



Living with Heart Failure

Resources to help you manage your heart failure



How to use this resource

This book contains a collection of fact sheets on the most important things for you to know to help manage your heart failure. Share it with your care partners, family and friends as it can help them understand heart failure and how they can support you living with heart failure.

The table of contents will give you an overview of what resources (fact sheets) are in the booklet and how it is organized. Read the fact sheets that are important to you. There is space to help you keep track of important information such as symptoms and medications.

When you and the people around you better understand heart failure, you can manage it with more confidence and support.

Do you want to keep up to date on new heart failure information? We invite you to join our Community of Survivors, to share, learn and connect with others who are living with heart failure, heart disease or stroke? Sign up at heartandstroke.ca/connect

Acknowledgements

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Living with Heart Failure

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Heart Failure Overview



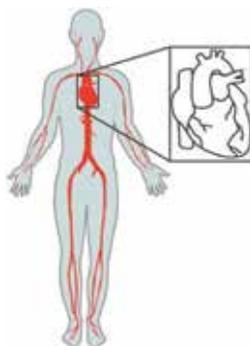
Help us make this guide better!

Please fill out the brief survey at the back of the book or complete it online at [**heartandstroke.ca/feedback**](http://heartandstroke.ca/feedback)

Understanding Heart Failure – The Basics

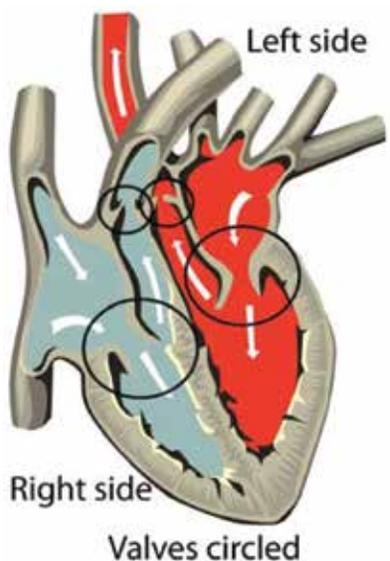
How does the heart work?

Your heart is a muscle about the size of your fist. It works like a pump, pumping blood and nutrients around your body.



The heart is actually a 2-sided pump. The *right side of the heart* pumps 'used' blood from the body to the lungs. In the lungs, your blood is loaded up with oxygen. The *left side of the heart* pumps 'fresh' blood full of oxygen from the lungs to the rest of the body. The left side of the heart is usually larger than the right. That is because it has to pump hard to get the blood out to all parts of your body.

Each side of the heart has 2 chambers. Valves link the chambers and keep blood pumping in the right direction. These valves open and close with each heartbeat.



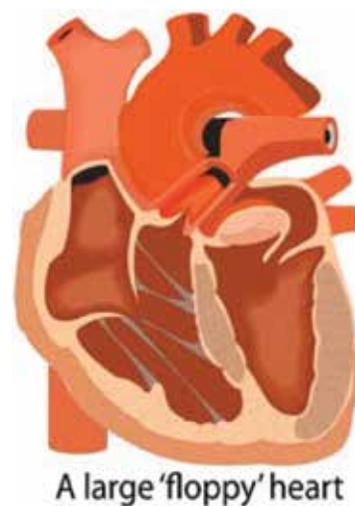
What is heart failure?

Heart failure is when your heart is not pumping as strongly as it should. Your body does not get the right amount of blood, oxygen, and nutrients it needs to work properly.

Heart failure usually gets worse over time. While heart failure cannot be cured, people do learn to live active, healthy lives by managing their heart failure with medication, changes in their diet, weighing daily and physical activity.

There are two main types of heart failure:

- **A weak pump:** When the heart muscle is weak, it gets larger and 'floppy'.
- **A stiff pump:** When the heart muscle cannot relax between beats because the muscle has become stiff. The heart cannot properly fill with blood between beats.



Both types of heart failure reduce the blood flow and oxygen to your body.

What causes heart failure?

Heart failure has many causes including:

- Heart attack
- High blood pressure
- Heart valve problems
- Heart defects at birth
- Lung conditions
- Excessive use of alcohol or drugs



Other possible causes of heart failure include:

- Obesity
- Sleep apnea
- Infections affecting the heart muscle
- Abnormal heart rhythm
- Severe anemia
- Severe kidney disease
- Overactive thyroid gland
- Exposure to chemotherapy or radiation

Not sure what caused your heart failure? Ask your doctor or nurse practitioner.

Signs of heart failure

- You may notice **any** of the following signs.
- You feel short of breath when you do daily activities.
- You find it harder to breathe when resting or lying down.
- You wake up at night feeling short of breath.
- You find it easier to sleep by adding pillows or by sitting up in a chair.
- You cough often, especially when lying down.
- Your cough is either dry and hacking, or moist and you cough up mucus (which could be slightly pink).
- You feel your heart beat faster and it does not slow down when you rest.
- You feel your heart racing, jumping, or pounding in your chest.



- You cannot walk as far you normally can.
- You are tired all the time and have no energy to do daily activities.
- You feel lightheaded or dizzy, especially when you stand up or increase your activity and this is new for you.
- You cannot eat as much as you normally would.
- You are not hungry and do not feel like eating.
- You feel bloated or your clothes feel tighter than normal.
- You have swelling in your feet, ankles, legs, or even up into the belly (abdomen).
- Sudden increase in body weight where you gain more than 4 pounds (2 kilos) in 2 days.
- You feel uneasy, like something does not feel right.
- You feel confused and have trouble thinking clearly (and this is new for you).

Tests to identify heart failure

There is no single test for heart failure. Instead your doctor does a number of tests. The doctor looks at all the test results to determine if you have heart failure.

Tests can include:

- Blood tests to check certain enzymes
- Chest x-ray to look at the size of your heart
- Electrocardiogram (or ECG) to look at the electrical activity of the heart
- Exercise stress test to look at how your heart responds to exercise
- Nuclear medicine scan to get a close look at the pumping of your heart
- Angiogram to look for blockage in your heart arteries
- Echocardiogram or ultra sound of the heart to look at the movements of your heart and measure your ejection fraction



More about ejection fraction

This test is usually done during an echocardiogram or a nuclear medicine scan. Your ejection fraction can go up and down, depending on your heart condition and how well the treatment is working. It is good to know what your ejection fraction reading is. The reading is given as a percentage with normal being between 55 and 70%. Less than 55% means your heart is not pumping as strongly as it should be. Your ejection fraction helps your doctor or nurse treat your heart failure.

How is heart failure treated?

Look in the mirror — the key to treatment is **you**.

Your doctor relies on you to make changes in your lifestyle and eating habits. While there is a team of health care providers working with you to manage your heart failure, you are the one in charge.

Treatment is focused on helping you live a longer and healthier life. This includes:

- Monitoring your symptoms
- Reducing salt in your diet
- Increasing your daily activity through regular exercise
- Keeping your blood pressure low
- Maintaining a healthy weight
- Stopping unhealthy habits such as smoking
- Taking your medications as prescribed



For some people, surgery and medical devices are needed to treat the problem that led to the heart failure. Treatments could include:

- Coronary bypass surgery
- Valve repair or replacement surgery
- Implanted device such as a pacemaker and/or defibrillator
- Mechanical device to help the heart pump
- Heart transplant

For new ideas on heart failure treatment consult your health care provider.

Plan today for the future

Your heart failure may get worse over time. Start thinking now about how you wish to be cared for if your disease progresses. This is called 'advanced care planning'. Advance care planning allows you to have a say in your health care if you are unable to speak for yourself.

Talk to your family and your doctor about helping you live well with heart failure and about the care you do or do not want in the future.

Things to think about and consider:

- What does it mean to live well with heart failure?
- What is important to you to make your life the best it can be?
- What is important to you as your condition progresses?
- What worries and concerns do you have?
- How will your progressing heart failure affect you and your family?
- Who or what gives you support when you need it?
- If you are not able to make your own health care decisions, who will you want to make them for you? Does that person know what you want?
- Do you have written instructions for how you want to be cared for if you cannot make decisions for yourself (this is called an advance directive).



Why learn to manage your heart failure?

When you take charge of your health and learn to manage your heart failure, it helps you:

- Improve the quality of your life.
- Feel confident that you can manage your heart failure.
- Control your condition so it will not control you.
- Know when to ask for help from your care team.
- Limit the need to go to the hospital for care.
- Prevent or limit heart failure complications as the disease progresses.

Talk with your family and your care team about your disease and care plan. People who learn to manage their heart failure are more likely to live a longer, healthier life than those who do not.

For more information on heart failure

BC's Heart Failure Network

www.bcheartfailure.ca

Heart and Stroke Foundation

www.heartandstroke.ca/heartfailure

Heart Failure Society of America

www.hfsa.org

Managing Heart Failure



Learn more about heart failure at
heartandstroke.ca/heartfailure

Heart Failure Zones

EVERY DAY

EVERY DAY

- Weigh yourself in the morning before breakfast. Write it down. Compare your weight today to your weight yesterday.
- Keep the total amount of fluids you drink to only 6 to 8 glasses each day. (6-8 glasses equals 1500-2000 mL or 48-64 oz)
- Take your medicine exactly how your doctor said.
- Check for swelling in your feet, ankles, legs, and stomach.
- Eat foods that are low in salt or salt-free.
- Balance activity and rest periods.



Which zone are you in today?

GREEN SAFE ZONE

ALL CLEAR – This zone is your goal!

Your symptoms are under control. You have:

- No shortness of breath.
- No chest discomfort, pressure, or pain.
- No swelling or increase in swelling of your feet, ankles, legs, or stomach.
- No weight gain of more than 4 lbs (2 kg) over 2 days in a row or 5 lbs (2.5 kg) in 1 week.



YELLOW CAUTION ZONE

CAUTION – This zone is a warning

Call your Health Care provider (eg. Doctor, nurse) if you have any of the following:

- You gain more than 4 lbs (2 kg) over 2 days in a row or 5 lbs (2.5 kg) in 1 week.
- You have vomiting and/or diarrhea that lasts more than 2 days.
- You feel more short of breath than usual.
- You have increased swelling in your feet, ankles, legs, or stomach.
- You have a dry hacking cough.
- You feel more tired and don't have the energy to do daily activities.
- You feel lightheaded or dizzy, and this is new for you.
- You feel uneasy, like something does not feel right.
- You find it harder for you to breathe when you are lying down.
- You find it easier to sleep by adding pillows or sitting up in a chair.



Healthcare Provider: _____ Phone Number: _____

RED DANGER ZONE

EMERGENCY – This zone means act fast!

Go to emergency room or call 9-1-1 if you have any of the following:

- You are struggling to breathe.
- Your shortness of breath does not go away while sitting still.
- You have a fast heartbeat that does not slow down when you rest.
- You have chest pain that does not go away with rest or with medicine.
- You are having trouble thinking clearly or are feeling confused.
- You have fainted.



Self-Monitoring Sheet

Patient's Name: _____

SELF-MONITORING: Record your findings below						
Days	Changes in Your Breathing Pattern	Weight	Swelling	Fatigue	Side Effects of Medication	Action Taken and Your Results
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						

Questions to ask yourself:

1. What was I doing when the change was noticed? _____
2. What time of day did the change happen? _____
3. How did I decide to report or not to report it? _____
4. To whom did I report the change? _____

Daily Weight Information

Patient Name: _____

Heart Function Clinic or Physician's office: _____

Health Care Provider: _____ Contact phone number: _____

Check your weight every day

Why?

- Checking your weight every day lets you know if your body is retaining fluid.
- Excess fluid build up in your body makes your heart work harder.
- When you report weight gain early to your health care provider, they can help you prevent your heart failure from getting worse. This can help prevent a hospital admission.



If your weight increases by:

- More than 2 kg (4 lb) in two days, or
 - More than 2.5 kg (5 lb) in 1 week.
- 
- You are retaining fluid.
 - You should call your health care provider.

For further directions, please refer to **'Heart Failure Zones'** information sheet.

When?

- Same time every day
- Preferably before breakfast

How?

- After you have emptied your bladder (gone 'pee')
- Wear the same amount of clothing

Record your weight on the calendar below.
 (You may prefer to use your own method such as a notebook, a computer.)
Remember to bring your record to your doctor or clinic appointment.

Your 'Dry Weight' (when you don't have excess fluid in your body): _____

Write down your weight each day compare today's weight to yesterdays weight.

Month _____						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Limiting Sodium (Salt) When You Have Heart Failure

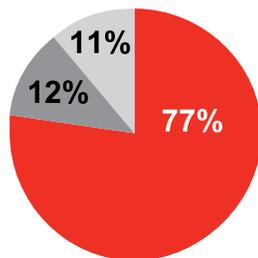
Sodium is a mineral found in food, table salt, and sea salt. Your body needs some sodium, but too much sodium causes your body to hold on to (or retain) fluid. This fluid build-up makes your heart work harder. The fluid build-up can cause swelling in your feet, legs, or belly. Fluid can also build up in your lungs, making it hard for you to breathe.

