



MANAGING YOUR HEART FAILURE

# UNDERSTANDING YOUR TREATMENT OPTIONS

## INTRODUCTION

Heart Failure is a condition where the heart is weakened, therefore it does not pump blood to the rest of the body as efficiently as it should. When you have been diagnosed with HF it has usually developed due to other medical conditions affecting your health.

Your cardiology team uses a combination of different treatment options to help you decrease symptoms, improve your quality of life, prevent hospital admissions, and live a longer life.

This guide contains details of the different treatments that may be best for you, depending on your condition.

## MEDICATIONS FOR YOUR HEART FAILURE

Most people with heart failure will require medications. Heart failure medications unfortunately cannot cure heart failure, but they can make you feel better, relieve some of the symptoms of heart failure, may keep you out of hospital, and may help you live longer.

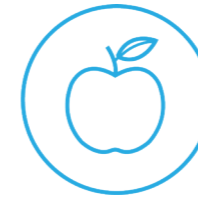
Your doctor will likely recommend a few different types of medications. They all work in different ways to help your heart and are all important for treating heart failure. It is important for you to take your medications every day, and exactly as they are prescribed.

The medications you are prescribed may vary depending on the type of heart failure you have and the symptoms you are experiencing. Your doctor or nurse may also change the dose especially in the first few months to make sure you are getting the best benefit possible.



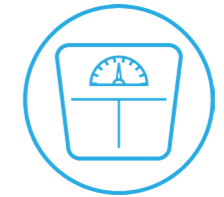
## DIET & LIFESTYLE

When you have heart failure it is important that you look after your own health and well-being. Your diet and lifestyle are things that you can control, with support from those involved in your care. Your HF nurse can guide you with all your lifestyle adjustments and create a plan to help you.



### Have a healthy diet

A healthy balanced diet can improve your symptoms and general health



### Maintain a healthy weight

If you are overweight, this is a major risk factor for the development of heart failure



### Decrease your salt intake

Salt makes the body retain fluid, cutting back on salt is recommended for heart failure.



### Alcohol intake

Alcohol can cause more damage to your heart. Talk to your nurse, doctor, or health worker about how much you can have.



### Exercise regularly

If your symptoms allow, exercising most days of the week can help to improve your cardiovascular fitness & strengthen your muscles.

As a result, this can improve symptoms like shortness of breath and fatigue, which are common in people with HF.



### Smoking

Smoking has many heart health related risks. If you have heart failure, you must consider quitting smoking to ensure your heart is not damaged any further.

**Remember:** Always check with your GP first before beginning any exercise regime.



## MANAGING SOME RISKS ASSOCIATED WITH HEART FAILURE

Some people with heart failure have an increased risk of having abnormal heart rhythms. One of these abnormal heart rhythms is known as sudden cardiac arrest and unfortunately it can be life-threatening if not treated immediately. Your cardiology team will discuss this with you, if they think this is something you may be at risk of.

You may hear your cardiology team refer to the term 'ejection fraction' frequently. This is the percentage of blood that is pumped out of the heart with each heartbeat. It is a critical measurement in understanding the severity of your heart failure.

Having a continually low ejection fraction (less than 35%) can increase the risk of the heart going into sudden cardiac arrest. While it is important to be aware of this risk, it is also important to be aware that there are treatment options to manage this risk.

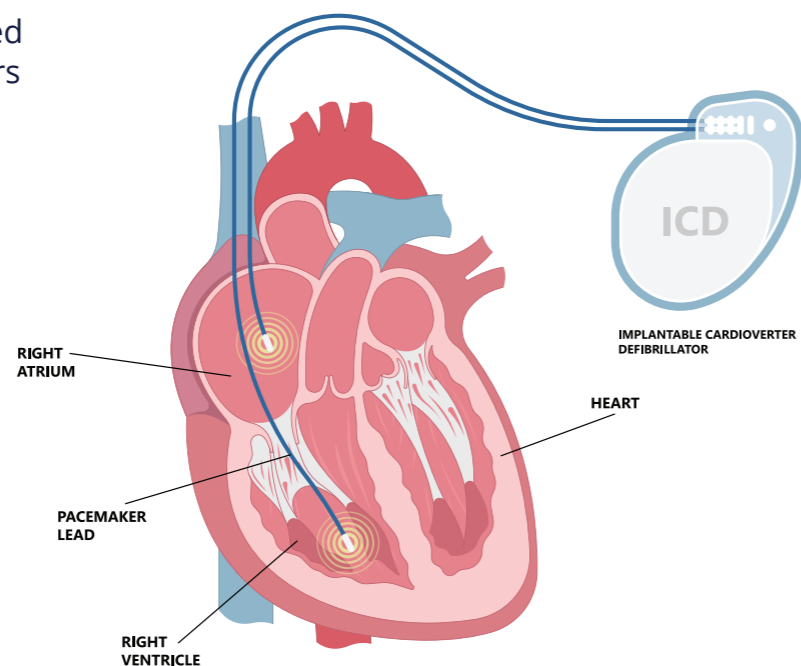
If medication and lifestyle changes have not been successful at improving your heart function, and your ejection fraction, then your cardiologist may discuss with you the option of having a cardiac defibrillator implanted. This is not something that is done right away, as medications and lifestyle changes can take time to be effective.

