

## Living with Heart Failure

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# Living with Heart Failure

## My health care team

### Cardiologist (heart doctor):

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Primary health care provider (family doctor or nurse practitioner):

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Pharmacy

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Heart Function Clinic:

Phone: \_\_\_\_\_

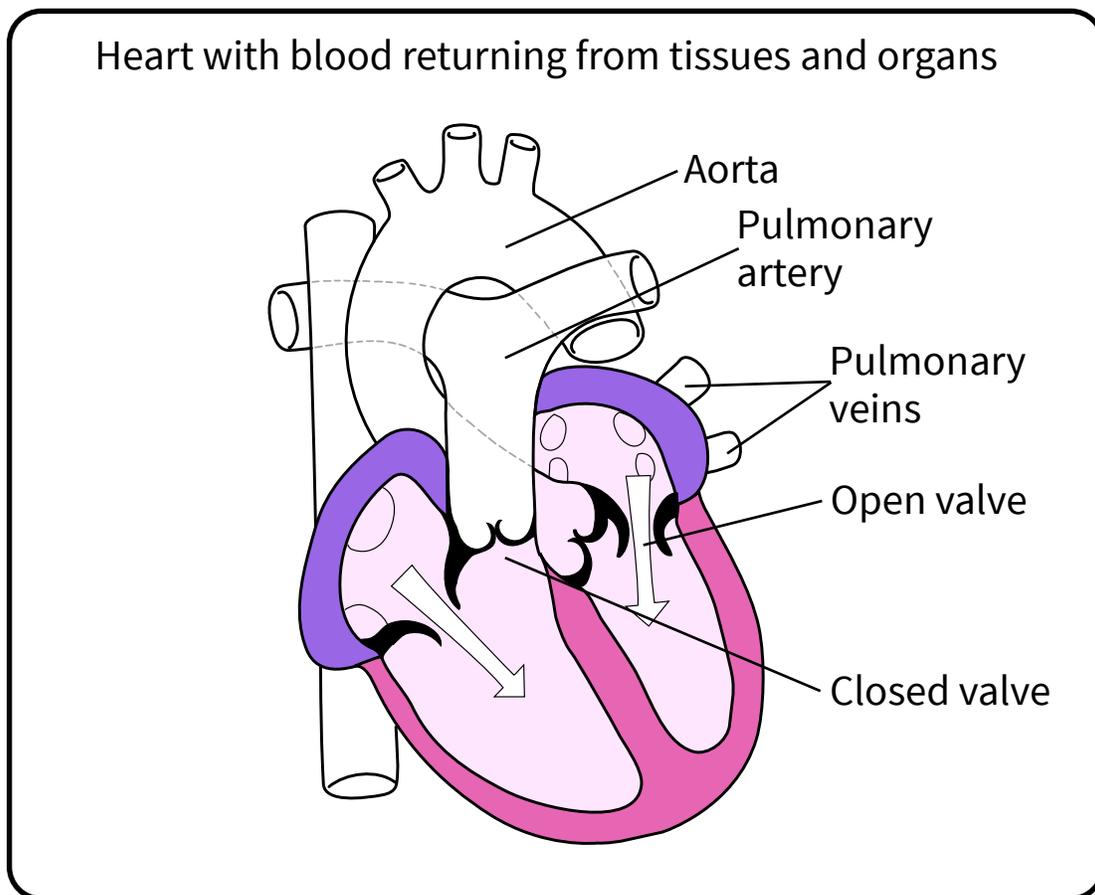
### Cardiac Rehabilitation (Rehab):

Phone: \_\_\_\_\_

**If it is an emergency, call 911 or go to the nearest Emergency Department right away.**

## How does a healthy heart work?

- Your heart is a muscle. It is about the size of your fist.
- Your heart pumps blood and nutrients around your body.
- It has 4 chambers. The chambers are separated by valves that open and close. The valves let blood flow forward and stop it from flowing backward.
  - › Blood flows from the chambers on the right side of your heart to your lungs, where it picks up oxygen.
  - › This oxygen-filled blood then flows to the left side of your heart, and gets pumped out to the rest of your body.
- Blood vessels called **coronary arteries** bring oxygen-filled blood and nutrients to your heart.



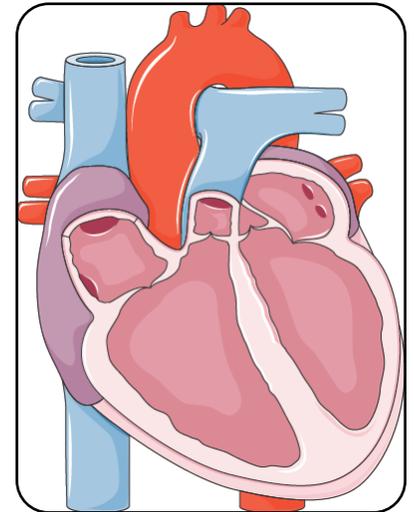
## What is heart failure?

- Heart failure is when your heart does not pump well. When this happens:
  - › Your heart does not move blood and oxygen through your body very well.
  - › Your organs do not get as much blood as they need.
  - › Fluid can back up in parts of your body (like in your legs and lungs).
- **Ejection fraction (EF)** measures how well your left ventricle pumps blood out of your heart.

### The 2 main types of heart failure are:

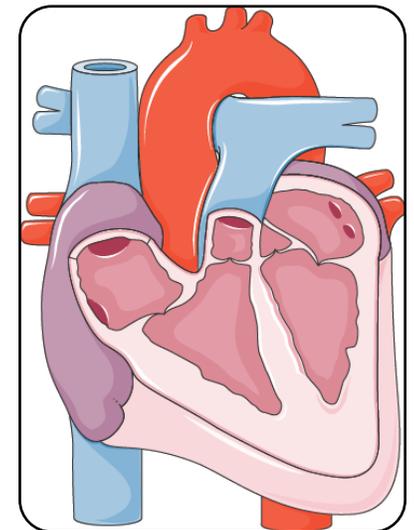
#### 1. Systolic (a weak pump):

- › Your heart muscle becomes weak and stretched. It is not able to pump as much blood through your body.
- › This happens with a **reduced ejection fraction (HFrEF)**.



