

Staying well with heart failure



Welcome

If you have been given this booklet, then like many other people in New Zealand heart disease has touched your life. Whether it is you or a loved one who is looking to find out more about heart failure, you are likely to have many questions. We hope the information in this booklet will give you some of the answers, but remember you can talk to your doctor or nurse about any questions or concerns you have as well.

My checklist to help me stay well with heart failure

- ☐ I understand what heart failure is.
- ☐ I understand my medications.
- ☐ I can recognise when my symptoms are getting worse and know what action to take.
- ☐ I understand what I can do during my daily life to look after myself.
- ☐ I know who is in my support team.

Acknowledgements

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We also wish to acknowledge everyone in the clinical community who provided input into the review of this booklet.

Our grateful thanks to Independent Health, Buffalo, for allowing us to adapt the heart failure action plan on pages 46-47.

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About heart failure

You are not alone

Being told that you have heart failure can be alarming. Many people think it sounds final and that it is too late to do anything about it. This is simply not true. There are lots of things that you can do to feel better and stay well. Learning to manage heart failure is not always easy, but it is important to remember that you are not alone. Your family/whānau, friends, healthcare team and the Heart Foundation are here to support you.



Edna has lived with heart failure for almost 20 years. She recalls how she felt when she was told she had heart failure.

"When I was told I had heart failure it was scary. If somebody says you've got something that is going to fail, you

wonder when you are going to go. It is frightening but it isn't as bad as it sounds."



Arthur had a cardiac arrest in 2008 when he was 44 years old. He has been living with heart failure and other health conditions since then.

"You've got a second chance in life just don't give up, don't go back to the way

you were. Make a stand! If you want to live longer just carry on, do the meds, do the programmes. If you have any problems just ring up somebody and surround yourself with people who have positive energy and a positive outlook."

Build your support team

You are the most important person in managing your heart failure. However, it really helps to have support from those around you and to work closely with your healthcare team.



"My daughter is my caregiver. I talk to her about things."

Tama



"I was really lucky with the nurses that I got and my GP is marvellous."

Edna



"I have a fantastic heart failure nurse who has been by my side since day one. The clinical nurse specialists at Wellington Hospital have made my ICD journey a lot easier and have been so supportive. But my biggest supporters have been my family and friends."

Tara

What is heart failure?

A healthy heart can pump blood to all parts of the body. Heart failure means that your heart cannot pump blood as well as it should.

Heart failure occurs when changes in your heart make the heart muscle weak or stiff, so that it does not pump or fill normally.

Causes of heart failure

Heart failure happens when the heart has been damaged in some way. It helps to identify what has caused the damage, as managing this can help to improve heart function.



What do you think might have caused your heart failure? Have a look at the common causes of heart failure in the list below. Tick (✓) the cause (or causes) that apply to you. If you are not sure, ask your doctor or nurse. Sometimes, the cause of heart failure is unknown.

- ☐ Heart attack or angina
- ☐ High blood pressure
- ☐ Cardiomyopathy (disease of the heart muscle)
- ☐ Heart valve problems
- ☐ Heavy alcohol or recreational drug use
- ☐ A virus infection in the heart
- ☐ Abnormal/irregular heart rhythm
- ☐ Thyroid disease
- ☐ Other

Can heart failure be cured?

Heart failure is a serious condition that cannot usually be cured. With no treatment, it will get worse - sometimes slowly, sometimes quickly.

The good news is that it can be controlled. By taking your medication, following your heart failure action plan and making some lifestyle changes you can feel better and lead a more normal life.

Will heart failure shorten my life?

Most people with heart failure are worried about how long they will live. It is difficult to say what the future holds for anyone.

Some people with severe heart failure can live for many years.

While heart failure may shorten your life, it all depends on the following:

- the cause of your heart failure
- whether you take your medication
- how severe your heart failure is
- other health problems
- your response to treatment.



If you are worried about your future, don't keep it to yourself. Talk to your doctor or nurse about what to expect.

Heart failure symptoms

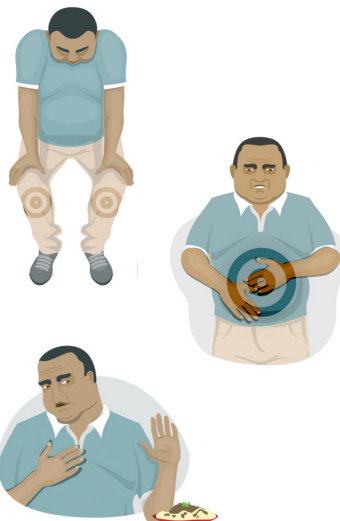
A healthy heart can pump blood to all parts of the body. Heart failure means your heart doesn't pump normally. Blood flows more slowly around your body, causing fluid to leak out of your blood vessels.