If your weight increases more than 4 lbs (2 kg) over 2 days in a row or 5 lbs (2.5 kg) in 1 week, you are retaining fluid. If this happens, you should call your health care provider right away.

You should restrict the amount of sodium you eat to 2000mg or less each day.

In the average Canadian diet, where does sodium come from?

- In ready-made processed foods and restaurant meals (77%)
- Naturally occurring in food (12%)
- Added to food in cooking and at the table (11%)



How to avoid salt (sodium)?

- Eat fresh foods most of the time and prepare home-cooked, low sodium meals.
- Frozen foods are acceptable if they do not have added salt or sodium additives (which are used as preservatives).
- Remove the salt shaker from the table. Don't add salt, flavoured salts or seasonings high in salt to your foods. **One teaspoon of salt contains 2300mg of sodium!**

- Season your food with herbs, spices, lemon juice, dry mustard, and garlic. Try one of the many seasoning blends which contain no salt such as Mrs. Dash.



- Stay away from eating:
 - Processed foods
 - Deli meats
 - Pickled foods
 - Salted snack foods such as potato chips, pretzels, dips, and salted nuts
- Limit the amount of canned foods you eat. Choose products labeled '**low sodium**'. Foods labeled 'lower', 'less' or 'reduced in salt or sodium' may still be high in sodium (including soups and meats).
- Eat out less often.
 - Ask restaurants to provide information on low sodium choices.
 - Restaurant meals and fast foods are always higher in salt than home cooked low sodium meals.

Can I use salt substitutes?

Some salt substitutes use potassium instead of sodium. Check with your doctor or dietitian before using a salt substitute because some people need to limit how much potassium they have each day.

Keep your sodium intake to less than 2000mg each day.

As you gradually reduce the amount of salt you are eating, your taste buds will adjust!

How do I know how much sodium is in food?

Here are some helpful tips when reading the nutrition label:

- Look at the serving size – the amount of sodium listed is **per serving** (not the whole package).
- Keep track of the total amount of sodium you eat. Remember: Your maximum recommended daily amount of sodium is **no more than 2000mg per day from all sources**.
- Keep the sodium content of each meal below 650mg – this helps spread out your sodium intake over the day preventing excessive thirst and/or fluid retention.
- By law, foods labelled 'low sodium' must contain 140mg or less per serving.

Other ingredients high in sodium include:

baking soda, brine, monosodium glutamate (MSG), soy sauce, fish sauce, garlic salt, celery salt, or any ingredient with 'sodium' as part of its name.

Nutrition Facts

Serving Size: Per ½ cup (125ml)

Amount	% Daily Value
Calories 140	
Total Fat 0.5g	1%
Saturated Fat 0.2g	
+ Trans Fat 0g	1%
Cholesterol 0mg	0%
Sodium 390mg	16%
Total Carbohydrate 28g	9%
Dietary Fibre 5g	20%
Sugars 9g	
Protein 7g	
Vitamin A 2%	Vitamin C 0%
Calcium 8%	Iron 15%

Look what happens to the sodium content of foods when they are processed

Unprocessed	Processed
Cucumber 7 slices = 2mg	Dill pickle 1 medium = 569mg
Chicken Breast 3oz = 74mg	Chicken Pie 1 serving frozen = 889mg
Tomato 1 small = 14mg	Tomato Soup 1 cup = 960mg
Pork Tenderloin 3 oz = 58mg	Ham 3oz = 1095mg

Limiting Fluid When You Have Heart Failure

What is a fluid?

Any food or drink that is liquid at room temperature. This includes water, ice, milk, juices, soft drinks, hot drinks, alcohol, soups, gelatin desserts, ice cream, popsicles, and liquid nutrition supplements (such as Ensure or Boost).

Why do you have to limit fluid?

When you have heart failure, fluid can build up causing swelling in your feet, legs or belly making your heart work harder. Fluid can also build up in your lungs, which may cause you to have trouble breathing.

How much fluid can you have in a day?

You should have **no more than 1.5 to 2 litres of fluid in a day**. You may find you are thirsty to begin with. As you gradually reduce your fluid intake, your body will adjust!

Guide to fluid measures

2 tablespoons	=	30 ml	=	1 ounce
1 glass	=	250 ml	=	8 ounce
1 pint	=	500ml	=	16 ounce
1 litre or 1 quart	=	1000 ml	=	32 ounce
2 litres	=	2000 ml	=	64 ounce

Total amount of fluid per day
1.5-2 litres = 48-64 ounces = 6-8 glasses

How do you know when you have too much fluid?

To keep track of whether your body is holding on to too much fluid, weigh yourself daily.



Here is how to weigh yourself:

- Weigh yourself at the same time every day. The best time is first thing in the morning.
- Weigh yourself after emptying your bladder (gone pee).
- Wear the same amount of clothing each time.

You are holding on to too much fluid when:

Your weight increases by more than 2 kg or 4 lb in two days. **or** Your weight increases by more than 2.5 kg or 5 lb in a week.

Contact your health care provider right away if you are holding too much fluid.

Tips for reducing your fluid intake

- Use smaller cups and glasses.
- Measure the amount of fluid your mugs and glasses hold. They may measure more than 250 ml or 8 ounces.
- Sip your fluids slowly.
- Write down the amount you drink each day until limiting your fluid becomes a habit.

More tips for reducing your fluid intake

- Sip your fluids throughout the day. Keeping track of fluids is the only way to learn how to make the 1.5 to 2 litres of fluid last you through the day.
- You may find it easier to use a reusable water bottle. Measure how much the bottle holds so you know exactly how much water you are drinking.
- Drain the fluid from canned fruit.
- Be aware of foods with high water content like watermelon, yogurt, and pudding.
- If you can, swallow your pills with soft food like yogurt or porridge.



- Limit the amount of sodium you eat to 2000mg or less each day. Salt will make you thirsty. For more information, refer to the handout *Limiting salt (sodium) when you have heart failure*.



- Try not to eat sweet foods. They can make you thirsty. If you have diabetes, controlling your blood sugar also helps control your thirst.
- Try not to drink alcohol. Alcohol dehydrates your body and makes you thirsty.

Tips to deal with thirst

- Rinse your mouth with water often, but do not swallow.
- Brush your teeth often.
- Use a mouth wash. However, do not use a mouth wash that contains alcohol. They tend to dry out your mouth.
- Snack on a small piece of cold or frozen fruit such as a frozen grape or cold orange slice. Try cold crisp vegetables too.
- Chew sugar-free gum.
- Suck on a lemon wedge, lemon candy, or sour candy.
- Use lip balm to keep your lips from drying out.
- Don't overheat your home. Consider using a humidifier to increase the moisture in the air.
- Ask your pharmacist about gels or sprays that can add moisture to your mouth.

Foods High in Potassium

Foods with more than 200mg per serving. Based on 1/2 cup servings, unless otherwise specified.
One serving = 1/2 cup (unless indicated)

Fruits	Vegetables	Other foods
Apricots Avocado Banana Breadfruit Cantaloupe Dried fruits (all types) Durian Guava Honeydew Jack fruit Kiwi Nectarines (whole) Orange (whole) Passion fruit Peach (whole) Persimmon, Japanese (whole) Plantain Pomegranate Pummelo	Acorn squash Artichoke (cooked) Asparagus (boiled) Beets Beet greens (boiled) Bitter melon Bok choy (cooked) Broccoli (cooked) Brussels sprouts Butternut squash Carrot (raw) Cassava Celery (cooked) Corn (cooked) Fennel bulb (cooked) Hubbard squash Kohlrabi Mushrooms - white and portobello (cooked) Parsnips Peas, green (cooked) Potatoes Pumpkin	Rutabaga Spinach (cooked) Sweet potato Swiss chard (cooked) Tomatoes - paste, sauce, juice or crushed Yams Zucchini (cooked)
		Black licorice Bran muffin Bran cereal Chocolate Coconut (dried, desiccated) Coconut milk (canned) Coconut water Dried Beans Dried Peas Edamame Lentils Hemp seeds (2 tablespoons) Nuts and seeds Maple Syrup Molasses Soya flour Milk and Dairy products Meal replacements** (e.g. Boost, Ensure) **Ask your registered dietitian for low potassium options.
		Juices Carrot Orange Passion fruit Pomegranate Prune Tomato Vegetable

Avoid: **Grapefruit and grapefruit juice** – they can interfere with your heart medicines.
Salt substitute (e.g. No Salt or Half Salt) – they are very high in potassium.

What should your blood potassium level be?

- Danger too Low >>>>>>** Lower than 3 mmol/L
- Safe or Normal >>>>>>** 3.5 – 5.0 mmol/L
- Caution >>>>>>>>>>>>** 5.0 – 6.0 mmol/L
- Danger too High >>>>>>** Higher than 6.0 mmol/L

References: Health Canada. Canadian Nutrient File, and USDA National Nutrient Database for Standard Reference

Foods with Less Potassium – Better Food Choices

Enjoy up to 5 servings per day. One serving = 1/2 cup (unless indicated).

- All foods contain some potassium. A larger serving of low potassium food can make it a high potassium food.
- Watch your serving size – no more than 5 servings a day.
- To check the amount of potassium in food not on this list, please speak to a dietitian.

Fruits

Apples
 Applesauce
 Asian pear
 Berries (blackberries, blueberries, cranberries, gooseberries, strawberries)
 Casaba melon
 Cherries (10)
 Coconut meal (raw)
 Crabapple
 Currants (fresh)
 Figs (fresh)
 Fruit cocktail (canned)
 Grapes (16)
 Kumquat (5)
 Lemon /Lime
 Longan (15)
 Lychee (10)
 Mandarin orange
 Mango
 Nectarine (1/2 only)
 Orange (1/3 small only)
 Papaya
 Peach (1/2 only)
 Pear
 Pineapple
 Plum
 Rhubarb (cooked)
 Tangerine
 Watermelon (1 cup)



Vegetables

Alfalfa sprouts
 Asparagus (4 spears)
 Bamboo shoots (canned)
 Bean sprouts
 Beets greens (raw)
 Bokchoy (raw)
 Broccoli (raw)
 Cabbage
 Collards
 Carrots (cooked)
 Cauliflower
 Celery (raw)
 Cilantro
 Corn (canned)
 Corn on the cob (1/2 small)
 Cucumber
 Eggplant
 Fennel bulb (raw)
 Gai lan/Chinese broccoli (cooked)
 Green beans
 Green onions
 Jicama
 Kale
 Leeks
 Lettuce (1 cup)
 Mushrooms, Shiitake (cooked), white (raw)
 Mustard greens
 Okra
 Onions
 Parsley
 Peas, green (raw, canned)
 Peppers (all colours)
 Potato (double boil)
 Radicchio (1 cup)
 Radish
 Seaweed
 Shallots (1/4 cup)
 Snap peas
 Snow peas
 Spinach (raw)
 Spagetti squash
 Swiss chard (raw)
 Tomato (1/2 medium, 1/2 cup Cherry, 1 Plum)
 Turnip
 Water chestnuts (canned)
 Zucchini (raw)



Double boiling root vegetables lowers the amount of potassium

- Peel, cube or slice vegetables.
- Add double the amount of water.
- Bring to a boil, then drain the water.
- Add fresh water, finish cooking and drain again.



Limit servings of root vegetables to 1/2 cup per day or as discussed with your dietitian.

References: Pennington, J.A.t, Spungen, J. (2012). Bowes & Church's food Values of Portions Commonly Used. 19th Edition. USDA National Nutrient Database for Standard Reference (Release 25) website: <http://ndb.nal.usda.gov/ndb/foods/list>

Activity



Activity

Join our Community of Survivors, to share, learn and connect with others who are living with heart failure. Sign up at [**heartandstroke.ca/connect**](https://heartandstroke.ca/connect)

Why People With Heart Failure Should Keep 'Active'

What does it mean to be 'active'?

Activity and exercise - People often use these two terms to mean the same thing. All physical activities and exercise do involve increasing the heart rate and strengthening muscles.

There is, however, a small difference in their meanings. Physical activity is when you are using energy to move your body to get from place to place. Exercise is a type of physical activity. The difference is - exercise is planned. We exercise to improve or maintain fitness or health.

Why activity is important

Keeping active is one of the best ways to keep healthy. Any amount of activity is better than none at all.

Keeping active helps you:

- ✓ Sleep better
- ✓ Feel less tired
- ✓ Feel less breathless
- ✓ Feel more confident and in control



Studies show that daily activity is good for you. It can help you to live better and longer.

Getting started

- Always check with your health care provider first before starting an activity to make sure you find an activity that matches your personal needs and ability.
- Start off slowly and pace yourself.

Is the activity level right for me?

Get to know your body. It is important that you feel comfortable doing the activity.

As long as you can talk without being too short of breath the level of activity is okay.



Balance activity and rest

- Be active at a time when you feel rested, such as first thing in the morning or after nap.
- Choose which activities to do each day.
- Spread your activities throughout your day.
- If you are tired after an activity or the next day, then you have tried to do too much.
- It may take your body a while to find a balance between activity and rest, so don't give up.