#### 2. Diastolic (a stiff pump):

- › Your heart muscle is stiff and does not relax between beats. This means it cannot fully fill with blood, and less blood is pumped out to your body.
- › This happens with a **preserved ejection fraction (HFpEF)**.



- Heart failure can be **chronic** (ongoing) or **acute** (happen all of a sudden).
- Chronic heart failure is usually **progressive** (gets worse over time).

## What are the symptoms of heart failure?

Symptoms of heart failure include:

- Trouble breathing (when you are exercising, doing light activity, or resting)
- Swelling in your feet, ankles, and legs, or in your belly (you may feel bloated)
- Feeling tired, weak, dizzy, or lightheaded
- Weight gain of:
  - › 4 pounds (2 kg) within 2 days in a row
  - or**
  - › 5 pounds (2.5 kg) within 7 days (1 week)
- Finding it harder to breathe when you are resting or lying down
- Trouble breathing that wakes you up at night
- Finding it easier to sleep when you put more pillows under your head or sleep sitting up in a chair
- Not feeling hungry
- A new cough that does not bring up mucus, that may be worse when you are lying down
- A new cough that produces pink, frothy mucus
- Not having energy to do your daily activities

You may have some, all, or none of these symptoms.

## What causes heart failure?

- Heart failure can be caused by a disease or a condition that damages your heart.
- Sometimes, the cause of heart failure is not known.

### **The most common causes of heart failure include:**

- Coronary artery disease or a heart attack
- Heart valve problems
- Abnormal heart rhythm
- High blood pressure (also called **hypertension**)
- Pulmonary hypertension (high blood pressure in the blood vessels that connect your heart and lungs) caused by lung disease, sleep apnea, or other diseases
- Congenital (you are born with it) heart disease
- Genetic or hereditary (passed on in families) heart disease
- Diabetes
- Autoimmune disorders
- Infections that affect your heart muscle (like viral myocarditis)
- Buildup of abnormal proteins in the body
- A complication during pregnancy (that causes heart failure in the person giving birth)
- Obesity (being overweight)
- Being exposed to chemotherapy or radiation
- Using too much alcohol or drugs

## How is heart failure diagnosed?

- Your primary health care provider (family doctor or nurse practitioner) or your health care team will:
  - › Ask about your health history and symptoms
  - › Do a physical exam

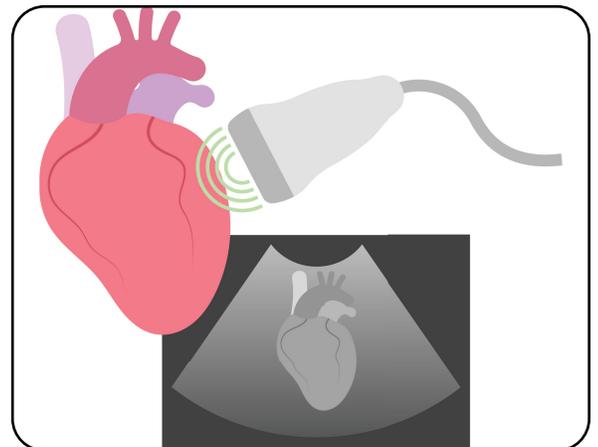
They may also do some of these tests:

### Chest x-ray

- This test checks:
  - › the size of your heart.
  - › if there is any fluid in your lungs.

### Echocardiogram

- This is an ultrasound of your heart. It is done to:
  - › check the chambers, valves, and movement of your heart.
  - › measure your **Left Ventricular Ejection Fraction (LVEF)**. LVEF measures how well your left ventricle pumps blood out of your heart.



### Nuclear medicine scan (MUGA or WMS)

- This test checks how well your heart pumps.

## Cardiac MRI

- This test:
  - › checks for inflammation (redness and swelling) and scars on your heart. This helps your health care team understand the cause of your heart failure.
  - › measures your LVEF (see Echocardiogram on page 6).
  - › measures how well the right side of your heart pumps.

## Electrocardiogram (ECG or EKG):

- This test checks the electrical activity of your heart.

## Cardiac catheterization:

- This test can check for blockages in your heart arteries and measure the pressure in your heart.

## Cardiac CT scan (also called a coronary CT):

- This scan checks your heart arteries. You may have it instead of a cardiac catheterization.

## Blood tests:

- These tests check for certain enzymes and may help explain why you have heart failure.
- A blood test called **brain natriuretic peptide** (BNP) or **N-terminal pro brain natriuretic peptide** (NtproBNP), can help with the diagnosis and management of your heart failure.

## Exercise stress test:

- This test shows how your heart responds to exercise.

## Managing heart failure

- Heart failure is usually a chronic condition that needs treatment for the rest of your life.
- Our goal is to help you manage your heart failure so that you feel better and do not need to be admitted to the hospital, helping you to live longer.
- Heart failure treatments can:
  - › Help your symptoms
  - › Lower your risk of complications
  - › Slow down, stop, or improve the health problems that are causing your heart failure
- Treatments for advanced heart failure include:
  - › Having a device implanted (put inside you) to correct your heart rhythm, like a pacemaker, an implantable cardioverter defibrillator (ICD), or a cardiac resynchronization therapy (CRT) device
  - › Coronary artery stent (also called **percutaneous coronary intervention [PCI]**)
  - › Coronary artery bypass surgery (CABG)
  - › Heart valve surgery
  - › Heart transplant (surgery to replace your heart with a donor heart or a mechanical heart).