When the right side of your heart's not pumping well

Blood backs up in your body so fluid leaks into your legs and abdomen.

This causes:

- **swelling** in feet, ankles and legs
- **swelling** and tenderness in abdomen
- **loss of appetite.**



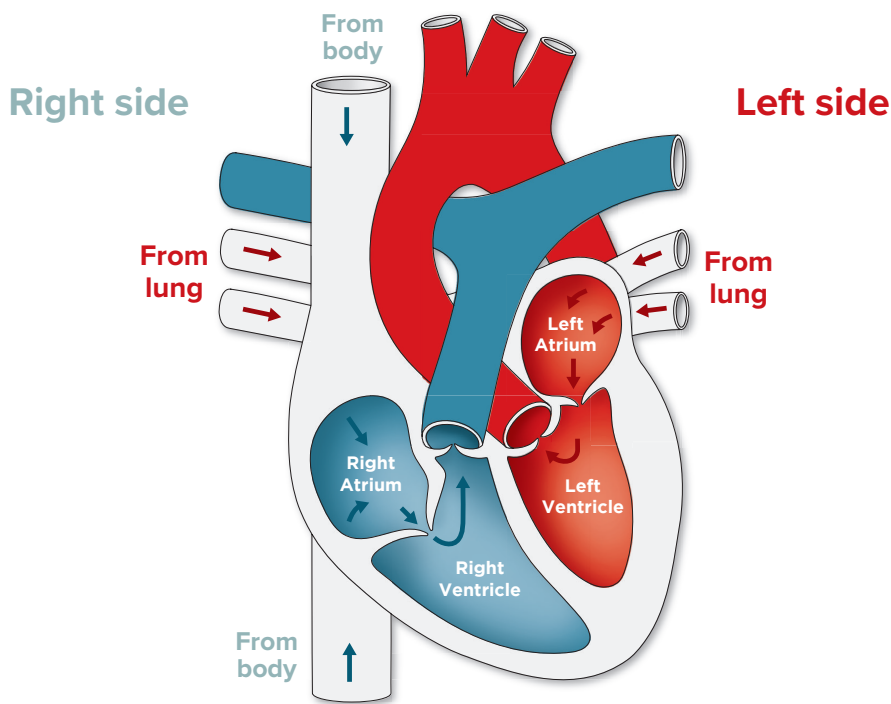
When the left side of your heart's not pumping well

Blood backs up into your lungs so fluid leaks into your lungs.

This causes:

- **shortness of breath** - when active or at rest (especially when lying flat)
 - **coughing**
 - **wheezing.**





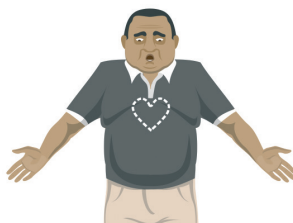
Sometimes both sides of the heart are affected.

Slower blood flow means some parts of the body, including muscles, don't get the energy and oxygen they need.

This can cause **tiredness** and **weakness**.

Your heart is working harder. Over time, your heart can become enlarged and beat faster and/or irregularly.

This can cause **tiredness** and **an awareness of your heart racing**.



Managing heart failure

Daily checks

Heart failure symptoms mainly happen because fluid builds up in your body. Do these checks every day to identify when you have extra fluid in your body.



Note down your daily check information. You may like to use the sheets on pages 42-45 to get you into the habit of recording this important information.

Follow your heart failure action plan (pages 46-47) if you have any changes in your weight, any swelling or changes in your breathing.

1 Any changes in your weight?

Weigh yourself each day at the same time

- In the morning.
- After going to the toilet.
- Before breakfast.
- Digital scales are best.

Compare daily weight to your target

weight. Target weight is your weight with no extra fluid, when your heart works best. Your target weight should be written on your action plan (pages 46-47).



2 Any swelling?

Check for swelling

Do your rings on your fingers, your waistband or your socks and shoes feel tighter?

Check one leg for swelling

- **Press firmly into the skin** of your ankle, shin and knee with your finger.
- If your finger makes a dent in your skin, you have swelling.

3 Any changes in your breathing?



More short of breath than usual?



Constant cough or wheeze?



Not able to speak a full sentence



Using more pillows at night to avoid being short of breath or having to sleep upright?