Activities most people with heart failure can do

- ✓ Walking
- ✓ Light housework
- ✓ Gardening
- ✓ Light vacuuming
- ✓ Stretching
- ✓ Laundry
- ✓ Grocery shopping



When to stop an activity

Stop the activity if you:

- Cannot carry on a conversation, sing, or whistle without being short of breath.
- Feel weak, tired or dizzy.
- Feel sick to your stomach (nauseated).
- Feel your heart is pounding or racing.
- Feel your heart beating irregularly **and** this is new for you.
- Have pain in your chest, neck, jaw, arm, or shoulder.

Stop and rest. Sit in a comfortable chair. Do not go to bed for a nap.

Activity most people with heart failure should not do

- ✗ Activities that involve working above your head such as painting or washing walls, washing windows, vacuuming curtains.
- ✗ Lifting or pushing heavy objects.
- ✗ Straining or holding your breath to do an activity.
- ✗ Sit ups or push ups.
- ✗ Climbing a lot of stairs.
- ✗ Heavy housework or yard work.
- ✗ Going into sauna or hot tub.

Tips about activity

- ✓ Stick with it, so it becomes a habit.
- ✓ Include a variety of different activities so you do not get bored doing the same thing all the time.
- ✓ Wear loose, comfortable clothing and supportive shoes.
- ✓ Count the fluids you drink during the activity as part of your daily fluid amount.



What if you don't feel confident doing activities and exercises on your own?

There are many community-based programs designed specifically for people with heart disease. Talk to your health care provider, to find a program in your community,

Why People With Heart Failure Should Exercise

Exercise for your health

Exercise is a planned physical activity. All types of exercise involve increasing the heart rate and strengthening muscles. Exercise is intended to improve or maintain fitness or health.

Why exercise is important

No matter how old you are, exercise benefits your heart failure in a number of ways.

Exercise helps you to:

- ✓ Sleep better
- ✓ Feel less tired
- ✓ Breathe better
- ✓ Lower your blood pressure
- ✓ Strengthen your muscles and bones
- ✓ Reduce stress and tension
- ✓ Reduce feelings of anxiety or depression

When you increase your fitness and health, you improve your quality of life.

Types of exercise

Some exercises focus more on increasing the heart rate and blood flow. Others focus on increasing strength. Many exercises are a combination of both.

Aerobic exercise

Any steady physical activity that increases your heart rate for at least 10 minutes is an aerobic or cardiovascular exercise ('cardio' meaning heart, 'vascular' meaning blood flow). Aerobic exercise improves your body's ability to use oxygen. Over time, your heart will not have to work as hard as it did. You can do more and feel better!

Strength exercise

Any time you contract a muscle against resistance such as weight or gravity is a strength exercise. Once you have a routine of aerobic exercise, adding strength exercise can improve your overall fitness.



Getting started

- **Always check with your healthcare provider** first before starting an exercise routine.
- Choose an exercise you enjoy.
Examples of aerobic exercise: walking outside or on a treadmill, using an exercise bike, swimming.
Examples of strength exercise: doing wall push-ups, doing leg lifts, using resistance tubing, lifting free-weights.
- Check your **Heart Failure Zone** before you start every exercise session.
- Exercise only if you are in the 'Green Zone'.
- Start slowly with what you can do (not what you think you should do) and pace yourself.
- Aim to exercise most days of the week.
- Aim to exercise for at least 30 minutes each day.
- Take rest breaks when you need them.



Starting aerobic exercise

Step 1: Warm up

Take at least 5 minutes to warm up. This prepares your heart and body for the extra work. This means walk or cycle slowly for 5 minutes.



Step 2: Condition yourself

Gradually increase the exercise to a steady, moderate pace. Aim for continuous exercise for up to 30 minutes.

Step 3: Cool down

Take 5 to 10 minutes to slow down your exercise. This helps your heart slowly return back to your resting heart rate.

Starting strength exercise

- It is best to have a cardiac rehabilitation professional help you start strength exercises. You will learn the proper way to do the exercise.
- Generally:
 - Choose 6 to 8 basic strength exercises for the larger muscle groups of both the upper and lower body.
 - Start with low resistance or light weights.
 - Repeat each exercise only 10 to 15 times.
 - Do your strength exercise routine 1 to 3 times a week with rest days in between.

Balance exercise and rest

- If you are tired either right after you exercise or the next day, you have done too much. Cut back a little on the amount you exercise and progress more slowly.
- Exercise at a time when you feel rested. It could be first thing in the morning or after a nap.
- It may take your body a while to find a balance between exercise and rest, so don't give up.

How hard to exercise

- Get to know your body. Pay attention to how exercise makes you feel. As long as you have enough breath to carry on a conversation, the exercise level is okay.
- Use the table below as a way of measuring your effort.
- Aim to stay within the 3 to 5 scale during your exercise.

Rate your exercise effort		Talk test
0	Nothing at all	Resting
0.5	Very, very easy	Sing - you have enough breath to sing
1	Very easy	
2	Easy	
3	Moderate	Talk - you have enough breath to carry on a conversation
4	Somewhat hard	
5	Hard	
6		Gasp - you cannot say more than 4 to 6 words without gasping
7	Very hard	
8		You cannot say more than 2 to 3 words without gasping
9	Very, very hard	
10	Maximum	You cannot talk at all

When to stop an exercise

Stop the exercise if:

- ✗ You feel lightheaded or dizzy.
- ✗ You feel more tired than usual.
- ✗ You feel more short of breath than usual.

Call 9-1-1 if:

- ✗ You feel pressure or pain in your chest, neck, jaw, or shoulders that does not go away with rest or medicine.
- ✗ You have a fast heartbeat that does not slow down with rest.
- ✗ You feel like throwing up (nauseated).
- ✗ You feel your heart skipping beats and this is new for you.
- ✗ You get a shock from your implanted heart device (ICD).

Tips for exercise

- ✓ Stick with it, so it becomes a habit.
- ✓ Schedule exercise sessions into your daily routine.
- ✓ Exercise at the same time each day.
- ✓ Include a variety of exercises so you do not get bored.
- ✓ Wear loose, comfortable clothing and supportive shoes.
- ✓ Choose to walk whenever you can instead of driving.
- ✓ Choose the stairs instead of the elevator.
- ✓ Wait 1 hour after eating a meal to exercise.
- ✓ Adjust your pace when walking in hilly areas.
- ✓ Exercise indoors when it is too cold, too hot, or too humid outside.
- ✓ Count the fluids you drink during the activity as part of your daily fluid amount.
- ✓ Keep an exercise record. This helps you see your progress.

When you don't feel confident doing exercises on your own

There are many community-based programs designed specifically for people with heart disease. They are usually called cardiac rehabilitation programs.



Learn more about the importance of exercise

- Talk to your healthcare provider.
- Check out the BC Heart Failure Network website www.bcheartfailure.ca
- Check out the Heart and Stroke Foundation website www.heartandstroke.ca

Join our Community of Survivors, to share, learn and connect with others who are living with heart failure. Sign up at [**heartandstroke.ca/connect**](https://heartandstroke.ca/connect)

Medication



Learn more about heart failure at
heartandstroke.ca/heartfailure

ACE Inhibitors

Most common ACE Inhibitors

Ask your health care provider to check off the one you are taking.

- Ramipril (Altace)
- Perindopril (Coversyl)
- Trandolapril (Mavik)
- Enalapril (Vasotec)
- Lisinopril (Prinivil, Zestril)
- Quinapril (Accupril)
- Other _____

What are ACE Inhibitors?

ACE Inhibitors are a group of medications that keep your body from making stress hormones. Stress hormones constrict or narrow blood vessels making it harder for your heart to pump blood around your body.

ACE Inhibitors cause blood vessels to relax, allowing your blood to flow more easily. This reduces the work of your heart and lowers your blood pressure.

What are ACE Inhibitors used for?

ACE Inhibitors are used to treat:

- Heart failure
- High blood pressure

ACE Inhibitors also help:

- Prevent kidney damage in people with diabetes or at risk for kidney disease
- The heart recover after a heart attack

How do ACE Inhibitors help with heart failure?

ACE Inhibitors may:

- Slow the progress of your heart failure
- Help you live longer
- Improve your quality of life
- Prevent you from needing to be in the hospital for HF treatment

When used as a part of your heart failure treatment plan along with your other heart failure medications, ACE Inhibitors might help:

- Lessen your shortness of breath
- Reduce the swelling in your legs and belly
- Increase your energy

What if you miss taking a dose?

If it is almost time for your next dose, skip taking the dose you missed and just take your next scheduled dose.

Never take two doses at the same time.

If you have questions about taking your medications, or missed doses, contact your pharmacist or your health care provider.

Do not take any of the following without checking with your health care provider:

- Alcohol
- Cough or cold medicines
- Black licorice
- Chinese medicines
- Herbal medicines
- Anti-inflammatory medicines (such as Advil, Ibuprofen, Motrin, Naproxen, Aleve, Celebrex)

Common Side Effects	What to do
Dry cough 	<ul style="list-style-type: none"> • This might go away after a while. • If your cough gets worse or becomes a problem for you, contact your health care provider.
Skin rash Itchiness Fever and chills 	<ul style="list-style-type: none"> • Contact your health care provider if these side effects do not go away within 2 days of starting the medication.
Dizzy Lightheaded 	<ul style="list-style-type: none"> • When changing position such as moving from lying to sitting and sitting to standing, get up slowly. • Contact your health care provider if these side effects continue or get worse.
Serious but not common side effects	What to do
Swelling of your face, lips, tongue Trouble breathing Difficulty swallowing	<ul style="list-style-type: none"> • Stop taking the ACE Inhibitor. • Contact your doctor right away or go to your nearest emergency department.

Medication Tips

- ACE Inhibitors might make you dizzy or lightheaded for the first few days, but this usually improves over time.
 - If your dizziness does not get better, your health care provider might need to change the type or amount of ACE Inhibitor you are taking.
- ACE Inhibitors could increase the potassium level in your body. Do not take potassium supplements unless prescribed by your health-care provider.
 - Check with your health care provider before using products that contain potassium such as salt substitutes.
- If your medication dose is being increased or decreased, your health care provider will want to do a blood test to check your potassium level and kidney function.
- It can take several weeks, and sometimes months, before you notice an improvement in your heart failure.
- If you have low blood pressure, do not do anything that can lower your blood pressure even further:
 - **Do not** drink alcohol.
 - **Do not** do any strenuous exercise.
 - **Do not** take a really hot shower or bath, or use a hot tub or sauna.
- Contact your health care provider if you have diarrhea and/or vomiting that lasts more than two days.
 - This can cause you to lose too much water and could cause problems with your kidneys.

Angiotensin II Receptor Blockers (ARBs)

Most common ARBs

Ask your health care provider to check off the one you are taking.

- Candesartan (Atacand)
- Losartan (Cozaar)
- Valsartan (Diovan)
- Irbesartan (Avapro)
- Other _____

What are ARBs?

ARBs are a group of medications that keep your body from making stress hormones. Stress hormones constrict or narrow blood vessels making it harder for your heart to pump blood around your body.

ARBs cause blood vessels to relax, allowing your blood to flow more easily. This reduces the work of your heart and lowers your blood pressure.

What are ACE Inhibitors used for?

Used to treat:

- Heart failure
- High blood pressure

ARBs also help:

- Prevent kidney damage in people with diabetes or at risk for kidney disease
- The heart recover after a heart attack

How do ARBs help with heart failure?

ARBs may:

- Slow the progress of your heart failure
- Help you live longer
- Improve your quality of life
- Prevent you from needing to be in the hospital for HF treatment

When used as a part of your heart failure treatment plan along with your other heart failure medications, ARBs may help:

- Lessen your shortness of breath
- Reduce the swelling in your legs and belly
- Increase your energy

What if you miss taking a dose?

If it is almost time for your next dose, skip taking the dose you missed and just take your next scheduled dose.

Never take two doses at the same time.

If you have questions about taking your medications, or missed doses, contact your pharmacist or your health care provider.

Do not take any of the following without checking with your health care provider:

- Alcohol
- Cough or cold medicines
- Black licorice
- Chinese medicines
- Herbal medicines
- Anti-inflammatory medicines (such as Advil, Ibuprofen, Motrin, Naproxen, Aleve, Celebrex)

Common Side Effects	What to do
Dizzy Lightheaded 	<ul style="list-style-type: none"> • Get up slowly when changing position such as moving from lying to sitting or sitting to standing. • Contact your health care provider if these side effects continue or get worse. • This side effect may be the strongest after your first dose especially if you also take a diuretic.
Lowering of blood pressure	<ul style="list-style-type: none"> • Get up slowly when changing position such as moving from lying to sitting or sitting to standing. • Contact your health care provider if these side effects continue or get worse.
Diarrhea	<ul style="list-style-type: none"> • Contact your health care provider if it lasts more than 2 days.
Serious but not common side effects	What to do
Swelling of your face, lips, tongue Trouble breathing, Difficulty swallowing	<ul style="list-style-type: none"> • Stop taking the ARBs. • Contact your doctor right away or go to your nearest emergency department.

