Blood also backs up into blood vessels around the heart and fluid seeps into the lungs. That is why you may have shortness of breath or trouble breathing at night. You may also get swollen legs and feet and have weight gain due to the buildup of fluids in your body.

As heart failure gets worse, the heart attempts to make up for lost pumping power. This may cause changes in the shape of the heart and result in an uncoordinated heartbeat, which is called an arrhythmia (this means a rhythm that is not normal).



Although heart failure cannot be cured, there are many things that can be done to slow its progress, reduce your symptoms, and help you live an active life. New medicines and treatments – plus self-care activities each day – may help people with heart failure live better lives.

How Common Is Heart Failure?

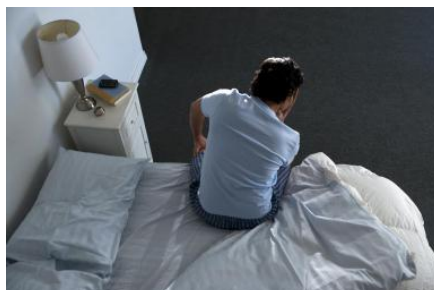
Heart failure is a common problem among older adults in the United States. This year, approximately 550,000 Americans will learn from their doctors that they have heart failure. That is in addition to the nearly 5 million people who already have the condition. Many people with heart failure do not know they have it until they experience symptoms. These symptoms may appear many years after their heart function begins to decline.

Symptoms of Heart Failure

Heart failure is sometimes referred to as congestive heart failure. The term “congestive” refers to the fluid that seeps into the lungs. This fluid congestion may also involve other body parts, including the feet, legs, and stomach. Fluid buildup is the cause of many symptoms of heart failure. These signs and symptoms help your doctor classify the severity of your heart failure and monitor the effects of therapies to help you.

Signs and symptoms of heart failure include:



- Trouble breathing (shortness of breath)
- Swelling in the feet and legs
- Weight gain from water (swelling)
- Lack of energy/trouble carrying out physical activities
- Difficulty sleeping at night due to breathing problems (you may need more pillows under your head in order to sleep comfortably)
- Swollen or tender stomach with loss of appetite
- Cough with frothy sputum (your spit may be pink due to small amounts of blood)
- Increased urination at night
- Confusion and/or memory problems



Classifying Heart Failure

Doctors classify heart failure on a scale of 1 to 4 (Roman numerals I to IV) by reviewing your symptoms and your ability to exercise and do activities. The New York Heart Association has developed a system that is commonly used to talk about levels (classes) of heart failure. This system is shown below.

Your heart failure class can get better or worse over time depending on how bad your symptoms are and how you respond to therapies. Some treatments work best at different classes, so you might get a different treatment than other people you know with congestive heart failure.

 Class I • Mild	 Class II • Mild	 Class III • Moderate	 Class IV • Severe
<ul style="list-style-type: none">• Can perform ordinary activities without any limitations	<ul style="list-style-type: none">• Occasional swelling• Somewhat limited in ability to exercise or do other strenuous activities• No symptoms at rest	<ul style="list-style-type: none">• in ability to exercise or participate in mildly strenuous activities• Comfortable only at rest	<ul style="list-style-type: none">• physical activity without discomfort• Symptoms at rest

When thinking about your heart failure class, it is important to know that heart failure is a condition that can get worse over time. It is important to find and treat heart failure early. So even though you may be in Class I or Class II and have few symptoms, you still need to see your doctor to be treated for heart failure and follow your doctor's care plan.

Heart failure is diagnosed by using:

- The patient's medical history
- A physical exam
- Specific tests

Your doctor will need to know if you have:

- A family history of any of these conditions
- A history of high blood pressure
- A history of high cholesterol
- Blockages in the arteries of your heart, producing chest pain and/or a heart attack
- Damaged heart valves
- A history of diabetes

Heart failure can be diagnosed with a complete physical exam. Your doctor or nurse will check your blood pressure and heart rate; listen to your heart and lungs; and look for swelling in your legs, ankles, and abdomen.

Other testing can also be done to provide important information about the cause, the type, and the treatment for heart failure. One of the most important tests used to diagnose heart failure is to measure the percentage of blood that your heart pumps with each beat. This percentage is called the ejection fraction (EF) and shows how well your heart is pumping. A normal EF ranges from 50-75%. The EF can be evaluated by an echocardiogram (Echo), where sound waves are used to make pictures of all of the valves and chambers of the heart.

EF can also be measured by MUGA scan, where a very small amount of radioactive material is injected into the blood to create images of your heart, by magnetic resonance imaging (MRI), or during a cardiac catheterization.

Other tests commonly used to diagnose heart failure include:

- Blood and urine tests – these can be used to test your red blood cells and how well your kidney, liver, and thyroid are functioning. A B-type natriuretic peptide (BNP) blood test can be used to tell if you have heart failure and helps in making decisions about treatments. Cholesterol and blood sugar levels may be checked as well.
- Chest X-ray – this shows the size of your heart and whether there is a buildup of fluids around your heart and lungs
- Electrocardiogram (ECG/EKG) – this shows your heart rate and rhythm
- Angiogram (x-ray of the inside of your heart) – this can be used to see if you have clogged arteries
- Magnetic Resonance Image (MRI) – this produces pictures that can show the size of the chambers in your heart and how thick the walls of your heart are – these are signs of how hard your heart is working.

What Can Be Done for Heart Failure

The good news is that today doctors and nurses understand more about heart failure and have better ways to manage the condition. New medicines and treatments are some of the reasons that people with heart failure may be able to get back to many of the things they once did and potentially live better lives.

This is an evidence-based work flow algorithm to assist in optimizing patients' health status and clinical outcome. Please refer to the manufacturers' prescribing information and/or instructions for use for the indications, contraindications, warnings, and precautions associated with the medications and devices referenced in these materials.
REACH HF PE10-What-is-HeartFailure.