Medication

Taking the right medication (pills) is a vital part of heart failure management.

Taking the right pills at the right dose can:

- improve symptoms and make you feel better
- improve heart function
- keep you well and out of hospital
- help you to live longer.



Your medication plan will be personalised to you. Specific pills will be introduced at different stages.

Taking more pills doesn't mean that you are becoming increasingly unwell. The pills work together to help manage your heart failure.

Medications will be started at low doses and gradually increased until the right dose is reached.

It is very important that you keep taking your medication, even when you feel better. Heart failure medications are not a one-off prescription. They are long-term medications, which you need to keep taking in order to stay well.



Talk to your doctor, nurse or pharmacist about the benefits and risks of taking your pills, the best medication regime for your lifestyle and about any side effects.

Some useful questions to ask the doctor, nurse or pharmacist about your heart failure medication

- What medication have you given me?
- What is the medication for?
- Why is it important that I take these?
- What do I need to know about taking these pills?
- What checks are needed when I take these pills?
- What is the best time to take these pills?
- What can I do to help me remember to take my pills?
- What should I do if I miss a dose?
- Are there other medications (over-the-counter, traditional medicines or supplements) which interact with my heart failure pills?



"I just do my medication on a weekly basis. You can buy the containers that have the days of the week on them."

Edna



"I have a blister pack for pills. I find that easier."

John

Medications to manage heart failure

Your body senses when your heart has a pumping problem. It sends a variety of **chemical messages** that:

- make your heart work harder and **faster**
- increase your blood pressure and tell your body to:
 - **hold on to water**
 - **tighten** your blood vessels



This can put extra stress on your heart, which is already struggling to pump effectively.

Medications protect your heart by
blocking these chemical messages

ACE inhibitors / ARBs make your blood vessels **relax**, lowering your blood pressure. This means your heart can pump blood around your body against less pressure and without working so hard.

Aldosterone antagonists act as a diuretic and also block a chemical called aldosterone that causes water and sodium to build up in your body. This helps **decrease the volume** of blood your heart has to cope with.

ARNIs combine two medicines to relax the blood vessels and reduce the amount of water held in the body. This reduces the strain on your heart. This new class of drug is not suitable for everyone with heart failure but your cardiologist may suggest this medication if your heart is pumping a reduced amount of blood around your body.

Beta blockers tell your heart to stop listening to the chemical messages and **slow down**. This gives your heart more time to fill up with blood so it can pump more effectively.

Diuretics make your kidneys get rid of sodium (which takes water with it). This helps your body get rid of excess fluid and **decrease the volume** of blood your heart has to cope with. Diuretics help relieve symptoms caused by fluid build-up (breathlessness, swelling).

Many of these medications work well together, so a combination of them may be used. You will be **started on a low dose** that will be increased slowly until you get up to the best dose for you. You may not be started on all of these medications.

About ACE Inhibitors (angiotensin converting enzyme)

ACE Inhibitor

- *cilazapril*
- *enalapril*
- *quinapril*
- *lisinopril*
- *perindopril*
- *trandolapril*
- *captopril*

My pill is:

What are the benefits of taking this?

- Lowers your blood pressure.
- Prevents worsening of heart function.
- Helps improve symptoms.
- Reduces the chance of being admitted to hospital due to heart failure.
- Helps you live longer.

What do I need to know?

Dose: Starts at a low dose and gradually increases until the right dosage for you is reached.

Monitoring: Blood tests to check kidney function and potassium levels.

Unwanted side effects may include: Dizziness after the first few doses. Contact your doctor, if this does not improve after a few days.

Dry, tickly cough. Tell your doctor. He/she may switch you to a different medication.

Contact your doctor straight away if you have difficulty breathing, develop a rash, experience weakness, confusion, sudden nervousness or swelling.

About ARBs (angiotensin receptor blockers)

ARB

- *candesartan*
- *losartan*

My pill is:

What are the benefits of taking this?

- Lowers your blood pressure.
- Prevents worsening of heart function.
- Helps improve symptoms.
- Reduces the chance of being admitted to hospital due to heart failure.
- Helps you live longer.

What do I need to know?

If you have unwanted side effects when taking ACE Inhibitors, your doctor may start you on an **ARB**.

Dose: Starts at a low dose and gradually increases until the right dosage for you is reached.

Monitoring: Blood tests to check kidney function and potassium levels.

Unwanted side effects may include: Like ACE Inhibitors they can cause dizziness but not a cough.