Your health care team will talk with you about these treatments, if needed.

## Self-managing your heart failure

- **It is very important to take an active role in being responsible for managing your condition and your health.** Self-managing your heart failure can help you:
  - › improve your quality of life.
  - › feel more in control of your health.
  - › understand when to ask your health care team for help managing your heart failure.
  - › lower your risk of going to the Emergency Department or prevent you from being admitted to the hospital.
  - › limit or prevent complications as your heart failure gets worse.
  - › prevent your heart failure from getting worse.

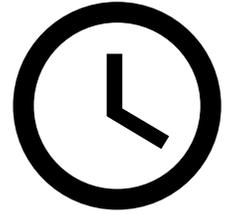
## To help manage your heart failure:

### 1. Keep track of your weight.

- **Write down your weight every day.** Use a notebook, a calendar, a computer, your cell phone, or the symptom tracker tool on page 42. It is important to do this every day so you know if your body is retaining (keeping) fluid.

### How to weigh yourself:

- Weigh yourself at the same time each day. This should be first thing in the morning, **before** you eat anything and **after** you have peed for the first time.
- Use the same scale to weigh yourself each day. Put the scale on a flat surface (not carpet).
- Wear the same amount of clothes (or no clothes) each time you weigh yourself.



### My ideal weight is between:

\_\_\_\_\_ and \_\_\_\_\_  
 pounds  kg

#### **Tell your primary health care provider if:**

- › You gain 4 pounds (2 kg) within 2 days in a row.
- › You gain 5 pounds (2.5 kg) within 7 days (1 week).
- › You have swelling in your feet, ankles, and legs.

**These may be signs that you are retaining fluid.**

### How to check for swelling in your feet, ankles, and legs:

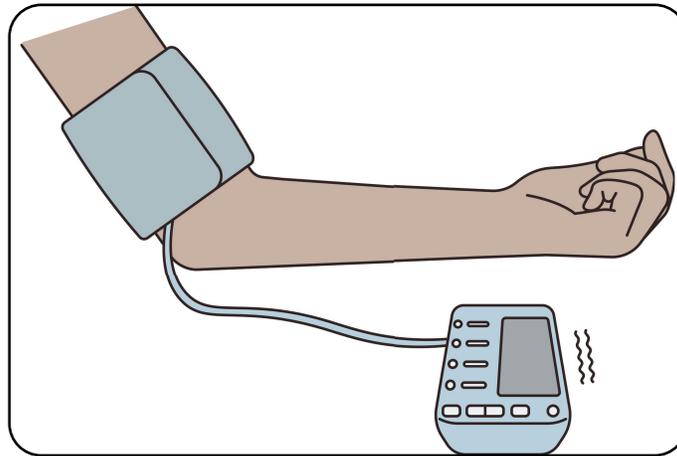
- Press your thumb gently into the tissue for a few seconds. If it leaves a small dent, you have swelling.

**It is important to tell your primary health care provider right away if you think you are retaining fluid.** They can:

- › help to prevent your heart failure from getting worse.
- › help to prevent you from being admitted to the hospital.

## 2. Manage your blood pressure.

- You can measure your blood pressure with a device called a blood pressure monitor. Most blood pressure monitors will also measure your heart rate (pulse).
- This measurement may **not** be accurate if you have been diagnosed with atrial fibrillation.
- Get a good quality blood pressure monitor and cuff. Make sure the cuff is the right size for you.



### How to measure your blood pressure and heart rate:

- Measure your blood pressure at the same time each day, 1 to 2 times a week.
- **For at least 30 minutes before you measure your blood pressure:**
  - › **Do not** smoke.
  - › **Do not** drink alcohol or caffeine.
- Rest for 3 to 5 minutes before you measure your blood pressure.
- Sit with your back and arms supported. Put both of your feet flat on the floor. Put your arms at heart level.
- Put the cuff on your non-dominant arm (the arm you do not write with).
- **Do not** talk.
- Take 2 measurements, 1 to 2 minutes apart. Record **only** the second reading.
- Write down your blood pressure measurements on page 42.

### 3. Eat foods that are low in sodium (salt).

- Sodium is found in:
  - › Food
  - › Table salt
  - › Sea salt
- Salt is the main source of sodium in our food. Even food that does not taste salty can have a lot of sodium. Sodium can be found in:
  - › Ready-made, processed foods
  - › Restaurant foods
  - › Homemade foods with sodium added during cooking or at the table.
  - › Whole foods (foods that have not been highly processed or refined)
- Your body needs some sodium. Too much sodium can make your body retain fluid. This extra fluid can:
  - › Make your heart work harder
  - › Cause swelling in your feet, legs, and belly
  - › Make it harder to breathe, if the fluid is in your lungs
- Limit the amount of sodium you eat to **2000 mg or less per day.**
- Choose foods with **less than 10% daily value (DV) of sodium per serving.**
- Choose condiments (like sauces and dips) with **less than with 5% DV of sodium per serving.**
- Always check the serving size on the label.



## Tips to help limit salt

- Prepare your meals at home from whole, natural foods.
- **Do not** buy processed fresh and frozen foods.
- Choose canned foods labelled “no salt added”.
  - › Foods labelled “low sodium” or “reduced sodium” may still have too much sodium. It is best to always check the label.
- Drain and rinse canned foods.
- **Do not** use salt in your cooking. Season foods with herbs, spices, lemon juice, or salt substitutes.
- **Some salt substitutes include potassium.** If you also need to limit your potassium, check the label.
- **Do not** add salt to your food at the table.
- **Limit or avoid:**
  - › Processed foods
  - › Deli meats
  - › Pickled foods
  - › Salted snack foods (like chips, pretzels, dips, and salted nuts)
  - › Sports drinks (like Gatorade®)
- Eat out less often. Many restaurant foods (like pizza and milkshakes) are high in sodium.
  - › When you eat out, ask about low or no salt choices.