Do you know? That it can sometimes take several weeks or months before your symptoms improve and you start to feel better.

Medication Tips

- ARBs might make you dizzy or lightheaded for the first few days, but this usually improves over time.
 - If these symptoms do not get better, your health care provider might need to change the amount of the ARB you are taking
- If you have symptoms of low blood pressure, you may want to avoid activities that will lower your blood pressure even further such as:
 - Drinking alcohol
 - Doing strenuous exercise
 - Taking a really hot shower or bath
 - Using a hot tub
- ARBs could increase the potassium level in your body. Do not take potassium supplements unless prescribed by your health-care provider.
 - Check with your health care provider before using products that contain potassium such as salt substitutes
 - Your health care provider will do a blood test to check your potassium level and kidney function from time to time
- Contact your health care provider if you have diarrhea and/or vomiting that lasts more than two days.
 - As it may cause you to lose too much water which could cause problems with your kidneys

Beta Blockers

Most common Beta Blockers

Ask your health care provider to check off the one you are taking.

- Bisoprolol (Monacor)
- Carvedilol (Coreg)
- Metoprolol (Lopressor)
- Other _____

What are Beta Blockers?

Beta Blockers are a group of medications that relax the heart muscle and slow down the heart rate. These medications also block the effects of your body's stress hormones. Stress hormones narrow blood vessels making it harder for your heart to pump blood around your body. Blocking your stress hormones relaxes blood vessels, making it easier for your heart to pump.

What are Beta Blockers used for?

- Heart failure
- High blood pressure
- Fast heart rate or irregular heart rhythms
- Angina chest pain
- After a heart attack

How do Beta Blockers help with heart failure?

Beta Blockers can:

- Lower your blood pressure so your heart doesn't have to work as hard
- Slow the progress of your heart failure
- Improve your quality of life
- Help you live longer

What if you miss taking a dose?

If it is almost time for your next dose, skip taking the dose you missed and just take your next scheduled dose.

Never take two doses at the same time.

If you have questions about taking your medications, or missed doses, contact your pharmacist or your health care provider.

Do not take any of the following without checking with your health care provider

- Alcohol
- Cough or cold medicines
- Black licorice
- Herbal medicines
- Chinese medicines
- Anti-inflammatory medicines (such as Advil, Ibuprofen, Motrin, Naproxen, Aleve, Celebrex)
- Other medicines you can buy at a pharmacy

Health care provider contact information

Did you know? It can take several weeks, and sometimes months, before you notice your heart failure improving and you start feeling better.

Common Side Effects

If you get any of these side effects, talk with your health care provider about how best to deal with them. Contact your health care provider **right away** if any of these side effects listed below do not go away or get worse.

- Feeling tired all the time

- Dizzy or lightheaded

- A very slow heart rate (medication slows down your heart too much) – can make you feel dizzy

- Short of breath or trouble breathing

- Cold hands or feet

- Numbness or tingling in your hands or feet



- Changes in mood

- Feeling down or depressed

- Trouble sleeping

- Nightmares

- Loss of sexual desire

- Liquid bowel movements (diarrhea)

If you are taking diabetes medication, beta blockers can mask or hide signs of a low blood sugar. For example, you might not feel shaky or feel your heart racing. However, you will have other signs of a low blood sugar such as hunger and sweating.

Do you know? People often feel worse for the first 1 to 2 weeks after starting beta blockers or after the dose is changed. You might feel more tired than usual, or notice your heart failure symptoms are worse.

Medication Tips

Before you start taking a beta blocker, make sure you tell your health care provider:

- If you have a history of breathing problems (such as asthma)
- If you have peripheral vascular disease (such as cold hands or feet, or pain in legs after walking)

If you have high blood pressure, talk with your health care provider before using any products that might raise your blood pressure such as:

- Cough or cold drugs
- Diet pills or other stimulants
- Ibuprofen
- Natural products

Do not suddenly stop taking beta blockers. It can make your heart failure worse.

If you have low blood pressure, do not do anything that can lower your blood pressure even further.

- **Do not** drink alcohol.
- **Do not** do any strenuous exercise.
- **Do not** take really hot showers or baths, or use a hot tub.

Contact your health care provider right away if you have any of these signs of a very bad reaction to the beta blocker:

- Wheezing
- Chest tightness
- Itching skin
- Seizures
- Swelling of face, lips, tongue, or throat
- If you feel like you are going to faint or collapse

Mineralocorticoid Receptor Antagonist (MRA)

A group of medications also called aldosterone inhibitors or aldosterone antagonists.

Most common MRA

Ask your health care provider to check off the one you are taking.

- Spironolactone (Aldactone)
- Eplerenone (Inspra)

What are MRA?

Class of medication that blocks Aldosterone – a steroid hormone that helps your kidneys control the amount of sodium, potassium, and water in your body. MRA's have two actions. By blocking this hormone:

- Your kidneys hold onto more potassium.
- Your kidneys get rid of more salt (sodium) and water by increasing how much you urinate ('pee').

What are MRA used for?

- Heart failure
- High blood pressure
- Other health problems that cause fluid to build-up in the body

How do MRA help with heart failure?

- Less water in your body lowers your blood pressure so your heart doesn't have to work as hard
- Decreases your shortness of breath
- Decreases swelling in your legs and bloating in your stomach
- Could prevent you from needing treatment for heart failure in the hospital

What if you miss taking a dose?

If it is almost time for your next dose, skip taking the dose you missed and just take your next scheduled dose.

Never take two doses at the same time.

If you have questions about taking your medications, or missed doses, contact your pharmacist or your health care provider.

Do not take any of the following without checking with your health care provider:

- Potassium supplements
- Salt substitutes
- Alcohol
- Cough or cold medicines
- Black licorice
- Herbal medicines
- Chinese medicines
- Anti-inflammatory medicines (such as Advil, Ibuprofen, Motrin, Naproxen, Aleve, Celebrex)
- Other medicines you can buy at a pharmacy without a prescription

Health care provider contact information

Common Side Effects

Always tell your health care provider if you have any side effects.

- High levels of potassium in your blood
- Urinating or going pee too often
- Feeling dizzy or lightheaded
- Dehydration (when you have lost too much fluid)



You may be dehydrated if you:

- Lose more than 4 lbs in 2 days or 5 lbs in a week.
- Have a really dry mouth.
- Are very thirsty.
- Are extremely dizzy.
- Your urine (pee) is a really dark-colour.

- Feeling sick to your stomach (nauseated)
- Not having an appetite
- Headache
- Muscle cramps
- For men:



- Breast tenderness
- Enlarged breasts

Less common side effects

- Rash
- Menstrual irregularities and breast tenderness in women

Contact your health care provider right away if side effects do not go away or get worse.

Medication Tips

- While taking an aldosterone blocker, weigh yourself every day and record your weight.
 - Call your health care provider if you gain more than 4 lbs (2 kg) in 2 days in a row or 5 lbs (2.5 kg) in 1 week.
- Do not drink more than 1½ to 2 litres of fluid each day.
1½ - 2.0 litres = 48 - 64 ounces = 6 - 8 glasses
(Refer to Limiting Fluid resource on our website to learn more visit heartandstroke.ca/heart/conditions/heart-failure)
- To keep from feeling sick to your stomach, eat food right before or after taking the medication.
- Do not take potassium supplements or eat foods high in potassium such as dried fruit, potatoes, orange juice, bananas, and avocados.
Refer to Foods High in Potassium resource on our website visit heartandstroke.ca/heart/conditions/heart-failure
- Your health care provider might arrange for regular blood tests to check your potassium and sodium levels, and kidney function.
- Always check with your health care provider before you stop taking your aldosterone blocker. If you stop taking this medication, your heart failure could get worse.
- Always tell your health care provider if you are taking high blood pressure medications, digoxin, anti inflammatory medication, or steroids such as cortisone.
- Always tell your health care provider if you have diabetes, kidney disease, liver disease, or gout.
- If you have low blood pressure, do not do anything that can lower your blood pressure even more.
 - **Do not** drink alcohol.
 - **Do not** take really hot showers or baths, use a hot tub or sauna.

Diuretics

Most common Diuretics

Ask your health care provider to check off the one you are taking.

- Furosemide (Lasix)
- Metolazone (Zaroxolyn)
- Hydrochlorothiazide (HydroDIURIL, Moduret)
- Bumetanide (Burinex)
- Other _____

What are Diuretics?

Diuretics are medications that help your kidneys get rid of any extra water and extra salt in your body. Many people call these medications 'water-pills'.

What are Diuretics used for?

- Heart failure
- High blood pressure
- Other health problems that cause fluid to build-up in the body

How do Diuretics help with my heart failure?

Diuretics can:

- Lower your blood pressure so your heart doesn't have to work as hard
- Prevent or reduce shortness of breath, swelling and bloating
- Help you urinate ('go pee') more so your body has less fluid and your heart doesn't have to work as hard to pump
- Improve your quality of life

What if you miss taking a dose?

If it is almost time for your next dose, skip taking the dose you missed and just take your next scheduled dose.

Never take two doses at the same time.

If you have questions about taking your medications, or missed doses, contact your pharmacist, or your health care provider.

Do not take any of the following without checking with your health care provider:

- Alcohol
- Cough or cold medicines
- Black licorice
- Herbal medicines
- Chinese medicines
- Anti-inflammatory medicines (such as Advil, Ibuprofen, Motrin, Naproxen, Aleve, Celebrex)
- Other medicines you can buy at a pharmacy

Health care provider contact information

Common Side Effects

Always tell your health care provider if you have any side effects.

- Urinating or going pee often
 - This can last up to 4 hours after you take your diuretic.
- Feeling dizzy or lightheaded
- Loss of potassium and sodium (salt) which could cause:
 - irregular heartbeat
 - muscle cramps
 - blurred vision
 - confusion
 - headache



- Feeling sick to your stomach (nauseated) or not having an appetite
- Feeling very tired or weak
- Skin rash
- Dehydration (when you have lost too much fluid).



You are dehydrated if you notice you have a really dry mouth, you are very thirsty, your urine (pee) is dark-coloured, or you are extremely dizzy.

Contact your health care provider right away these side effects do not go away or get worse.

Medication Tips

- While taking a diuretic, weigh yourself every day and record your weight. Call your health care provider if you gain more than 4 lbs (2 kg) in 2 days or 5 lbs (2.5 kg) in 1 week.
- Always check with your health care provider before you stop taking your diuretic. If you stop taking your diuretic, your heart failure could get worse.
- Drink no more than 1.5 to 2 litres of fluid each day.
1.5-2.0 litres = 48-64 ounces = 6-8 glasses
(Refer to Limiting Fluid resource to learn more)
- If you get an upset stomach from taking your diuretic, take your pills with meals.
- Get up slowly when changing position such as moving from lying to sitting and sitting to standing.
- Balance rest with activity to conserve your energy.
- Take your last dose before 5:00 p.m. so you don't have to get up often during the night.
- Limit the amount of time you spend in the sun and always wear sun screen (even on cloudy days).
- Always tell your health care provider if you are taking high blood pressure medications, digoxin, anti-inflammatory medication, or steroids.
- Always tell your health care provider if you have diabetes, kidney disease, liver disease, or gout.
- Check your blood pressure at least once a week or have it checked by your health care provider.
- Make sure your blood is tested regularly to check the levels of potassium and sodium, and to check your kidney function.
- If you have low blood pressure, do not do anything that can lower your blood pressure even more.
 - **Do not** drink alcohol.
 - **Do not** do any heavy exercise.
 - **Do not** take really hot showers or baths, or use a hot tub or sauna.

The Combination of Hydralazine and a Nitrate

Why take both hydralazine and a nitrate?

The combination of hydralazine and a nitrate are used to treat heart failure if you are not able to take either an Angiotensin Converting Enzyme Inhibitor (ACE) or Angiotensin II Receptor Blocker (ARB).

Also, people from African descent benefit from the combination of hydralazine and nitrate in addition to standard heart failure medications.

What is hydralazine?

It is a medication that relaxes your arteries. This lowers your blood pressure, allowing blood and oxygen to flow more easily through your body.

Hydralazine is the most common name but it could also be called Apresoline.

What are nitrates?

These are a group of medications that relax your veins, easing the work on your heart.

Most common nitrates

Ask your health care provider to check off the one you are taking.

- Isosorbide dinitrate (pill) (Isordil)
- Isosorbide-5-mononitrate (pill) (Imdur)
- Nitroglycerin (patch) (Minitran, Nitro-Dur, Transderm-Nitro, Trinipatch)
- Other _____

How will this combination help with your heart failure?

Together, these medications can:

- lower your blood pressure
- reduce the work of your heart
- improve your quality of life
- help you live longer
- help you stay out of the hospital

What if you miss taking a dose?

If it is almost time for your next dose, skip taking the dose you missed. Just take your next scheduled dose.

Never take two doses at the same time.

If you have questions about taking your medications, or missed doses, contact your pharmacist, or your health care provider.