About Aldosterone Antagonists

Aldosterone Antagonist

- *spironolactone*
- *eplerenone (INSARA)*

My pill is:

What are the benefits of taking this?

- Lowers your blood pressure.
- Prevents worsening of heart function.
- Helps improve symptoms.
- Reduces the chance of being admitted to hospital due to heart failure.
- Helps you live longer.

What do I need to know?

Monitoring: Blood tests to check kidney function and potassium levels. This is important when taking these drugs.

If you have a tummy upset with diarrhoea or vomiting, please see your doctor promptly. Losing lots of fluid through diarrhoea or vomiting whilst taking these drugs can affect your kidney function.

Unwanted side effects may include: When taking spironolactone, some men may notice breast tenderness and/or enlargement. Eplerenone does not cause this side effect.

About ARNIs

ARNI

- *Entresto*

combines an ARB (valsartan) and a neprilysin inhibitor (sacubitril).

My pill is:

What are the benefits of taking this?

- Increased life expectancy and helps to relieve the symptoms of heart failure.

What do I need to know?

Do not take this medicine if you are taking an ACE Inhibitor. You need to wait 36 hours after taking your last ACE dose before starting Entresto. Do not take it if you are pregnant.

You may need to take different amounts of your medicines or to take different medicines while you are taking Entresto.

Monitoring: Blood tests to check kidney function and potassium levels.

Unwanted side effects may include: Cough, dizziness, diarrhoea, tiredness, headache, fainting, feeling sick, stomach pain, spinning sensation. Contact your doctor if this does not go away in one to two weeks.

Contact your doctor straight away if you have difficulty breathing, develop a rash, facial swelling, weakness or confusion.

About Beta blockers

Beta blockers

- *bisoprolol*
- *carvedilol*
- *metoprolol*

My pill is:

What are the benefits of taking this?

- Slows and steadies your heart rate.
- Reduces the chance of being admitted to hospital due to heart failure.
- Helps control irregular heart rate.
- Helps you live longer.

What do I need to know?

Dose: Starts low and gradually increases until the right dosage for you is reached. It is important that you do not suddenly stop taking your beta-blocker.

Monitoring: When you visit your doctor, they will check your blood pressure and heart rate.

Unwanted side effects may include: Tiredness and dizziness when you start taking this medication. Contact your doctor, if this does not settle within a week or two.

Contact your doctor if you experience breathlessness after starting beta blockers or if you feel your heart rate is too slow.

You might notice cold hands and feet or have vivid dreams.

About Diuretics

Diuretic (water pills)

- *furosemide*
- *bumetanide*
- *metolazone*
- *bendrofluazide*

My pill is:

What are the benefits of taking this?

- Helps your body get rid of excess fluid.
- Helps improve symptoms caused by fluid build-up (shortness of breath and swelling) and can help you feel better.

What do I need to know?

Dose: If too much fluid is removed from your body, you can become dehydrated. Ask the doctor or nurse about adjusting your diuretic, so that you can maintain your target weight. This will be a key part of your heart failure action plan (pages 46 and 47).

Monitoring: Weigh yourself every day (page 10). Blood tests to check blood salt levels (electrolytes) such as potassium.

If you have a tummy upset with diarrhoea and vomiting contact your doctor or nurse promptly. This may cause you to become dehydrated.

Unwanted side effects may include: Dizziness (may occur when starting this pill but usually resolves), skin rash, gout, dehydration (more thirsty than normal, going to toilet less often, darker urine, weight decrease).

Other medication to manage your heart failure

Digoxin

- *digoxin*

My pill is:

What are the benefits of taking this?

- Helps control irregular heart rate.
- Helps the heart beat more strongly.
- Helps improve symptoms and makes you feel better.

What do I need to know?

If you take antacids, calcium or iron supplements, take these at least two hours apart from your digoxin.

Monitoring: Potassium levels and kidney function. Occasionally your doctor may do a blood test to check your level of digoxin.

Unwanted side effects may include:

Contact your doctor immediately, if you experience nausea, blurred or yellow vision or feel your heart rate is too slow.

Device-based therapies

In addition to medication for heart failure, a cardiac implantable electronic device may be useful. Your healthcare team will talk to you about whether the following options may be suitable for you.

Pacemakers

A pacemaker may be recommended if your heartbeat is too slow or irregular. A pacemaker is a small battery-operated device that produces electrical impulses to make your heart beat more regularly.