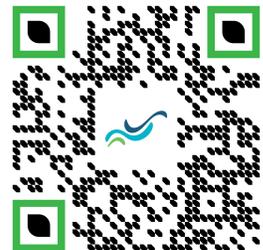
For more information about sodium in foods, ask your health care team for these pamphlets, scan the QR codes, or visit the websites below:

- *Low Sodium Eating Guide: 1500 to 2000 mg a Day*
  - › [www.nshealth.ca/patient-education-resources/1161](http://www.nshealth.ca/patient-education-resources/1161)

Scan the QR code on your device (open the camera on your device, point the camera at the code, and tap the banner or border that appears)



- *High Sodium Foods to Limit or Avoid*
  - › [www.nshealth.ca/patient-education-resources/0550](http://www.nshealth.ca/patient-education-resources/0550)



- *Heart Healthy, Sodium Restricted Guidelines: 1500 to 2000 mg sodium per day*
  - › [www.nshealth.ca/patient-education-resources/1166](http://www.nshealth.ca/patient-education-resources/1166)



#### 4. Safely limit the amount of fluids you take in.

- A **fluid** is any food or drink that is liquid at room temperature. Some examples are:
  - › Water
  - › Coffee
  - › Tea
  - › Soup
  - › Ice cream
- The recommended fluid intake for people with heart failure is **1½ to 2 L of fluids per day**. Your primary health care provider will tell you how much fluid you can have.
- Drinking less fluid helps lower the amount of fluid in your body. This means your heart does not have to work as hard.

## Tips for limiting fluid

- Fill a 2 L container with water. Every time you eat or drink a fluid, pour the same amount of water out of the container. This helps you know:
  - › How much fluid you have had
  - › How much fluid you have left for the day
- Even if you feel thirsty, it may not mean that your body needs more fluid. To help you feel less thirsty without eating or drinking more fluids:
  - › Snack on a small piece of cold or frozen fruit, like a frozen grape or a cold orange slice.
  - › Brush your teeth often.
  - › Rinse your mouth with chilled, alcohol-free mouthwash.
  - › Suck on hard candies or chew gum (try sugar-free candies and gum).
  - › Use lip balm to keep your lips from drying out.
  - › Ask your pharmacist about artificial (man-made) saliva.



Fluid Measurement Guide	
1 Tbsp	15 ml
1 glass	250 ml
1 L	1000 ml
6 to 8 glasses	1½ to 2 L

5. Get regular physical activity.
6. Take your medications as prescribed.
7. Avoid smoking and vaping (tobacco or cannabis), and drinking alcohol.
8. Watch for symptoms of heart failure (see pages 4 and 41).
9. Manage any health conditions that may be causing your heart failure (like wearing a CPAP or BiPAP machine if you have sleep apnea).



## Guideline-directed medical therapy (GDMT)

- GDMT uses 2 to 4 classes of medications to treat heart failure. This will depend on the type of heart failure you have (see page 3). Using these medications together can help you feel better and live longer.



- **Types of GDMT medications include:**

- › Angiotensin-neprilysin inhibitors (ARNI), angiotensin-converting enzyme inhibitors (ACE inhibitors), or angiotensin receptor blockers (ARB)
- › Beta blockers
- › Mineralocorticoid receptor antagonists (MRAs)
- › Sodium-glucose co-transporter (SGLT2) inhibitors

Your health care team may prescribe 2 or more of these medications. This will depend on the type of heart failure you have.

- You may also take other medications that are **not** used in GDMT, like:
  - › Diuretics (water pills)
  - › Hydralazine
  - › Sinus node inhibitors (ivabradine)
  - › Nitrates
  - › Digoxin

## Maximally tolerated dose (amount)

- You may not be able to tolerate a full dose (also called a **target dose**) of a medication. The **maximally tolerated dose** of a medication is the dose that you can take **without** having side effects that bother you, like low blood pressure, or feeling dizzy or lightheaded.
- If you are taking both GDMT and other medications, your primary health care provider may lower or stop your other medications so they can maximize (give you the most) your GDMT dose.

## Titration

- You will start by taking a low dose of medication. Based on how you respond to the medication, your primary health care provider will adjust your dose slowly and carefully. This is called **titration**.
- During titration, your primary health care provider will:
  - › assess your symptoms.
  - › ask you about any side effects.
  - › monitor your blood work results, as needed.
  - › raise or lower your dose, as needed.
- **It is very important to tell your primary health care provider how you are feeling during titration.** This helps them know how to adjust your dose.
- **Do not** adjust your medication without talking to your health care team.

**If you are taking medications for heart failure, it is very important to:**

- **Go to all your medical appointments.**
- **Get blood work done, as ordered by your primary health care provider.** You may need regular blood work to check your potassium levels and how well your kidneys are working. This will depend on the medications you are taking.
- **Check your blood pressure and heart rate regularly.** Medications for heart failure can lower both your blood pressure and your heart rate.
  - › **Low blood pressure can make you feel dizzy.** To help prevent this, stand up slowly from sitting or lying down.

**If you have any questions about your medications, please ask your primary health care provider or your pharmacist. They are there to help you.**

## Medications

### GDMT medications

#### ARNI, ACE inhibitors, and ARB

- These medications help to:
  - › Relax your blood vessels and help them to open
  - › Lower your salt and fluid retention

This makes it easier for your heart to pump blood to your body.

- You will need to have your blood pressure checked regularly.
  - › These medications can lower your blood pressure, especially when you first start taking them or when the dose is raised. This usually improves after a few days.

**Note:** You must stop taking ACE inhibitors at least 36 hours before starting an ARNI (like sacubitril-valsartan, Entresto®) to avoid a rare allergic reaction.