Do not take any of the following without checking with your health care provider:

- Alcohol
- Cough or cold medicines
- Black licorice
- Herbal or Chinese medicines
- Anti-inflammatory medicines (such as Advil, Ibuprofen, Motrin, Naproxen, Aleve, Celebrex)
- Other medicines you buy at a pharmacy without a prescription

Health care provider contact information

Common Side Effects

Hydralazine

- low blood pressure with feeling dizzy or lightheaded
- feeling weak
- constipation
- loose bowel movements or diarrhea
- headache
- flushing (warmth or redness in your face, neck, or chest)



Nitrate

- headache
- very low blood pressure
- dizzy or lightheaded
- flushing of the face and neck
- skin irritation with patch adhesive (consider the tablet instead)

Talk to your health care provider if you have any of these **common side effects**, if they worry you.

Serious Side Effects

Hydralazine

- fainting
- fast or pounding heart
- numbness, tingling, or burning pain in your hands or feet
- rash
- swollen joints
- unexplained fever



Nitrate

- blurred vision
- chest pain
- fainting
- hives
- difficulty breathing or swallowing
- an upset stomach (nausea)
- throwing up (vomiting)

Contact your health care provider right away if you have any of these **serious side effects**.

Medication Tips

While taking the combination of hydralazine and nitrate, get your blood pressure checked regularly.

When taking nitrate by patch:

- Always remove the patch for at least 12 hours in a row within a 24 hour period. This prevents your body from getting used to the medication.
- Always change where you put the patch on your body. This helps prevent skin problems.

When taking nitrate by pill:

- Always wait at least 12 hours between taking your last dose one day and your first dose the next day. This prevents your body from getting used to the medication.

- If you have low blood pressure, do not do anything that can lower your blood pressure even further.
 - **Do not** drink alcohol.
 - **Do not** exercise outside of your limits.
 - **Do not** take really hot showers or baths
 - **Do not** use a hot tub.
- These medications can cause dizziness. Do not drive a car or operate heavy duty machinery until you know how these medications affect you.
- While taking a nitrate, **do not** take erectile dysfunction medication (such as Viagra, Cialis, Levitra). It could result in a serious drop in your blood pressure and make you faint.
- **Do not** suddenly stop taking the combination of hydralazine and nitrate. It could make your heart failure worse.

Warfarin (Coumadin)

What is Warfarin?

Warfarin is a medication that stops blood clots in your body from forming or getting bigger.

Warfarin is sometimes called a 'blood thinner'. It does not actually thin your blood. It just makes you bleed more easily.

Why are you taking Warfarin?

People take warfarin for different reasons. Ask your health care provider to check off the reason why you are taking it.

- Atrial fibrillation
- Heart valve
- You have had a clot
- Other _____

How does Warfarin help?

If you have a health problem that increases the chances of you getting a blood clot, warfarin prevents clots from forming.

If you already have a blood clot, warfarin prevents the clot from getting any bigger.

Why do you have to get blood tests all the time?

You must have your blood tested regularly while taking warfarin. You must have blood tests often at first. This test helps your health care provider adjust the dose to the right amount for you.

The blood test to check your blood clotting is called International Normalized Ratio (INR).

It is not always easy to keep your INR at the right level because many things affect your blood's clotting.

When the INR is:	Your health care provider will tell you how much to:
Too Low	Increase the dose of warfarin
Too High	Decrease the dose of warfarin

What if you miss taking a dose?

Always let your health care provider know if you miss a dose. Missing a dose can affect your INR results. Not knowing you missed a dose, your health care provider could change your dose more or less than it should be changed.

If it is almost time for your next dose, skip taking the dose you missed. Take your next dose at the scheduled time.

Never take two doses at the same time.

If you have questions about taking your medications or missed doses, contact your pharmacist or health care provider.

Do not take any of the following without checking with your health care provider:

- Any new medication
- Alcohol
- Cough or cold medicines
- Black licorice
- Herbal medicines
- Chinese medicines
- Other medicines you can buy at a pharmacy

Common Side Effects

Always tell your health care provider if you have any side effects.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Bruising easily• Small amounts of bleeding from gums when you brush and floss your teeth• Getting small nose bleeds• Taking a long time to stop bleeding when you have a cut | <ul style="list-style-type: none">• Red spots on the skin• Feeling tired• Feeling slightly lightheaded• For women, having heavier than usual menstrual periods |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Contact your health care provider right away if side effects do not go away or get worse. Arrange to see a health care provider as soon as possible if you have a serious fall or injury.

When to go to Emergency or call 9-1-1

If your INR gets too high, there is a greater chance you could start bleeding and need to get help.

Signs you are bleeding somewhere:

- Bloody or black stools ('poo')
- Pink, red, or dark brown urine ('pee')
- Coughing up blood
- Throwing up blood or throwing up what looks like coffee grounds
- Bleeding from the gums, nose, or eyes that will not stop
- Bleeding into the whites of the eyes
- Painful, blue, or purple toes
- Swelling of the abdomen or pain in the back that does not go away
- Severe headache

If your INR is too low, there is a greater chance you could get a blood clot and need to get help.

Signs you have a blood clot somewhere:

- Sudden weakness in one or both of your arms or legs
- Changes in your vision 
- Slurred speech
- Dizziness or fainting
- Pain or swelling in your lower legs 
- Prolonged or severe headache
- Chest pain
- Shortness of breath 

Health care provider contact information

Medication Tips

- Wear medical alert identification that tells others you are taking warfarin.
- Always check with your health care provider before you stop taking warfarin. If you stop suddenly, you could have a stroke.
- Keep active. Regular activity helps circulate your blood and can help prevent clots from forming.
- Most activities are safe. However, do not take part in any activities where injury is common, such as contact sports.
- Some medicines can increase your INR and increase the chances of bleeding.
 - While taking warfarin, do not take:
 - ibuprofen
 - herbal medicines
 - herbal supplements
 - fish oil (Omega 3 fatty acids)
 - If you take vitamin E, do not take any more than 400 units (IU) a day.
 - Always check with your health care provider before taking any other medicines you can buy from the pharmacy without a doctor's prescription.
- If you become pregnant or wish to get pregnant, you should not be taking warfarin. Talk to your health care provider.

When you travel:

- You might need to get an INR blood test before you travel and/or while you are away. Check with your health care provider.
- To keep your blood circulating when sitting for long periods, make sure you stretch your legs and move your body each hour.

- To reduce the chances of bleeding:
 - Use a soft toothbrush.
 - Use an electric razor.
- Alcohol can affect how the warfarin works on your blood.
- Always tell your health care provider if you are taking any of these medications:
 - aspirin
 - amiodarone
 - digoxin
 - anti-inflammatory medications such as ibuprofen (Advil, Motrin) or naproxen (Aleve), or Celebrex
 - antibiotics
 - steroids
 - clopidogrel
- Vitamin K helps your blood clot. While taking warfarin, it is important to keep the amount of vitamin K in your diet the same. If the amount of vitamin K you eat changes from day to day, it can make your INR results go up and down. Remember, if your INR gets too high or too low, the chances of you bleeding or getting a clot increases.

Foods high in vitamin K:

green leafy vegetables such as broccoli, lettuce, cabbage, Swiss chard, spinach, kale, asparagus, parsley, seaweed, Collards, beet and turnip greens, amaranth leaves, brussel sprouts

If you normally eat any of these foods, eat similar amounts each day.

Learn more about heart failure at
heartandstroke.ca/heartfailure

Digoxin (Lanoxin or Toloxin)

What is Digoxin?

Digoxin is a medication that:

- Slows your heart rate down
- Helps the heart beat stronger

This medication might be added to your treatment plan to improve some symptoms of your heart failure.

What is Digoxin used for?

For people with heart failure, we use digoxin to help the heart beat stronger and pump better.

For people with **irregular heart rhythms** (such as atrial fibrillation), we use digoxin to help the heart beat slower.

How does Digoxin help with heart failure?

When digoxin strengthens the pumping action of the heart, it should help you:

- Feel less tired
- Feel stronger
- Feel less short of breath
- Have less swelling of the feet and ankles

Digoxin helps control some of the electrical impulses in the heart. This slows the heart beat down and helps it to beat with a more regular rhythm. This adds to the effects of a stronger pumping action.

Digoxin helps keep your heart failure symptoms from getting worse.

What if you miss taking a dose?

If you remember within 12 hours of when were to take the missed dose, take it as soon as you remember.

If you are due to take your next dose in less than 12 hours, do not take the missed dose. Wait and take your next dose when you normally take it. Continue to take your digoxin as scheduled

If you have questions about taking your medications, or missed doses, contact your pharmacist or your health care provider.

Do not take any of the following without checking with your health care provider:

- Herbal medicines
- Alcohol
- Cough or cold medicines
- Black licorice
- Chinese medicines
- Anti-inflammatory medicines (such as Advil, Ibuprofen, Motrin, Naproxen, Aleve, Celebrex)
- Other medicines you can buy at a pharmacy

Health care provider contact information

Common Side Effects

Always tell your health care provider if you have any side effects.

- Feeling weak or tired
- Feeling sick to your stomach (nauseated)
- Throwing up (vomiting)
- Abdominal pain
- Do not feel like eating (lost your appetite)



- Skin rash, itchiness
- Feeling dizzy or lightheaded
- Headache
- Changes in your vision:
 - Red, green or yellow color disturbances
 - Things look slightly blurry
 - Sensitive to bright light
 - Seeing flashing lights



Contact your health care provider right away if any of these side effects do not go away or get worse.

Medication Tips

- Take your digoxin at the same time every day.
- Take your digoxin 1 hour before eating or 2 hours after eating.
- If you take an antacid, high fibre foods, or fibre supplements, always wait 2 hours before you can take your digoxin. These things can reduce the amount of digoxin absorbed by your body.
- **Never stop taking digoxin all of a sudden.** It can make your heart failure worse.
- You need your heart rate and blood pressure checked regularly while taking digoxin.
 - If you can check your heart rate and blood pressure at home, ask your health care provider when to call with any changes in your heart rate or blood pressure.
- Digoxin is broken down in your body by your kidneys. Let your health care provider know if you are having any kidney problems or have kidney disease. You might need a blood test to check how well your kidneys are working.
- You might be sent for a blood test to check the level of digoxin in your blood, especially when you first start taking it. This tells your health care provider if the dose needs changing. This blood test is best done 8 or more hours after your last dose.
- **Contact your health care provider right away or go to the nearest Emergency Department** if you have any of these signs of too much digoxin in your body:
 - Your heart is beating very slow (less than 50 beats a minute) and you feel weak or dizzy.
 - You have nausea and vomiting that does not go away.
 - You have diarrhea, maybe even with blood in it or it looks black.
 - You feel very confused, are seeing things that are not there (hallucinating), or have unusual thoughts or behaviour.
 - You have trouble seeing, everything looks green or yellow, everything is blurry, or you see 'halos' around objects.

Angiotensin Receptor – Neprilysin Inhibitor (ARNI)

Most common ARNIs

Ask your health care provider to check off the one you are taking.

- Sacubitril/Valsartan (Entresto™)
- Other _____

What is an Angiotensin Receptor – Neprilysin Inhibitor (ARNI)?

It is a combination of two medications, sacubitril and valsartan.

Valsartan is an angiotensin II receptor blocker (ARB). It stops your body from making stress hormones, which constrict or narrow blood vessels. Stress hormones make it harder for the heart to pump blood around the body. By blocking the stress hormone, blood vessels relax, and blood flows more easily. This reduces the work of your heart and lowers your blood pressure.

Sacubitril inhibits or blocks an enzyme called neprilysin (a neprilysin inhibitor). When this enzyme is blocked, it allows helpful substances to stay in the body longer. These substances (called natriuretic peptides) help blood vessels relax, allowing your body to get rid of excess fluid. This makes it easier for your heart to pump blood.

What are ARNIs used for?

ARNIs are used to treat heart failure by lowering the blood pressure and getting rid of excess fluid. Together, these medicines reduce the work of the heart and may improve your ejection fraction.

To learn more about 'ejection fraction', visit our website heartandstroke.ca/heart/conditions/heart-failure

How does an ARNI help with heart failure?

When used with other heart failure medications, it may:

- Help you live longer
- Improve your heart failure symptoms
- Prevent you from needing to be in the hospital for heart failure treatment
- Slow the worsening of your heart failure

What if you miss taking a dose?

If it is more than 4 hours until your next dose, take the missed dose then take your usual dose at the usual time.

If it is less than 4 hours until your next dose, just take your next scheduled dose. Do not take the missed dose.

Never take two doses at the same time.

If you have questions about taking your medications, or missed doses, contact your pharmacist or your healthcare provider.