Find out more about pacemakers at
www.heartfoundation.org.nz

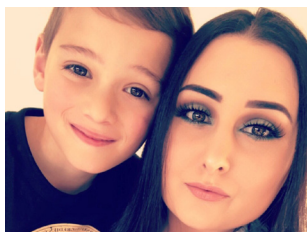
Cardiac resynchronisation therapy (CRT)

CRT uses a special pacemaker to make the heart work more efficiently. It can help reduce heart failure symptoms and improve long-term outcomes.

Implantable cardioverter defibrillators (ICD)

Some people with heart failure have had, or are at risk of, life-threatening heart rhythm problems (ventricular arrhythmias).

An ICD is a battery-powered device that detects if your heart is beating too quickly or chaotically, and responds with electrical pacing and/or shocks (defibrillation) to restore your heart's normal rhythm.



"I was in denial after being told I needed an ICD, and the best thing I did was ask for help."

Tara

Cardiac ablation

An ablation procedure may occasionally be recommended if you have arrhythmias. Cardiac ablation uses radiofrequency energy to destroy the electrical tissue inside the heart that is causing your heart rhythm problem.



Device-based therapy is not suitable for everyone.
Ask your doctor or nurse about these devices, the procedures involved and other treatments which might help.

Living with a device

If you have a device fitted, you will need to attend an outpatient clinic roughly every six months to check the battery and device are working normally. The battery will be replaced before it is depleted. Depending on the type of device, a battery can last between four and eight years.

You will also need to avoid some machines and equipment (e.g. strong magnetic fields, arc welding equipment, security screening at the airport). Your doctor will tell you more about this, as well as driving restrictions that may apply to you.

Advance Care Planning

Your healthcare team will advise you on the best approach to managing your heart failure. It is really important that your heart failure treatment and care supports what matters to you.

Advance Care Planning (ACP), is the process of thinking about and sharing what's important to you about your future healthcare.



Find out more about Advance Care Planning at
www.advancecareplanning.org.nz

Looking after myself

Physical activity

Physical activity or exercise is one of the best ways to stay well with heart failure.

The key is to start gently with small amounts of regular exercise and build up gradually.

Small steps to increase your activity

- Start with an activity that you can do now. For example, it could be a 10 minute walk each day.
- On day one, do what you have planned. Don't do any more, even if you feel up to it. Stop to rest, if you need it.
- Do the same amount of exercise the next day. How do you feel?
- If you feel okay, do the same amount of exercise each day for a week.
- If you feel too tired, do less exercise for the next few days.
- Plan to increase the amount of exercise you do each week. Do your activity for a little longer or go a little further.
- Build up to 30 minutes a day on most days of the week.



Tips for exercising safely

It is normal to be a bit breathless when you exercise, especially when you first start.

The talk test is a good guide to check that you are exercising at the right level. If you cannot talk in sentences while exercising, **slow down**. If you can whistle and sing while exercising, **pick up the pace**.

Avoid overdoing things. Stick to your goals. Even if you feel fine just do what you planned.

You should not exercise at times when your symptoms (such as breathlessness, tiredness or angina) are worse than usual, if you feel unwell or have had a big change to your medications. Follow your heart failure or angina action plans. Wait until you are feeling better and then slowly get back into your exercise routine.

Activity that causes you to hold your breath during exercise, such as lifting heavy weights, should be avoided.



"I was scared stiff when I first joined my exercise group. Sometimes it was all I could do to walk down the corridor...I used to be so short of breath, but I just gradually built up and now I can do everything. I go walking two or three times a week too." **Edna**



Ask your doctor or nurse about suitable exercise programmes in your hospital or community or to help you set an exercise goal (use the goal setting sheet on page 41).

Energy

Make small changes to your daily routine to help you save energy for the things you enjoy doing.

Energy saving tips

- Plan rest times during the day (e.g. rest for an hour after lunch).
- Rest between jobs.
- Sit to do jobs such as preparing food or ironing.
- Push heavy objects instead of pulling them.
- Do less when the temperature is very hot or cold.
- Sit to dry yourself after a bath or shower.



"I could not even walk to the letterbox. I had just retired and was devastated. But now I work part-time, go to the gym and enjoy walking up hills."

Bruce



If you don't sleep well, talk to your doctor or nurse about what might help.

Stop smoking

Becoming smokefree is the best thing you can do for your heart.



You are more likely to successfully stop smoking if you get help. Using stop smoking services and medications can double your chances of being smokefree in the long-term.



**Phone, online
and text-to-quit**



**Local one-on-one or group
support programme**



**Patches, lozenges
and / or gum**



Medications

Talk to your doctor, nurse or pharmacist about options to help you quit.