#### Examples of these medications include:

##### ARNI

- › Sacubitril-valsartan (Entresto®)

##### ACE inhibitors

- These medications have names that end with “-pril”, like:
  - › Perindopril
  - › Enalapril
  - › Ramipril
  - › Lisinopril

##### ARB

- These medications have names that end with “-sartan”, like:
  - › Valsartan
  - › Telmisartan
  - › Candesartan

My medication is called: \_\_\_\_\_

**Common side effects of GDMT medications:**

- Feeling lightheaded, dizzy, or weak. These can be symptoms of low blood pressure.
- A dry, hacking cough (if you are taking ACE inhibitors)

**Rare, serious side effects of GDMT:**

- In 1 in 1000 people, these medications can cause **angioedema** (swelling of the lips, face, tongue, or throat).
  - › This swelling can cause trouble breathing, wheezing, **stridor** (noisy breathing), or a hoarse voice.

**Call 911 or go to the nearest Emergency Department right away if you have any of these symptoms.**

## Beta blockers

- Beta blockers block the effect of adrenaline on your heart. This slows your heart rate, so your heart does not have to work as hard.

### If you are taking carvedilol:

- Take it with food to help lower side effects (listed below).

#### **If you are taking carvedilol and you have diabetes:**

- Beta blockers can hide symptoms of low blood sugar.
- **Check your blood sugar more often when you first start taking this medication.** For example:
  - › Check your blood sugar 2 times a day for the first 7 days after you start taking beta blockers.

- **Do not stop taking beta blockers suddenly, unless told by your primary health care provider.** Stopping suddenly can make your heart race (beat very fast).
- These medications have names that end with “-lol”, like:
  - › Bisoprolol
  - › Metoprolol
  - › Carvedilol

My medication is called: \_\_\_\_\_

#### **Common side effects of beta blockers:**

- Feeling lightheaded, dizzy, or weak. These can be symptoms of low blood pressure or a slow heart rate.
- Feeling tired or having low energy. This usually gets better as your body gets used to the medication.
- Sleep changes (feeling drowsy, not being able to sleep, having dreams that are very clear or seem real)

#### **Rare, serious side effects of beta blockers:**

- Wheezing or trouble breathing, if you have asthma
  - › This is because beta blockers can narrow your airway, making it harder to breathe.
  - › **If this happens, talk to your primary health care provider right away.**

## Mineralocorticoid antagonists (MRAs)

- MRAs block a hormone called **aldosterone**. This hormone can:
  - › make your kidneys retain fluids and salt.
  - › raise your blood pressure and make your heart stiff.
- These medications have names that end with “-one”, like:
  - › Spironolactone
  - › Finerenone
  - › Eplerenone

My medication is called: \_\_\_\_\_

### Common side effects of MRAs:

- Swelling or tenderness in your breasts (if you are taking spironolactone)
  - › Talk to your primary health care provider if this happens. They may prescribe a different MRA.
- High potassium
  - › You will have regular blood work to monitor your potassium levels and to check how well your kidneys are working. Your primary health care provider may ask you to limit foods with high potassium.
- Urinating (peeing) more often
  - › This is called a **diuretic effect**. Take this medication early in the day to avoid having to urinate (pee) at night.

## SGLT2 inhibitors

- These medications help lower the stress on your heart. They are also used to treat diabetes.

### **If you are taking SGLT2 inhibitors and you take medication for diabetes:**

- Your dose may need to be changed. Talk about this with your primary health care provider, diabetes clinic, or pharmacist.
- You will need regular blood work to check how well your kidneys are working.
- These medications have names that end with “-flozin”, like:
  - › Dapagliflozin
  - › Empagliflozin

My medication is called: \_\_\_\_\_

### **Common side effects of SGLT2 inhibitors:**

- SGLT2 inhibitors raise the amount of sugar in your pee. This raises your risk of a yeast infection or a bladder infection.
- **Symptoms of a yeast infection include:**
  - › Burning or itchy skin in your genital area (vagina or penis)
  - › More vaginal discharge or a change in your vagina’s odour (smell)
- **Symptoms of a bladder infection include:**
  - › A burning feeling when you pee
  - › Needing to pee more often
  - › Peeing only a small amount
  - › Feeling a more urgent need to pee than usual
- **To lower your risk of a yeast infection or a bladder infection:**
  - › Keep your genitals clean and dry.
  - › Wipe from front to back after peeing.
  - › Pee right away after you have sex.

**Rare, serious side effects of SGLT2 inhibitors:**

- If you are dehydrated (do not have enough fluids) or sick while taking SGLT2 inhibitors, you may have **ketoacidosis**.
- **Symptoms include:**
  - › Nausea (feeling sick to your stomach)
  - › Severe (very bad) tiredness
- **Ketoacidosis can be life-threatening. You may need to be admitted to the hospital for treatment.**
- **Call 911 or go to the nearest Emergency Department right away if you have any of these symptoms.**

## Other medications

### Diuretics

- Diuretics help your body get rid of extra fluids and salt. This lowers swelling and makes it easier for your heart to pump.
- Examples of these medications include:
  - › Loop diuretics (like furosemide, bumetanide, or torsemide)
  - › Thiazide diuretics (like hydrochlorothiazide, indapamide, chlorthalidone, or metolazone)

My medication is called: \_\_\_\_\_

- Diuretics make you pee more often.
  - › Take your diuretic early in the morning to avoid having to pee at night.
  - › If you take your diuretic 2 times a day, take your second dose in the mid-afternoon, about 6 hours after your first dose.
- **While you are taking this medication, it is very important to check your weight to see if you are retaining fluid. Remember to:**
  - weigh yourself every morning.
  - write down your weight each time you weigh yourself.