Do not take any of the following without checking with your healthcare provider:

- Alcohol
- Cough or cold medicines
- Black licorice
- Herbal medicines
- Chinese medicines
- Anti-inflammatory medicines (such as Advil, Ibuprofen, Motrin, Naproxen, Aleve, Celebrex, Indocid)
- Angiotensin Converting Enzyme Inhibitor (ACE-I)
- An additional Angiotensin II Receptor Blocker (ARB)

Common Side Effects	What to do
Lowering of blood pressure	<p>Do not do anything that could lower your blood pressure even further.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Do not drink alcohol. • Do not do any strenuous exercise. (Always check with your healthcare provider first). • Do not take really hot showers or baths. • Do not use a hot tub.
Dizzy Lightheaded 	<ul style="list-style-type: none"> • Get up slowly when changing position, such as moving from lying to sitting or sitting to standing. • Dizziness usually goes away after your body gets used to the medication.
Decrease in how much you pee	<ul style="list-style-type: none"> • Call your healthcare provider if: <ul style="list-style-type: none"> • Your pee (urine) is dark coloured and • You are not going pee (urinating) as much as you normally do.
Dry cough 	<ul style="list-style-type: none"> • If the cough gets worse or becomes a problem for you, contact your healthcare provider.
Tired or weak	<ul style="list-style-type: none"> • Balance rest and activity
Nausea or Stomach upset 	<ul style="list-style-type: none"> • If you are currently taking this medication: <ul style="list-style-type: none"> • With food, try taking it without food. • Without food, try taking it with food. • Get rid of strong smells. • Open windows to get fresh air. • Use a fan, air deodorizers, or air fresheners.
Serious but not common side effects	What to do
Swelling of your face, lips, tongue Trouble breathing, Difficulty swallowing	<ul style="list-style-type: none"> • Stop taking this medication immediately. • Contact your doctor right away or go to your nearest emergency department.

Medication Tips

- If your healthcare provider is switching your medication from an ACE-I to an ARNI, **you must wait at least 36 hours after your last dose of the ACE-I before you take your first dose of ARNI.**
- **Do not take an ARNI if you are:**
 - Pregnant or planning to become pregnant (It can cause injury and even death to your unborn baby).
 - Breastfeeding.
 - 18 years or younger.
- If your medication dose is being increased or decreased, your healthcare provider will want to do a blood test to check your potassium level and kidney function.
- Do not suddenly stop taking your ARNI without checking with your healthcare provider first, except if you are having trouble breathing, difficulty swallowing, or have swelling of your face, lips or tongue.
- Take your ARNI exactly as directed by your healthcare provider, even if you feel well.
- ARNIs can increase the potassium level in your body.
 - Do not take potassium supplements unless prescribed by your health-care provider.
 - Check with your healthcare provider before using products that contain potassium such as salt substitutes.
- Certain medications can increase your risk of side effects. Always tell your healthcare provider if you are taking any of these medications:
 - Cholesterol lowering medication (simvastatin, atorvastatin)
 - Water pills (furosemide)
 - Medications used to treat erectile dysfunction (Viagra)
 - Medications used to treat pulmonary hypertension
 - Medications that increase potassium in the blood (spironolactone, eplerenone)
 - Lithium
 - Aliskiren (Rasilez)
 - Cyclosporine
 - Medications to treat HIV or Hepatitis C
 - Medications that may decrease your blood pressure (including nitroglycerine)

Learn more about heart failure at
heartandstroke.ca/heartfailure

Herbs and Herbal Supplements

Adapted from Cleveland Clinic and Mayo Clinic information on herbs and herbal supplements.

Herbs and herbal supplements can be harmful to people taking heart medications.

Always tell your health care provider about any herbs or herbal supplements you are taking.

Bring the herbs and herbal supplements you are taking to every medical visit so they can be checked.

What are herbs and herbal supplements?

Herbs and herbal supplements are plants that are used for medicinal purposes. Some people call them botanicals or herbal remedies.

Why should you be careful taking these products?

We do not always know what the active ingredients are in many herbs and herbal supplements.

Herbs and herbal supplements:

- Can act in the same way as medications. This means they can be dangerous to your health if not taken correctly, if taken in large amounts, or if taken in combination with other medications.
- Can interact with heart medications. This could cause the medication to not work as it should, magnify the medication's side effects, or cause a life-threatening reaction.
- Have not been studied to the same extent as other medications.
- They are classified as dietary supplements not medications. Therefore they are not regulated the same way other medications are regulated. The rules for making dietary supplements are not as strict.

Tips

- Before you cook with herbs contact your health care provider.
- Always talk to your health care provider or pharmacist before taking herbs or herbal supplements. They can review the herbal medicine and tell you whether it could impact your heart medication.
- If you are not sure what is considered an herb or herbal supplement, see the list on the next page.
- Never use herbs or herbal supplements if you are taking one of these medications:
 - Aspirin
 - Digoxin
 - Diuretics
 - Hypoglycemic medications such as insulin
 - Non-steroidal anti-inflammatory medications such as ibuprofen (Advil, Motrin), naproxen (Aleve), Celebrex
 - Spironolactone
 - Warfarin



Health care provider contact information:

If you have questions about herbs or herbal supplements, contact your health care provider or pharmacist.

To learn more about herbal supplements, go online to MedlinePlus. Click on the tab 'Drugs & Supplements' then select 'Herbs and Supplements' visit medlineplus.gov/druginfo/herb_All.html

Herbs and Herbal Supplements

Adapted from Cleveland Clinic and Mayo Clinic information on herbs and herbal supplements.

Herb or herbal supplement name	Reason for taking	Possible problems when you have a heart condition or taking heart medication
Aloe vera (Oral)	For constipation or indigestion. To prevent skin irritation.	Causes abnormal heart rhythms in pregnancy and in children.
Angelica (Dong quai)	Appetite loss, indigestion, infection, pre-menstrual tension syndrome.	Can increase the risk of bleeding, especially when taking warfarin.
Arnica	To reduce aches, or pain from injury. To relieve constipation.	Raise blood pressure and can be toxic to the heart.
Black cohosh (Cimicifuga racemosa)	To relieve symptoms of menopause or pre-menstrual tension syndrome.	Lowers blood pressure. Can increase the risk of bleeding (cause more bleeding). Can be toxic to liver.
Beta carotene	Antioxidant helps get rid of substances that harm the body (free radicals).	Increases the risk of death.
CoQ10 (Co-enzyme Q10, Ubiquinone, Ubiquinol)	To increase your energy. To treat heart failure or other heart conditions.	Does not improve heart function. Can decrease the effect of warfarin.
Danshen (Salvia miltiorrhiza-root)	To treat heart conditions.	Can increase the risk of bleeding (cause more bleeding).
Echinacea	To prevent colds.	Interferes with an enzyme in the liver that helps clear medications out of the body.
Ephedra (Ma Huang)	To treat asthma, obesity.	Increases heart rate and blood pressure. Could cause death if taken with certain heart medications.
Feverfew	To treat/prevent migraines, arthritis.	Can interfere with the clotting of your blood.
Fish oil	A common supplement.	Can increase the risk of bleeding, especially if used in excess.
Flaxseed	To lower cholesterol.	Can increase the risk of bleeding.
Ginger	To relieve nausea, lower cholesterol, stop your blood from clotting, aid in digestion.	Can interfere with the clotting of your blood. Can interfere with how heart or high blood pressure medications work.
Garlic	To lower cholesterol. To prevent and treat colds and infections.	If you are taking aspirin, warfarin or other anticoagulants, it can increase your risk of bleeding.
Ginkgo	To improve circulation, memory. To prevent altitude sickness.	If you are taking aspirin, warfarin or other anticoagulants, it can increase your risk of bleeding. Interferes with the actions of diuretics (Lasix).
Ginseng	To improve memory, physical capacity, immune system and to slow aging.	Increases blood pressure and heart rate. Do not take if you have high blood pressure (hypertension). Can increase blood levels of digoxin. Can increase the risk of bleeding.
Goldenseal	To treat constipation, can also acts as an anti inflammatory.	Increases blood pressure, causes high blood pressure. Can interfere with blood thinners (anticoagulants).
Hawthorn	To treat high blood pressure and heart failure.	Do not take if you are taking digoxin and blood pressure medications
Kelp	Commonly used supplement.	Can increase effects of blood pressure and anticoagulant medication. Causes low blood pressure and increases risk of bleeding.
Licorice root	To treat coughing, stomach ulcers and liver cirrhosis.	Increases blood pressure: Do not take if you have a heart condition or on heart medications.
Nettle	To treat bladder infections, kidney infections and kidney stones.	Do not take if you have fluid retention caused by heart failure or poor kidneys.
St Johns Wort	To treat depression and injuries.	Can increase the risk of bleeding. Can decrease the effect of digoxin. Should not be taken with certain antidepressants.
Yohimbine	To treat impotence.	Increases heart rate. Increases or decreases blood pressure.

Medication List

Patient's Name: _____ Doctor's Name: _____

Prescribed Medication:				
Medication Name(s)	Purpose	Description	Dosage	Frequency
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
Non-prescription Medication:				

Medication

Join our Community of Survivors, to share, learn and connect with others who are living with heart failure. Sign up at [**heartandstroke.ca/connect**](https://heartandstroke.ca/connect)

More Information



Learn more about heart failure at
heartandstroke.ca/heartfailure

Depression

Depression can affect anyone but people with heart failure are more likely to become depressed. For every 10 people with heart failure, 5 to 7 will likely experience depression.

What is depression?

It is a medical condition where a person feels sad, loses interest in daily activities, withdraws from people, and feels hopeless about the future.

Depression is different from grief, sadness related to an event, or low energy.

How can a health care professional tell a person has depression?

You must have a number of the following signs most of the day, every day for at least 2 weeks:

- Constantly feeling sad for no reason
- Feeling hopeless, guilty, or worthless
- Little or no interest in people or activities you use to enjoy
- Feeling really tired or low on energy
- Sleeping too much or not enough
- Feeling like you are speeding up or slowing down
- Unplanned changes in your weight (weight loss or weight gain)
- Changes in your appetite
- Having trouble thinking, concentrating, or remembering
- Having trouble making decisions
- Thinking about hurting yourself or about dying

How can depression affect your heart failure?

Depression can make your heart failure worse. If you are depressed, you will find it harder to do the things you need to do to manage your heart failure (such as exercising, eating well, limiting fluids, and taking your medicines as directed).

What causes depression?

Depression may be caused by one factor or a number of factors. Some factors that might cause depression include:

- An imbalance in the natural chemicals in the brain
- A heart condition
- A chronic health condition such as anemia or hypothyroid
- Difficult life events such as:
 - Death of a loved one
 - Divorce
 - Loss of a job
 - Childbirth
- Using too much alcohol or drugs
- Family history of depression



Depression is not caused by a personal weakness.

Sometimes when people feel very depressed and overwhelmed, they start to think about hurting themselves. If you have started to make a plan to hurt yourself, go to the nearest emergency room right away.

How do you know if you are depressed?

Ask yourself the following question (Choose the number that most reflects your feeling over the last two weeks.)

Over the last two weeks, how much have I been bothered by feeling sad, down, or uninterested in life?

0 1 2 3 4 5 6 7 8 9
(None) (A little) (Moderate) (Severe)

When should you get help?

If you scored 3 or lower

- You are probably coping pretty well. Your feelings of depression are probably not interfering with your life too much.

If you scored 4 to 6

- You are probably **mildly to moderately** depressed. Talk to your family doctor. Try some of the ideas on this page to help you with your depression.

If you scored between 7 to 9

- You are probably **severely** depressed. See your family doctor or a mental health professional right away.

Some ideas on how to manage depression

Set small goals

- Set small self-care goals (taking a shower, taking a walk, eating well-balanced meal)
- Set small household goals (doing the dishes, paying some bills, take care of business you have been avoiding)

Socialize and have fun

- Reach out to friends and family.
- Make social plans and go even if you “don’t feel like it”.
- Make time for pleasant activities. You may need to gently force yourself to do these things. Don’t wait until you want to!



Watch out for negative thinking

- Try to be aware of your thoughts. (Negative thinking is very common with depression.)
- Ask yourself what you would say to a friend who had that negative thought.
- Try to be kinder to yourself.

Problem solving

- Identify and define problems.
- Make a list of possible actions to address the problem.
- Identify pros and cons for each action.
- Pick the best action and try it out.
- Think about how it went.

How is depression treated?

It is essential to get medical treatment. Some effective treatments include:

- Talk Therapy – especially Cognitive Behavioural Therapy is helpful for people with heart conditions.
- Medicines to improve mood.
- Lifestyle changes such as exercise and proper sleep.

Stress

What is stress?

Stress is your body's reaction to an event or situation (real or imagined). Stress is not so much what happens to you, but how you respond to a situation or event. Too much stress is hard on your mind, body, and especially your heart.

While stress is a part of everyday life, too much stress increases a person's chances of getting or worsening heart disease. High levels of stress or stress over long periods can cause:

- Increased blood pressure
- Increased higher cholesterol
- Increased chances of having a heart attack or stroke



What are stressors?

A stressor is any situation or event that triggers your body's stress response. Stressors are different for each person.

Examples of stressors:

- Having a new diagnosis of heart failure
- Limits in physical ability
- Having chronic pain
- Dealing with a number of health conditions
- Conflict in a relationship
- Being isolated from friends and family
- Dealing with the death or illness of a loved one
- Changes at work
- Money worries



How do you know if you are stressed?