What about e-cigarettes?

Current research suggests vaping (or using e-cigarettes) is a less harmful alternative than conventional cigarettes and can help you quit.



Phone Quitline on **0800 778 778** or visit **www.quit.org.nz** for more information about support to stop smoking

Heart-healthy eating and drinking choices

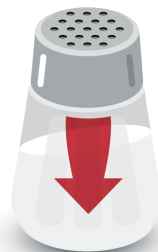
Eating a heart healthy, low-salt diet will help you to manage heart failure and other health issues you may have.

Salt (sodium chloride) makes it harder for your body to get rid of fluid. Eating too much salt is likely to make your heart failure symptoms worse.

Foods that are close to their natural state such as fresh vegetables, fruit, legumes, nuts, whole grains and oily fish, are all heart-healthy choices.

While processed foods and takeaways are a quick and easy option, they usually lack fibre, vitamins and minerals but are full of saturated fat, sugar and salt.

Most of the salt we eat comes from processed, pre-prepared and takeaway foods.



Tips for choosing lower-salt processed foods

- Salt is listed as sodium on food labels.
- Look at the nutrition information panel on the food label and choose foods with the **lowest sodium per 100g** – less is best.
- Compare sodium in the foods you eat often (like bread and breakfast cereals) as these foods can contribute a lot of salt to your diet.
- Choose foods with ‘no added salt’, ‘unsalted’, ‘low-salt’ or ‘reduced-salt’ on the front of the packet.

Nutritional information		
Servings per package: 3		
Serving size: 150g		
	Quantity per serving	Quantity per 100g
Energy	608kj	405kj
Protein	4.2g	2.8g
Fat, total	7.4g	4.9g
- saturated	4.5g	3.0g
Carbohydrate	18.6g	12.4g
- sugar	18.6g	12.4g
Sodium	90mg	60mg

Tips for eating less salt

- Base your meals and snacks around real foods that are close to their natural state, like vegetables and fruit.
- When cooking use herbs, spices, chilli, garlic, lemon or vinegar instead of salt.
- Take the salt shaker and salty sauces off the dinner table.
- Eat less takeaways and fewer salty foods (see next page for swaps).

Tip: if you use a small amount of salt in your cooking, choose ‘iodised’ salt



“We’ve changed as a family. Now everyone eats healthy at home. If anyone wants to eat something different, they have to buy it themselves.”

Arthur



For recipes and our ‘Healthy Heart’ visual food guide visit
www.heartfoundation.org.nz

Swap salty foods for foods lower in salt

Try these lower salt foods

eat most

vegetables
& fruit

Choose fresh, frozen or canned vegetables with 'no added salt'

Drain and rinse vegetables canned in brine

eat some

grain foods
& starchy
vegetables

Choose unsalted grain foods and starchy vegetables such as plain popcorn, brown rice, noodles, potato, plain corn thins or rice wafers with 'no added salt', porridge, oats, muesli

eat some

legumes, fish,
seafood, eggs,
poultry & meat

Choose plain legumes, plain unprocessed fish, seafood, eggs, poultry and meat.

Choose legumes, fish and poultry canned in spring water with 'no added salt'.

Drain legumes and fish canned in brine

eat some

milk, yoghurt
& cheese

Choose cottage cheese or ricotta cheese

eat some

healthy oils,
nuts & seeds

Choose plant oils (i.e. olive and canola oils), avocado, raw unsalted nuts and seeds, salt-reduced nut butter

Seasonings and sauces

Choose garlic, ginger, chilli, lemon, lime, pepper, herbs, spices, vinegar, reduced-salt sauces, stocks or gravies

Spreads

Choose plain hummus or vegetable-based dips, avocado, salt-reduced nut butters

Instead of these salty foods

Vegetables canned in brine, canned or packet soups, pickled vegetables, olives

Potato chips, instant noodles, flavoured and savoury crackers, cornflakes, rice bubbles

Smoked, marinated, cured or salted meats, poultry and fish (e.g. bacon, corned beef, salami, sausages, marinated/smoked chicken, ham or luncheon)

Legumes and fish canned in brine or flavoured

Cheese spread, processed cheese, feta, parmesan, cheddar, blue vein, gouda, haloumi

Salted nuts and seeds, nut butter, butter

All types of salt (rock, Himalayan, kelp, sea, iodised) stock, soy sauce, oyster sauce, fish sauce, tomato sauce, chutney, mustard, cooking and stir-fry sauces, gravy powders

Marmite, vegemite

Drinking choices

Fluids

If your heart failure symptoms are well controlled then you should not need to restrict your intake of fluids. However, you should avoid drinking excessive amounts of fluid.