Only a minority of people with heart failure will have a cardiac defibrillator recommended but it is a treatment that is important for those individuals. To survive a sudden cardiac arrest, defibrillation therapy needs to be delivered within 10 minutes of experiencing the event. Those who have an internal defibrillator will get instant access to this therapy.

### HOW DOES AN IMPLANTABLE DEFIBRILLATOR WORK?

An implantable defibrillator is designed to monitor your heart rhythm 24 hours a day. If your heart experiences an abnormally fast heart rhythm such as sudden cardiac arrest, the device will apply defibrillation therapy by first sending small painless electrical signals to correct your heart rate.

If the abnormal rate continues, the device will deliver a shock to restore your heart to a normal rate.



## OTHER CONDITIONS ASSOCIATED WITH HEART FAILURE

It is important to understand that when you have heart failure it is common to have other cardiac conditions. Managing these conditions is important and your nurse or doctor will discuss any of these conditions if they apply to you.

Some people with underlying cardiac conditions that could be contributing to their heart failure may benefit from certain procedures. Some of the more common ones are listed below to help you further understand what is happening if you are sent for these procedures.

Procedure	Who needs it	What it does
<b>AF Ablation</b>	People who have long term atrial fibrillation (AF) - an irregular and rapid heartbeat - and has symptoms.	AF Ablation restores the heart to a normal rhythm by blocking extra electrical impulses coming into the heart using a catheter with cold or heat.
<b>Pacemaker</b>	People who have bradycardia (a constantly slow heart beat). This slow heart beat reduces the amount of blood available to the body, which can cause symptoms such as fatigue and fainting.	Pacemakers stimulate the heart with an electrical pulse to speed up the heart to a rate that can deliver an adequate amount of blood to the body.
<b>Coronary Artery Bypass Grafting (Commonly abbreviated to CABG)</b>	This is a surgical procedure to treat patients who have coronary artery disease (plaque build-up) involving the main coronary artery that causes the arteries that supply blood to the heart to harden and narrow. It can cause chest pain, tiredness and if not treated a heart attack.	This procedure diverts blood around the narrowed part of the arteries to help improve blood flow using a graft from another part of the body
<b>Angioplasty</b>	Angioplasty is a procedure used to open blocked coronary arteries caused by coronary artery disease where the main artery is not involved in the blockage.	It restores blood flow to the heart muscle without open-heart surgery.
<b>Valve repair or replacement</b>	People who develop problems with their heart valves including aortic Stenosis (narrowing of the opening of the left ventricle).	Surgery is done to repair or replace the valve.
<b>Mitral Valve procedures</b>	For people who have heart valve disease where the valve between the left heart chambers doesn't close completely and causes symptoms.	Fixes or replaces the leaky or stiff mitral valve in the heart & prevents abnormal blood flow between the heart chambers.
<b>Direct Current Reversal (DCE) or Cardioversion</b>	Your doctor may recommend this procedure if you have atrial fibrillation or atrial flutter that has not responded to medication. Atrial fibrillation can make your heart beat too fast/slow and irregularly, which causes blood to pump less efficiently. Some patients have no symptoms whilst others may feel palpitations, shortness of breath or fatigue.	This procedure aims to restore the heart's abnormal rhythm to a normal rhythm.



If you have any queries regarding any of this information, please contact the Heart of Melbourne Specialist Heart Failure Clinic on:

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