Ask yourself the following question (Choose the number that most reflects your feeling over the last two weeks.)

Over the last two weeks, how much have I been bothered by feeling anxious, worried, nervous, or tense?

0 1 2 3 4 5 6 7 8 9
(None) (A little) (Moderate) (Severe)

If you scored 4 or lower

- You are probably coping pretty well with your stress. If you feel you would like more help than this sheet gives you, please talk to someone you trust.

If you scored between 5 and 8

- It would be good for you to talk to your health care provider or a mental health professional about how you are feeling.

If you scored 8 or higher

- You are very stressed and need to get help right away.



Sometimes when people feel very stressed and overwhelmed, they start to think about hurting themselves. If you have started to make a plan to hurt yourself, go to the nearest emergency room right away.

What might happen if you have too much stress

How stress can affect your thinking

- Trouble concentrating, short attention span, easily distracted
- Poor judgement
- Lapse in memory
- Difficulty making simple decisions
- Brooding over problems
- Imagining the worst
- Confusion

How stress can affect your behaviour

- Crying
- Fidgeting, and pacing
- Having more arguments
- Drinking more coffee, tea, cola
- Withdrawing from others
- Overeating or loss of appetite
- Smoking
- Drinking alcohol
- Sexual difficulties

How stress can affect your emotions

- Feeling helpless and frustrated
- Feeling overwhelmed by your life
- Feeling anxious, or worried
- Feeling irritable, hostile, or angry
- Feeling down, depressed, or hopeless

How stress can affect your body

- Headache
- Knots in your stomach, feeling sick to your stomach
- Restlessness
- Sweating
- Increased heart rate and blood pressure
- Rapid, shallow breathing
- Muscle tension in jaw, neck, or shoulders
- Tremors in hands or legs
- Tingling or numbness in fingertips
- Trouble sleeping, feeling tired all the time



Some ideas on how to manage your stress

- Practice deep breathing and other forms of relaxation such as:
 - Meditation, yoga, and stretching
- Call a friend.
- Maintain healthy habits such as:
 - Exercising daily to get rid of tension.
 - Eating a healthy diet to nourish your body.
 - Getting a full night's sleep.
- Limit what you take on. It is okay to say 'no'.
- Be assertive.
- Make small changes to organize your life.
- Use a calendar and a 'to do' list to help you manage your time.
- Look for the good in self or others.
- When a worry enters your mind, ask yourself if it is a problem you can solve. If the answer is yes, set aside some time to problem solve. If the answer is no, let the worry go!
- Have as much fun as possible. You deserve it!

Never use alcohol, tobacco, or street drugs to help you manage your anxiety

Some ideas on how to manage your stress

Workbook

- Positive Coping with Health Conditions – A Self-Care Workbook at www.comh.ca/pchc/
Choose to download the complete workbook or selected excerpts from the workbook such as 'Managing Worry' or 'Relaxation'.

For more information on Stress, check these resources:

- Bounce Back Program:
www.mentalhealthhelpline.ca

Help us make this guide better!

Please fill out the brief survey at the back of the book or complete it online at heartandstroke.ca/feedback

Anxiety

What is anxiety?

Everyone experiences anxiety at times. It is our body's natural response to a threat (sometimes called the 'fight-flight-freeze' response). Our body releases adrenalin in response to a real danger or to something that feels threatening or dangerous. Our heart rate increases and blood shifts to our large muscles. All this prepares our body to respond to the danger by fighting, fleeing (flight), or freezing.

Normally, anxiety goes away once the threat is gone. Anxiety can become a problem when a person continues to have worrying thoughts or reacts as if there is a danger when no real danger exists.

What causes anxiety?

It is different for every person. Any number of situations can cause you to feel anxious, worried, or tense.

There are things that can make your anxiety response worse:

- Medical conditions such as thyroid problems, heart or lung problems, seizure disorders
- Stopping certain medicines on your own (without your doctor knowing)
- Being dependent on or addicted to alcohol, cocaine, amphetamines, tranquilizers, or heroin
- Always telling yourself the worst will happen

You are more likely to feel anxiety if:

- You have a family history of problems with anxiety.
- You have an imbalance of certain chemicals in your brain.

What are the signs of anxiety?

Many people do not recognize what they are feeling as being signs of anxiety. Instead, they think something is physically 'wrong' with them.

Anxiety can affect your body, your thoughts, and your behaviour.

Possible body responses

- Fast, pounding heart
- Rapid breathing, shortness of breath
- Chest pain or discomfort
- Sweating
- Feeling dizzy or lightheaded
- Dry mouth, nausea, stomach upset
- Pale
- Muscle tension
- Trembling, shaking
- Numbness and tingling
- Hot or cold flashes



Possible thoughts

- Having frightening dreams or thoughts
- Overestimating the chances something bad will happen
- Magnifying how bad the situation is or how bad a future situation will be
- Not believing you can cope
- Having trouble concentrating or making decisions

Possible behaviours

- Using alcohol or drugs to lessen the anxiety
- Needing others to reassure you all the time
- Needing to be with a 'safe' person
- Staying away from certain places, activities or people

When should you get help?

Ask yourself the following question (Choose the number that most reflects your feelings.)

Over the last two weeks, how much have I been bothered by feeling anxious, worried, nervous, or tense?

0 1 2 3 4 5 6 7 8 9
(None) (A little) (Moderate) (Severe)

If you scored 3 or lower:

- You are probably coping pretty well with your anxiety. If you feel you would like more help than this sheet gives you, please talk to someone you trust.

If you scored between 4 and 7:

- It would be good for you to talk to your health care provider or a mental health professional about how you are feeling.
- To find a mental health professional, contact the Canadian Mental Health Association at www.cmha.ca

If you scored 8 or higher:

You are probably very anxious. See your family doctor or a mental health professional as soon as possible.

How can anxiety affect my heart failure?

The increased heart rate and blood pressure adds stress on your heart.

Anxiety needs energy. Anxiety can increase your blood sugar and cholesterol. Both can make your heart failure worse.

Anxiety can make it hard to sleep, leaving you feeling more tired.

What can you do when you have mild anxiety?

It is not unusual for someone with a health condition such as heart failure to feel scared, worried, or tense. Included below are some ideas to help you deal with your anxiety.

For more detailed help on how to manage your anxiety, see the resources on the next page.

Sometimes when people feel very anxious and overwhelmed, they start to think about hurting themselves. If you have started to make a plan to hurt yourself, go to the nearest emergency room right away.

Some ideas on how to manage your anxiety

- Be aware how you experience anxiety.
- Identify things that trigger your anxiety.
 - Ask yourself “Is this really a threat or a danger?”
- Ask yourself if your worry is something you have some control over. If it is, try to resolve it. If it isn't, let it go.
- Practice deep breathing and other forms of relaxation such as:
 - Meditation, yoga, and stretching, praying, reading, going for a walk, listening to music
- Eat a healthy well balanced diet.
- Get a good night sleep.
 - Do not drink caffeine close to bed time.
- Reduce any stress in your life.
 - Reduce things that stimulate your body:
 - Reduce the amount of caffeine you drink (coffee, tea, colas) in a day.
- Do not smoke cigarettes.
- Set a routine for doing daily activities
- Use a calendar and a ‘to do’ list to help you manage your time.
- If you are having a bad day, talk to someone you can trust.

Never use alcohol, tobacco, or street drugs to help you manage your anxiety

How do we know when anxiety is a problem?

Sometimes anxiety and worry can become so severe that a person develops an anxiety disorder. A doctor or mental health professional can tell if you are suffering from an anxiety disorder by asking you a number of questions.

Sometimes blood tests are done to see if a medical condition is making the anxiety worse.

How is moderate to severe anxiety treated?

Anxiety disorders respond well to treatment. Treatment can include:

- Counselling
- Support group
- Behaviour therapy (focusing on thinking and behaviour)
- Exposure therapy (focusing on facing the situation in a safe environment)
- Medications to treat any chemical imbalance in your brain

Some ideas on how to manage your anxiety

Workbook

- Positive Coping with Health Conditions – A Self-Care Workbook at www.comh.ca/pchc/
Choose to download the complete workbook or selected excerpts from the workbook such as 'Managing Worry' or 'Relaxation'.

Books

- *Coping with Anxiety: 10 Simple Ways to Relieve Anxiety, Fear, and Worry* by Edmund Bourne and Lorna Garano (2013)
- *The Anxiety And Phobia Workbook* by Edmund Bourne (2010)

Learn more about heart failure at
heartandstroke.ca/heartfailure

Tips for Travelling When you Have Heart Failure

With some planning, people with heart failure can travel safely.

Planning for travel

- Talk with your healthcare provider before you commit to any trip, especially if you have a pacemaker or implanted cardioverter defibrillator (ICD).
- Make sure your immunizations are up to date.
- Buy travel health insurance, especially when travelling outside of Canada and even if only for a day. Make sure it covers pre-existing illnesses.
- Buy cancellation insurance on flights and bookings, in case you have a sudden change in your health.
- When flying, especially outside of Canada, you might need a travel letter from your doctor explaining why you need to travel with all your medications. Check with your travel agent or airline.
- Know where to go to get medical help when you get there by finding out before you leave. Check to see if there is a hospital or medical clinic nearby.
- Pack a cell phone. Check with your cell phone provider to make sure you have coverage in the area you are travelling.
- If possible, weigh yourself while you are traveling.
- If travelling to a different time zone, ask your healthcare provider if you should adjust your medication schedule.
- Consider wearing a Medical Alert bracelet or necklace.

- Carry copies of your medical information such as:
 - Results of recent blood tests
 - A list of health and medical problems
 - Names and contact phone numbers of your healthcare providers
 - A list of all your current medications
- Take enough of each medication to last the whole trip plus extra, in case of an emergency or a travel delay.
- Keep all your medications in the packaging supplied by the pharmacy.
- Consider asking your pharmacist to put your medications into 'blister packs' so you don't have to travel with all your original containers.
- Make sure each medication name is clearly marked. (This is very important when crossing borders.)



When not to travel

It is best to stay home if:

- Your healthcare provider has advised you not to travel.
- You have recently come home from being in the hospital.
- Your doctor has changed one or more of your medications, such as a change in dose or how often you take it.
- You cannot get travel health insurance.
- You notice increased signs of heart failure (shortness of breath, weight gain, fatigue, cough, swelling in your feet or belly area, or dizziness).

Travelling with a heart device

- If you have a heart device (a pacemaker or an implanted cardioverter defibrillator), check with your healthcare provider, especially if your device is being monitored remotely.
 - If you have just had a heart device inserted, wait until your first follow-up appointment to find out when it is safe for you to travel.
 - Ask your doctor for a copy of your heart device instructions in the language of the country you are travelling to.
 - Ask for a recent print out of settings for your heart device.
 - If you have an implanted cardioverter defibrillator (ICD), ask what you should do if you get a shock while away.
- Keep your cell phone at least 6 inches away from your heart device.
- Always carry your heart device identification card with you.
- When going through security:
 - Show your heart device identification card before going through the metal detectors.
 - Ask for a 'hand check' instead of a wand metal detector check. A wand metal detector could momentarily change the settings on your heart device.
 - Tell security using wand metal detectors they can only pass over your heart device once every 5 or more seconds.
 - Know your heart device is going to set off an alarm when walking through an archway metal detector; you may need a 'hand check' as well.

During your travels

- When sitting for long periods, get up or get out for a walk every 2 hours.
- Whenever you have to check your luggage, carry all your medications with you in a carry-on bag.
- Take your medications on schedule.
- It is best not to buy any medications in other countries. Ingredients can vary from what is in the medication from Canada.
- Be careful you don't drink too much fluid. When in hot climates or when socializing, people tend to drink more.
- Watch your portion size for both meals and snacks. Eating more than normal can cause bloating, an upset stomach, and indigestion.
- Eat your largest meal either at lunch or earlier in the afternoon. Have a light dinner or early evening snack.
- Eating out usually means foods high in sodium. Whenever you can:
 - Ask for "no added salt".
 - Choose low calorie and low salt meals and snacks.
 - Say "no thanks" to sauces, gravies, and prepared foods.
 - Make your own low salt meals.



Plan ahead. Travel safe. Enjoy!

Did you know? It is safe to go through archway metal detectors, body scanners, and retail store anti-theft equipment with a heart device.

Caring for someone with heart failure. Taking care of yourself.

If you give care to someone with heart failure, you could find yourself facing new responsibilities. It can be both rewarding and challenging to be a 'caregiver'. A 'caregiver' is anyone who gives help and care to another person in need.



Signs of caregiver stress

When you are focused on caring for someone else, you might not realize your own health is suffering. At times, you might feel overwhelmed, physically or emotionally. This is called 'caregiver stress'.