To keep hydrated, drinking water is the best choice. Try to avoid sugary drinks like soft drinks, juices, energy drinks, sports drinks and iced teas as they are high in calories, make you feel thirstier and have little nutritional value.

If your body is retaining fluid, then you may be advised to reduce your fluid intake.

When thinking about fluids remember that yogurts, soups, teas, ice cream and smoothies count too.



Talk to your doctor, nurse or dietitian about the amount of fluids you should be drinking each day.



Tama talks about the benefits of making changes in his daily life.

“When I was sick I was told to stop drinking alcohol. It was hard but then my five year old granddaughter told me to stop drinking, so I did it for her. I have been able to watch her grow up, it’s great! I missed so much when I drank alcohol.”

Alcohol

Drinking alcohol comes with risks to health and not drinking alcohol is a healthy choice.

If heavy alcohol use has caused your heart failure, then you should not drink alcohol at all, even when you start to feel better.

If you do choose to drink alcohol:

- try and have at least two or three alcohol-free days a week.
- avoid binge drinking.
- in any one day, drink no more than:
 - two standard drinks and no more than 10 standard drinks a week (for women).
 - three standard drinks and no more than 15 standard drinks a week (for men).

These limits could be too high for some people with heart failure. Talk to your doctor about whether drinking alcohol is safe for you.

A standard drink is equivalent to a:

- can of 4% beer (330ml)
- small glass of wine (100ml)
- pub measure of spirit (30ml).



If you are worried about your drinking, talk to your doctor or nurse or call the Alcohol Helpline **0800 787 797**.

Visit **alcohol.org.nz** for more information.

Healthy body weight

Having a healthy body weight will help you to feel better.

If you feel too tired to eat

- Sit down when preparing food.
- Rest before eating.
- Chop food into bite-sized portions.
- Eat small meals or snacks every 2-3 hours.
- Take your medication correctly.

If you have a poor appetite

- Choose a variety of foods that you enjoy.
- Ask your doctor, nurse or dietitian about adding foods that are higher in calories and protein.
- Try having high-energy drinks such as Complan, Vitaplan or Sustagen® at least twice a day to boost your energy.



If you have lost weight because of your heart failure symptoms or are overweight, ask your doctor, nurse or dietitian for advice on reaching a healthy weight.

Anxiety and depression

You might experience lots of different feelings when you are living with heart failure including: anxiety, depression, uncertainty and fear. These feelings are common, especially when you are first told you have heart failure.

Your heart failure symptoms such as shortness of breath and tiredness can also be frightening and could mean that you have to make some changes in your daily life.

One of the best ways to manage anxious or depressed feelings is to regain balance in your life and find different ways of doing things that give you fulfilment.

Each day, make sure you:



Do some form of physical activity



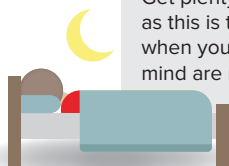
Have some rest and relaxation time



Include some enjoyable activities, especially those that make you laugh



Do some form of activity or work where you feel useful and gain a sense of achievement



Get plenty of sleep as this is the time when your body and mind are restored



It also helps to talk with others - your family, whānau or people who have gone through a similar experience. Sharing the experience helps to remind you that you are not alone.



The Mental Health Foundation produces resources on depression, anxiety and stress. You can find out more on their website: mentalhealth.org.nz.



“For enjoyment I go to the gym and watch the grandkids playing their sports on a Saturday morning, or see them training. A lot of my time is based around my family.”

Arthur



If you are still feeling really down and anxious after a few weeks, talk to your doctor or nurse. You may be referred to a psychologist or counsellor, who can help you talk through some of your concerns. You might also benefit from taking medication for depression and/or anxiety.

Relationships and sex

For many people, sex is an important part of their relationship. Once your heart failure symptoms are under control you can safely enjoy sex. Sex is no different from other forms of exercise - it is good for your heart.

- Pick a time when you feel relaxed and comfortable.
- Avoid sex within two hours of eating a big meal, or three hours after drinking alcohol.
- Make sure the room is warm and comfortable.
- Choose positions that feel comfortable.
- Avoid positions where you have to support your weight with your arms.

Just like other forms of exercise, you should not have sex if you feel ill, are short of breath or have chest pain.