#### Common side effects of diuretics:

- Leg cramps
- Feeling thirsty
- Symptoms of low blood pressure (like feeling lightheaded, dizzy, or weak), if too much fluid is removed
- Your skin is more sensitive to the sun. Use a sunscreen with SPF 30 or higher.

## Hydralazine and nitrates

- These medications help to:
  - › Relax your blood vessels and help them to open. This makes it easier for your heart to pump blood to your body.
- If you cannot take ARNI, ACE inhibitors, or ARB because of your kidney function, you may need to take a combination of these medications.
- You will usually take these medications 3 times a day with meals.

### **If you are taking hydralazine or nitrates and you are using a nitroglycerin patch:**

- Put it on in the morning and take it off at night, unless your health care team tells you not to. **The patch will not work as well if you wear it for 24 hours (1 day) in a row.**
- **Do not use nitroglycerin with medications for erectile dysfunction (ED), like:**
  - › **Viagra®**
  - › **Cialis®**
  - › **Levitra®**

**Taking these medications together can cause a severe drop in your blood pressure. This can lead to fainting, falls, or even death.**

- Examples of these medications include:
  - › Hydralazine tablets
  - › Nitrate tablets (like nitroglycerin or isosorbide dinitrate)
  - › Nitrate patches

My medication is called: \_\_\_\_\_

**Common side effects of hydralazine:**

- Headache
- Nausea or vomiting (throwing up)
- Symptoms of low blood pressure (like feeling lightheaded, dizzy, or weak)

**Rare, serious side effects of hydralazine:**

- Hydralazine can cause a rare condition called **lupus-like syndrome**.

Symptoms include:

- › New joint pain, swelling, or stiffness
- › A butterfly-shaped rash on your face
- › Rashes that get worse in the sun
- › Fever (temperature above 38 °C or 100.4 °F)
- › Unusual weakness or fatigue (feeling very tired)

**Talk to your primary health care provider, pharmacist, or the Heart Function Clinic right away if you have any of these symptoms. If you cannot reach them, go to the Emergency Department right away.**

**Common side effects of nitrates:**

- Headache
- Flushing (your face feels warm and turns pink, red, or darker in colour)
- Symptoms of low blood pressure (like feeling lightheaded, dizzy, or weak)

## Digoxin

- Digoxin helps your heart pump well and can slow your heart rate.
- You may need regular blood work to check the amount of digoxin in your body.
- **Do not** eat grapefruit or drink grapefruit juice when taking digoxin. It can raise your digoxin levels.

### Rare, serious side effects of digoxin:

- **If your digoxin level is too high, you may:**
  - › See halos (circles) around lights or objects
  - › Have vision problems (blurred or yellow)
  - › Lose your appetite (you do not feel hungry)
  - › Vomit
  - › Have diarrhea (loose, watery poop)
  - › Have a fast heart rate

**Talk to your primary health care provider, pharmacist, or the Heart Function Clinic right away if you have any of these symptoms. If you cannot reach them, go to the Emergency Department right way.**

## Ivabradine

- Ivabradine slows your heart rate to help your heart work better.
- Take this medication with food.
- **Do not** eat grapefruit or drink grapefruit juice while taking ivabradine.

### Common side effects of ivabradine:

- Vision problems (like halos, bright spots, flashes of light)

## Tips for taking heart failure medications

- Keep all your medications in their original bottles or containers. If you use a pill organizer, keep your original medication bottles, too.
- Keep a list of all your medications in your wallet. This can help in an emergency.
- **Avoid alcohol.**
- Take your medications at the same time each day.
- **Take your medications exactly as told by your primary health care provider.** If you miss a dose or stop taking a medication, it can make your heart failure worse and cause severe problems.
- If you think your medication dose need to be changed, talk to your primary health care provider first.

### If you miss a dose and it is almost time for your next dose:

- › Skip the missed dose. **Do not** take 2 doses at the same time.
- **Do not** take any over-the-counter medications, inhalers, creams, eye drops, patches, herbal products, vitamins, or supplements without talking to your primary health care provider or your pharmacist first. They may interact with your heart failure medications.
- **Do not** take ibuprofen (Advil®, Motrin®) or naproxen (Aleve®). These may make your kidneys work harder and make edema (swelling) worse. They can also cause high blood pressure.
- **Do not** take cough syrup, cold medication, or a decongestant that contains a stimulant (like pseudoephedrine). They can raise your heart rate and blood pressure and cause dangerous arrhythmia (heart rhythm problems).

## Medication interactions with herbal products

- The ingredients in some herbal products and supplements may interact with your heart failure medications. **Talk to your primary health care provider or pharmacist first before taking any herbal product or supplement or before trying any alternative or herbal treatment.** This includes herbal drinks like green tea. **This is very important.**



### Herbal products, supplements, or therapies that may interact with your heart failure medications include:

- › Ephedra (ma huang)
- › Ephedrine metabolites
- › Chinese herbs
- › Hawthorn (crataegus) products
- › St. John's wort (millepertuis)



- **Beware of extreme claims about the benefits of alternative or herbal treatments.**
- **Do not** take these treatments in place of your prescribed medications.

## Managing heart failure medication when you are sick

- When you are dehydrated (are vomiting with diarrhea), some heart failure medications can make your dehydration worse.
- **Do not** take these medications if you are dehydrated:
  - › ARNI (sacubitril-valsartan or Entresto®)
  - › ACE inhibitors (like perindopril, ramipril, lisinopril, trandolapril, quinapril, or enalapril)
  - › ARB (candesartan, valsartan, irbesartan, or losartan)
  - › MRAs (spironolactone, eplerenone, or finerenone)
  - › SGLT2 inhibitors (like dapagliflozin, empagliflozin, or canagliflozin)
  - › Diuretics (Lasix®, furosemide, metolazone, bumetanide, or hydrochlorothiazide)

You may start taking these medications again once you feel better.

