

HEART FAILURE

Heart failure is a progressive disease. The heart gradually loses the ability to pump enough blood to supply the body's needs. This often leads to the body holding on to fluid. When this happens, it is commonly called "congestive heart failure" or CHF. There are two major types of heart failure: systolic heart failure and diastolic heart failure.

- Systolic heart failure is when the heart muscle weakens (most often because of a heart attack). This makes it hard to pump blood throughout the body.
- Diastolic heart failure is when the heart muscle becomes stiff and cannot fill with enough blood.

Both conditions can lead to the build-up of fluids and result in symptoms and hospital stays. Heart failure is common. As many as 1 in 5 people will have heart failure sometime during their life.

RISK FACTORS

- Age (especially if over 70 years old)
- Hypertension (high blood pressure)
- Coronary artery disease or previous heart attack (myocardial infarction)
- Diabetes mellitus
- Obesity
- Disease of the heart valves (either congenital or acquired)
- Heavy alcohol consumption
- Congenital heart defects
- Genetics (unexplained heart failure in first-degree relative)
- Sleep apnea

SYMPTOMS

- Shortness of breath during simple activities or during sleep
- Needing more than two pillows to sleep
- Worsening fatigue
- Swelling of the legs and feet
- Unexplained belly swelling
- Unexplained rapid weight gain

DIAGNOSIS

A doctor might diagnose heart failure based on a patient's history, symptoms and a physical examination. A chest X-ray may show evidence of fluid in or around the lungs (pulmonary edema). An echocardiogram — a non-invasive ultrasound of the heart — is often ordered when the diagnosis of heart failure is suspected. In some cases, the diagnosis may be uncertain, and other tests such as cardiac MRI or cardiac catheterization may be ordered.

TREATMENT

Heart failure may be a progressive disease, but treatments can help heart failure patients live longer and improve quality of life. Medicines are the main treatment for heart failure. Doctors will often start patients on several medicines over time until treatment goals are reached. Patients often need diuretics to help with fluid build-up. Blood pressure is watched closely when medicines are started or doses are increased.



Other aspects of treatment include:

Lifestyle changes: Proper diet and regular exercise are important parts of treating heart failure. Patients may need to limit their intake of sodium and fluids to avoid fluid overload. Research shows that exercise is safe for most heart failure patients.

Device therapy: Patients with systolic heart failure often benefit from the placement of devices. These may include defibrillators or devices that control heart rhythm. Other therapies are also used in heart failure patients depending on their condition.

Follow-up: Heart failure is a chronic disease. Patients must follow-up on a regular

basis with their primary care doctor and cardiologist. If their symptoms get worse, patients should contact their doctor right away so that steps can be taken to help prevent a hospital stay.

Advanced heart failure referral: When heart failure interferes with daily life, patients and their doctors should consider referral to centers that offer more specialized devices or options, such as heart transplantation or left ventricular assist device therapy. While these options may not be right for everyone, it is helpful for patients to discuss with their cardiologist which options may be appropriate for them.

For more information visit [Gillheart.com](https://www.gillheart.com) or call **859-323-0295**.