Back to work

When you are feeling unwell, you might not want to think about getting back to work. However, once your heart failure symptoms are under control and you are feeling better, you may consider returning to work.

Talk with your employer as soon as possible about your plans to return to work, and how they might be able to help you.

Things to think about when getting back to work

- Is it possible to work part-time to start with and slowly increase your hours?
- If your job is a heavy/manual one is it possible to adapt what you do or change roles?



“I was 56 when I was diagnosed. I was working. I had always done manual, hands on work. I couldn’t carry on with it and I had to find something else.”

Edna



Talk to your doctor or nurse about your job and going back to work.

Driving

Most people with heart failure can drive a car, if their symptoms are controlled and they feel well.

Different rules may apply, depending on the underlying cause of your heart failure, symptom history and if you hold a vocational licence.

You may need to have an assessment done by a specialist before returning to driving. It also pays to check with your insurance company to ensure you are fully covered.



For more information, visit www.nzta.govt.nz

Vaccinations



The flu can worsen heart failure symptoms. Ask your doctor or nurse about getting a flu vaccination to reduce your risk of getting ill. You may be eligible for a subsidised or free flu vaccine.

Support tools

Setting goals

It's never too late to make lifestyle changes to help you stay well with heart failure, improve your general health and get the most out of life.



When setting goals

- Just change one or two things at a time.
- Choose something you really want to do - make this your goal.
- Decide on small steps you will take each week to achieve your goal and gradually build on these.
- Keep track of your progress and reward yourself.
- Get the support you need to make change.

My goal is:

Small steps I will take to work towards my goal:

People who will support me to achieve my goal:

Daily checks record sheet

When you have done your daily checks (page 10 - 11) note down your daily check information and record in the AM/PM columns when you take your medication. Take this daily check record to your appointments.

Day	Date	Weight	Any swelling?	Any change in breathing?	AM ✓	PM ✓	Comments
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							

Day	Date	Weight	Any swelling?	Any change in breathing?	AM ✓	PM ✓	Comments
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							

Daily checks record sheet

Day	Date	Weight	Any swelling?	Any change in breathing?	AM ✓	PM ✓	Comments
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							

Day	Date	Weight	Any swelling?	Any change in breathing?	AM ✓	PM ✓	Comments
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							

When this sheet is complete, continue to record your daily check information in your copy of the *Heart failure - daily checks record*, available from heartfoundation.org.nz or by phoning 0800 863 375.

My heart failure action plan

If you notice changes in your heart failure symptoms follow your heart failure action plan. Acting quickly will help you to feel better and stay out of hospital.

A doctor or nurse specialist will develop your heart failure action plan with you. Ask about changes to your action plan at each visit.

My emergency contact numbers:

Heart failure nurse _____ Family doctor _____

I feel well	My symptoms: <ul style="list-style-type: none"> • Weight on target. Target range _____ kg • Little or no swelling • Breathing is easy 	What to do: <ul style="list-style-type: none"> • Keep taking my pills • Keep doing my daily checks – weight, swelling and breathing • Keep eating a healthy, low salt diet • Keep making changes to improve my health
	Weight up by _____ kg over 1-2 days <ul style="list-style-type: none"> • Swelling in ankles, legs or abdomen. • Hard to breathe with activity or sleeping at night • Need to use more pillows sleeping at night • Constant cough or wheeze • Very tired 	What to do: If my weight has increased: _____ _____

<p>I do not feel well</p>	<p>Weight down by _____kg over 1-2 days</p> <ul style="list-style-type: none"> • Dry mouth/skin • Dizziness 	<p>If my weight has decreased:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Call my doctor or nurse:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>I need to get help now, call 111</p>	<p>My symptoms:</p> <ul style="list-style-type: none"> • Sudden, severe shortness of breath • Angina not relieved by two puffs of GTN spray five minutes apart • Develop new chest pain/tightness/heaviness • Sweating, weakness or fainting 	<p>What to do:</p> <p>Call 111 for emergency help NOW.</p>

Hearts fit for life

The Heart Foundation is the charity that works to stop all people in New Zealand dying prematurely from heart disease and enable people with heart disease to live full lives.

Visit our website **heartfoundation.org.nz** to find out how to:

- join information and support sessions
- share your story
- ask questions.

If you would like to help people in New Zealand who are living with heart disease, please consider donating.

To donate:

Visit: heartfoundation.org.nz/donate

Phone: 0800 830 100

Heart Foundation, PO Box 17160, Greenlane, Auckland 1546

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