Watch for these signs of caregiver stress:

- Feeling tired all the time
- Having trouble sleeping
- Gaining or losing a lot of weight
- Feeling guilty, like you are not doing enough
- Feeling overwhelmed and irritable
- Having conflicts with the person you care for
- Having conflicts with family members
- Feeling you don't have time for yourself or to be with others
- Having no interest in doing activities you used to enjoy
- Feeling emotional and moody, maybe crying often
- Worrying about having enough money now and for the future
- Using substances to help manage your feelings such as smoking more, drinking more alcohol, taking medications to help sleep or improve your mood, or taking illegal drugs

Tips to prevent caregiver stress

Too much stress can harm your health, especially if you care for someone for a long time. Here are some ways to help prevent and manage caregiver stress.

Ask for help and accept help when offered.

- Look to others to help share the care.
- Make a list of ways others can help you such as pick up groceries or cook a meal.



Set health goals for yourself.

- Make time to be physically active most days of the week.
- Make and eat healthy meals and snacks.
- Get enough sleep, even if it means taking a nap during the day.
- Take time to relax each day. Find a place in your home where you can have a few moments to relax, close your eyes, and do some deep breathing.
- Do things you enjoy.
- Give yourself a break. Take some time away from being a caregiver at least once a week.

Tips to prevent caregiver stress

Focus on what you can do.

- Be realistic about what you can and cannot do. You can't control everything.
- Don't be too hard on yourself. Your home might not be as clean as you would like it to be.
- If you feel like it, eat a healthy breakfast for dinner or eat leftovers three or four days in a row. No one cares.

Seek support from family and friends.

- Make an effort to stay connected with family and friends.
- Share your feelings, worries, and concerns with someone you are comfortable talking with about your situation.



Get connected with community supports.

- Rather than struggling on your own, take advantage of local resources for caregivers.
- Explore opportunities for support in the home from health services. Talk to your health care provider for information on what supports are available.

Stay as strong and healthy as possible.

- Keep up with your own medical care.
- Get regular health checks. Make sure you tell your healthcare provider you are a caregiver.
- If you are feeling stressed, depressed, or unusually worried, the Heart & Stroke website has resources to help you.
- See your healthcare provider when you notice signs of caregiver stress or you feel really overwhelmed or depressed.

Communicate with the person you are caring for.

- Talk with the person you are caring for about what would be helpful in giving care and helping to manage their heart failure.
- Help the person find ways that will work for them to do as much as possible on their own. This might include ways to remember when to take medications, to record daily weight, to keep track of fluids, to eat less salt, or to keep active.
- Agree on a plan of care so you don't feel like you are always telling or reminding.
- If the person is not doing what is needed to manage their health, talk to them about your worries or concerns. Remember you cannot make someone do something they do not want to do.
- Help the person prepare for medical appointments such as reviewing recent health and concerns, resting before the appointment, as well as taking all medications and a healthy snack to the appointment.
- If you can, go with the person to medical appointments. Take notes. Help communicate health concerns but be careful not to answer for the person. You are there to clarify what is going on at home.



As a caregiver, taking care of yourself is the most important, and most often forgotten, thing you can do.

When you take care of yourself, the person you give care to benefits too.

Learning to Live with Heart Failure

You can do it! You can make changes in your life to help you feel better and stay healthy. This resource gives you tips for daily life and answers common questions.

Conserve your energy

- Rest at least 1 hour every day.
- Aim for balance.
 - Balance activity with rest.
 - Balance hard activities with easy activities.
 - Do activities when you feel your best.
- Plan ahead.
 - Plan your chores and daily activities ahead of time.
 - Space them out throughout the day and week. You do not have to do everything in one day.
 - Whenever you can, sit to work or do daily chores.
 - Keep things you use the most within reach.
 - Prepare bigger meals and freeze portions to save preparing meals another day.
- Use things that help conserve energy.
 - Choose clothes that have zippers instead of buttons. Make sure the zipper is in the front and not the back.
 - Use long-handled tools to make reaching easier.
 - If needed, use a walker, shower chair and bedside toilet.
 - Choose light weight house hold or kitchen items. For example, choose aluminum pots and pans instead of cast iron.



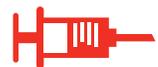
- Avoid things that drain energy, such as:
 - Doing chores or activities right after you eat
 - Doing intense physical activity
 - Lifting, stretching, or any other strenuous arm movement
- Ask for help.
 - Ask those you live with to share in doing the daily tasks and household chores.
 - Ask family and friends to help out.

Get enough sleep

- Practice good sleep habits.
 - Have a regular bedtime.
 - Relax before bedtime.
 - If you cannot get to sleep within 30 minutes, get up and read or watch TV.
 - Only use your bed for sleeping and intimacy. This means get out of bed to read or watch TV.
- If you get short of breath lying down, prop yourself up with pillows.
- If you get up often to go to the toilet, talk to your health care provider. Your medications might need adjusting.

Take care of your physical health

- Keep in contact with your health care team.
- Getting sick can be deadly when you have heart failure.
 - Get a flu shot every year.
 - Get a pneumonia shot.



Take care of your emotional health

Many people find it hard to do everything needed to manage their heart failure. Don't hide these feelings. Talk to your health care provider.

If you are feeling stressed, depressed or unusually worried, our website has resources to help you visit heartandstroke.ca/heart/conditions/heart-failure.

Can I drive?

Whether or not you drive depends on how you are feeling. Generally, people can drive as long as their heart failure is under control. However, the Motor Vehicle Act defines when a person is or is not medically fit to drive. If your health care provider feels your health affects your ability to drive safely, it must be reported to the Superintendent of Motor Vehicles. You might have restrictions on your driver's licence or have your licence removed. It is all about public safety.

Can I work?

It depends on your overall health, how you are managing your heart failure, and the type of work. For some people, working might be helpful, but for others it might not be good. Every person is different. Talk to your health care provider about what is right for you.

If your health care provider says you can work, you might be able to start as soon as your signs of heart failure are under control, or you might have to gradually build up to doing all aspects of the work.

Benefits of working:

- Helps you get into a daily routine
- Helps you feel better and improves your mood
- Lessens money worries by having an income



What about having sex?

Some people worry about whether it is safe to have sex when they have heart failure. Once your signs of heart failure are under control, you should be able to have an active and safe sex life. Human touch and good sexual relations are part of a healthy life.

When you have sex, it can take a lot of energy, both emotionally and physically. The physical energy is like climbing 20 steps in 10 seconds.

Sex should be fun and feel good:

- Wait at least 1 hour after eating.
- Do not drink alcohol before sex.
- Choose a time when you are rested and relaxed.
- Choose a comfortable place where it is not too hot or cold.
- Stop and rest if you get short of breath or feel uncomfortable.
- Find other ways to express love and affection.
- Don't get upset if you are not able to perform as you expected.
- Talk to your partner about how you feel.



Problems are possible. Your interest in sex might drop. You might get short of breath during sex. Men might have problems getting an erection. Problems can be a side effect of a medication or a sign your heart failure is getting worse. Talk to your health care provider about any problems having sex.

Remember there are other ways to express love and affection.

How do I stay on track during special occasions?

Whether eating out or eating in, food for special occasions is more likely to be high in salt, especially sauces and gravies. Also, people tend to eat and drink more.

- Make healthy choices.
 - Choose food prepared with little or no salt.
 - Where possible, choose fresh vegetables and fruit.
- Plan big meals for midday.
- Pay special attention to your snacking and portion size.
- Watch your fluid intake.



A word about...

Drinking alcohol

Some alcohol can be helpful to a normal heart. However, sometimes even a small amount of alcohol can cause heart failure to get worse. Alcohol can weaken your heart muscle and increase your blood pressure, creating more work for your heart.

Ask your health care team if any amount of alcohol is okay for you.

Smoking

Everyone knows smoking and using tobacco products damages your heart and lungs. But quitting is not easy. Your chances of quitting are much better if you ask for help.

Ask your health care team for:

- Help to quit smoking
- Ways to deal with second-hand smoke

To learn more about quitting smoking, check the website: www.quitnow.ca

Future heart failure care

Have the conversation with your family and healthcare provider

Heart failure is a condition that is not curable and gets worse over time. In the future, there could be a time when you might be too sick to consent to treatment offered by your healthcare provider or doctor. If this happens, your healthcare provider will look to your family for help with decisions about your care.

Planning now for the future can give you comfort knowing your family and healthcare provider knows what is important to you. It can also ease the stress for your family if they have to make medical decisions for you.

Learn more at advancedcareplanning.ca

Learn more about heart failure at
heartandstroke.ca/heartfailure

Advanced Heart Failure Personal Action Plan

Purpose: To ensure all health care providers are aware how to care for me and my family during this stage of my life.

Date: _____ Signed (patient): _____

What matters most to me:

Focus of Care & Collaborative Decisions	Person Responsible for Follow-up & Revision	Collaborative Actions/Approach
Symptom Management – Psychological [symptoms that make me feel sad or anxious and approaches that have been tried and/or are helpful]		
Symptom Management – Physical or Body [symptoms that are bothersome to me and approaches that have been tried and/or are helpful]		
Social Care Needs [include concerns about: finances, end of life legal planning, medication cost, transportation, access/cost for home support services, equipment, difficult family/caregiver situations, support network]		
Spiritual Care Needs [individual cultural or spiritual approaches that are important to me and my family]		
My Wishes [for future health care treatment, life support and life-prolonging medical interventions e.g. minimize pill burden or doesn't want invasive procedures] <input type="checkbox"/> Advance care plan completed <input type="checkbox"/> Palliative benefits in place		
Device management: <input type="checkbox"/> N/A <input type="checkbox"/> ICD Deactivation discussion has taken place on [Date] _____ Decision: _____ _____ [Include plan for deactivation eg. In device clinic or magnet at home, etc]		

Focus of Care & Collaborative Decisions	Person Responsible for Follow-up & Revision	Collaborative Actions/Approach
Managing Activities [Include energy conservation strategies; activities that are important for me to maintain]		
Managing Diet [Include types of foods that I enjoy or tolerate, include wishes around mealtime rituals, etc]		
Supporting My Caregiver(s) [Include things that are important to me and my family e.g. Pastoral care, sharing a bed or room, etc]		
Ways to Support Me as a Person:		
Worries or Concerns I Have:		
Other Preferences:		

Contact Information for My Team

Family doctor/nurse practitioner: _____

Heart failure specialist/specialty team members: _____

My primary caregiver: _____

Health care contact: _____

Other providers who know me well: _____

We want to hear from you!

Help us make sure we are providing helpful information to people living with heart failure and their caregivers. Please complete the following survey and mail it to:

Heart & Stroke
Attn: Health Information Team
2300 Yonge Street, Suite 1300
Box 2414
Toronto, ON M4P 1E4

OR

Complete this questionnaire online at heartandstroke.ca/feedback

Circle one number for each statement:

strongly disagree

strongly agree

The information is easy to understand	1	2	3	4	5
This information is useful to me	1	2	3	4	5
I feel better informed about heart failure because of this guide	1	2	3	4	5
With this information, I feel I can manage my heart failure	1	2	3	4	5
I would share this guide with others	1	2	3	4	5

What did you find most useful or helpful in this guide and why?

What would make this guide more useful or helpful to you?

Other comments and suggestions:

Please tell us who you are:

- Heart Failure patient
- Care partner (family/friend most involved in supporting the patient)
- Other family members
- Other (please specify) _____

Would you like to be contacted by Heart & Stroke with additional resources related to heart failure?

If so, please provide the following information:

Name: _____

Email address: _____

Thank you!





Research Breakthroughs

Life-saving advances made possible by you.

1965

Diagnosing heart disease becomes easier thanks to ECG telemetry, which allows doctors to monitor patients' hearts remotely while they go about daily activities.



1968

One of the first heart transplant surgeries in Canada is performed.



1976

Dr. Henry Barnett conducts first clinical trial using Aspirin™ to prevent strokes.



1987

A new surgical technique helps treat irregular heartbeats.



1987

Researchers pioneer the use of the clot-busting drug tPA for heart attacks.



1990

First genetic link to premature heart disease is discovered.



2000

Dr. Lori West discovers that, unlike adults, newborns are able to accept hearts from incompatible donors.



2006

Researchers identify important gender differences in the development of high blood pressure.



2009

World's first in-utero surgery to correct congenital heart defects is performed in Canada.



2015

ESCAPE Trial Treating major strokes by removing blood clots through blood vessels cuts deaths by 50% and significantly reduces disability in survivors.



Saving moments. Funding breakthroughs. Saving lives.™

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Join us!

For more than 60 years, Canadian families have looked to the Heart & Stroke Foundation to help them improve their health every day. Thanks to millions of Canadians like you, we have made tremendous progress — but we will not stop until all Canadians live healthy lives free of heart disease and stroke. We hope you want to be part of our shared success as we work to achieve our vision and mission outcomes. We invite you to:

- **Spread the message** among your family, friends and community.
- **Donate** to help fund critical life-saving research.
- **Be the first to know** about our latest research breakthroughs.
- **Volunteer** to help us extend the reach of our activities.
- **Lend your voice** to our campaigns for healthier government policies.
- **Live better** with the help of our health eTools and resources.

Learn more at heartandstroke.ca



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