- **Call your primary health care provider or your Heart Function Clinic if you are not feeling better within 2 days.** They may tell you to go to a walk-in clinic, or the nearest Emergency Department if you do not feel better.



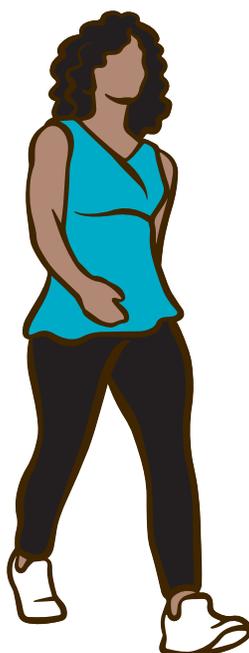
## Being active

- **Regular exercise is very important.** It can help you:
  - › Have more energy
  - › Have less trouble breathing
  - › Improve your health
  - › Prevent your heart failure from getting worse
- Exercise does not have to be hard to help you improve.
- **Walking is the best form of exercise.**
  - › Start with a few minutes and slowly build up to longer walks.
- Below is a beginner walking plan for people with heart disease:

Weeks	Walk length
Weeks 1 and 2	5 to 10 minutes
Weeks 3 and 4	10 to 15 minutes
Weeks 5 and 6	15 to 20 minutes
Weeks 7 and 8	20 to 30 minutes

### If you only walk for a short time:

- Try interval training. Alternate between walking and resting, repeating as many times as you can.
- Walk for 5 minutes 3 times a day. This is just as good as a 15-minute walk.



### **Find balance between rest and activity:**

- Save your energy by spreading your activities throughout the day.
- Know your limits to stop before you get too tired.
- **Do not** exercise in extreme temperatures (very hot or very cold).
- **Do not:**
  - › Lift anything over 10 pounds
  - › Push any heavy objects
  - › Do heavy housework (like vacuuming or mopping floors) or yard work
  - › Shovel snow
  - › Do any activity that causes you to strain or hold your breath while you are doing it

### **Stop doing an activity if you:**

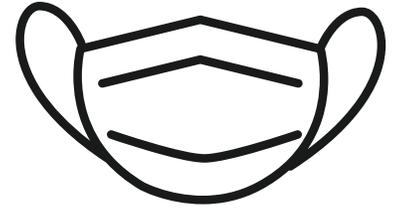
- › cannot carry on a conversation, sing, or whistle without having trouble breathing.
- › are out of breath
- › are weak, tired, or dizzy
- › have nausea
- › your heart beats irregularly and this is new for you
- › have pain in your chest, neck, jaw, arm, or shoulder

### **Tips for harder activity:**

- Schedule breaks before and after any activities.
- Know when you are at your best. Do your most demanding activities at that time.
- Break up big tasks into small ones.
- Take breaks often.
- It is OK to take it easy.
- Hire someone to do heavy housework and yardwork. Continuing Care or VON may be able to help (see the “**Resources**” section on page 36).
- Get your groceries delivered.
- Get a handicapped parking permit.
- Find out what community resources and services are available in your area (see the “**Resources**” section on page 36).

## To improve your heart health and prevent sickness:

- Wash your hands often.
- If you are sick, stay home until you are better.
- Wear a mask in public.
- Avoid others who are sick.
- Get a flu shot annually.
- Keep all of your vaccines up to date.



## Manage stress

- **Everyone feels stress in different ways. Symptoms of stress include:**
  - › Tense muscles
  - › Headaches
  - › Trouble sleeping
  - › Easily frustrated
  - › Trouble concentrating
- **Things that can make stress worse:**
  - › Smoking
  - › Alcohol
  - › Caffeine
  - › Sugar
- You may feel upset, sad or down, helpless, or be worried about your future. This is common in people who get a new diagnosis of heart failure.
- **Talk to your primary health care provider if you are depressed or are sleeping too little or too much.**

## Managing stress while you are in the hospital

- A social worker can help you and your loved ones with concerns while you are in the hospital. They can give you information about services to help during your recovery. They can help you access public and community services (like medication coverage). Tell a member of your health care team that you would like to talk to a social worker.

## Planning for the future

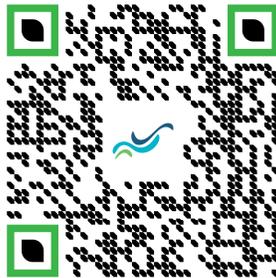
- Your heart failure may get worse. Start to think about your future and how you wish to be cared for if your heart failure progresses. This is called **advance care planning**.
- Advance care planning lets you:
  - › Talk to your loved ones and health care providers about the type of care you want to have in the future.
  - › Make plans for your future care.
- Advanced care planning can be done in writing to tell people how you want to be cared for if you cannot make decisions for yourself (you lose capacity). This is called a **personal directive**. It is a legal document in which a capable person sets out what, how, and by whom personal care decisions are to be made if the person is no longer capable of making these decisions on their own.
- A personal directive must be:
  - › In writing
  - › Signed by the person making the directive
  - › Witnessed by someone

### For more information:

- › <https://novascotia.ca/just/pda>

## Things to think about for advance care planning:

- 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 worries and concerns do you have?
- What would be important to you if your condition gets worse?
- 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?
- Do you have a personal directive?
- To learn more about advanced care planning, please ask for a copy of the pamphlet *Advance Care Planning: Making Your Personal and Medical Wishes Known*, scan the QR code below, or visit:
  - › [www.nshealth.ca/patient-education-resources/1942](http://www.nshealth.ca/patient-education-resources/1942)



## Cardiac Rehabilitation Program

- We recommend that you take part in a Cardiac Rehabilitation Program if there is a program in your area.
- The Cardiac Rehabilitation Program is a 3-month program that includes:
  - › Classes
  - › Exercise
  - › Tips to lower your risk factors
  - › Tips to improve your heart health
- The cardiac rehabilitation health care team includes:
  - › Nurses
  - › Dietitians
  - › Physiotherapists
  - › A cardiologist
- We will refer you to a rehab program in your area.
- For more information about Cardiac Rehabilitation Programs and support groups in your area, please visit:
  - › <https://library.nshealth.ca/Cardiac-Rehab>

<b>Central Zone</b>
<b>Hearts and Health in Motion – Mumford</b> 6960 Mumford Road, Suite 2057, Halifax › Phone: 902-473-3846
<b>Hearts and Health in Motion – Cobequid Community Health Centre</b> 40 Freer Lane, Lower Sackville › Phone: 902-473-3846
<b>Hearts and Health in Motion – Zatzman Sportsplex</b> 110 Wyse Road, Dartmouth › Phone: 902-473-3846

### **Eastern Zone**

#### **Cape Breton Heart and Lung Wellness Centre**

1173 Kings Road, Unit 2, Building A

› Phone: 902-563-8566

#### **Community Cardiovascular Hearts in Motion**

St. Martha's Regional Hospital

25 Bay Street, Antigonish

› Phone: 902-863-7192

**or**

› Phone: 902-863-7193

### **Western Zone**

#### **Valley Cardiac Rehab Program**

150 Exhibition Street, Kentville

› Phone: 902-679-2657 ext. 2621

#### **South Shore Cardiovascular Rehabilitation Program**

42 Glen Allan Drive, South Shore Medical Arts Building, Bridgewater

› Phone: 902-527-2417

#### **SWH Cardiac Rehabilitation Program**

Yarmouth Regional Hospital, 4<sup>th</sup> floor, Building C

60 Vancouver Street, Yarmouth

› Phone: 902-742-3542 ext. 1460

### **Northern Zone**

#### **One Door Chronic Disease Management Centre Cardiac Rehab Program**

810 East River Road, New Glasgow

› Phone: 902-755-7247

## Resources

### Canadian Heart Failure Society

- The Canadian Heart Failure Society’s “Patient Resources” page has resources, tools, and links to other websites with information about heart failure:
  - › <https://heartfailure.ca/patient-resources-0>

### Heart and Stroke Foundation of Canada

- For information about heart disease, heart failure, and ways to manage it, visit:
  - › [www.heartandstroke.ca](http://www.heartandstroke.ca)

### HeartLife Foundation

- HeartLife Foundation is a patient-led cardiovascular organization:
  - › <https://heartlife.ca>
- HeartLife also offers a private Facebook community for people who have heart disease and their loved ones:
  - › [www.facebook.com/groups/heartlifecanada](http://www.facebook.com/groups/heartlifecanada)

### Tobacco Free Nova Scotia

- This program offers resources and free, confidential and non-judgmental support. Visit:
  - › <https://tobaccofree.novascotia.ca>
- To find a local stop smoking program, visit:
  - › <http://mha.nshealth.ca/en/stop-smoking-program#access>

## If you do not have a primary health care provider:

- Call 811 to be added to the waitlist. This gives you access to virtual primary care with VirtualCareNS.

## VirtualCareNS

- VirtualCareNS provides Nova Scotians with virtual access to a primary health care provider. For more information:
  - › Email: [VirtualCareNS@nshealth.ca](mailto:VirtualCareNS@nshealth.ca)
  - › [www.nshealth.ca/clinics-programs-and-services/virtualcarens](http://www.nshealth.ca/clinics-programs-and-services/virtualcarens)



## YourHealthNS

- For more information:
  - › [www.yourhealthns.ca](http://www.yourhealthns.ca)



## Continuing Care

- Continuing Care supports people who need home care, community care services, and long-term care. For more information:
  - › Phone (toll free): 1-800-225-7225
  - › [www.nshealth.ca/continuing-care](http://www.nshealth.ca/continuing-care)



## **Nova Scotia Pharmacare**

- There are medication programs available for all Nova Scotians through the Department of Community Services. The programs you can access will depend on your family situation and family income.
- For more information:
  - › <https://novascotia.ca/dhw/>

## **211**

- 211 is a free, confidential information and referral service that can connect you to community programs and services offered across Nova Scotia, 24/7. For more information:
  - › Phone: 211
  - › <https://ns.211.ca>

## **Mental health resources**

### **Nova Scotia Health Mental Health and Addictions Program**

- The Nova Scotia Health Mental Health and Addictions program provides support, programs, and services to Nova Scotians across the province. To learn more:
  - › <https://mha.nshealth.ca>

### **Intake line**

- If you need help with a mental health or addictions concern, call the Nova Scotia Mental Health and Addictions intake line. Intake staff provide information, screening, and referrals to Nova Scotia Health and IWK Health programs.
  - › Phone (toll free): 1-855-922-1122

### **Intake line hours:**

- › 8:30 a.m. to 4:30pm (Monday, Wednesday, and Friday)
- › 8:30 a.m. to 8 p.m. (Tuesday and Thursday)
- › Voicemail on weekends

## **Provincial Mental Health and Addictions Crisis Line**

- The Provincial Mental Health and Addictions Crisis Line provides crisis intervention for children, youth and adults who are having a mental health crisis or mental distress. This service is available 24 hours a day, 7 days a week.
  - › Phone (toll-free): 1-888-429-8167

## **PAUSE program**

- The PAUSE program at the North End Community Health Centre (NECHC) is a community-based mental health initiative designed to provide accessible and mental health support right away. They offer walk-in and call-in services. For more information:
  - › Phone (toll free): 1-800-598-5270
  - › Email: northend@nechc.com
  - › <https://nechc.com/what-we-do/pause-mental-health>

## **Private practice resources**

If you would like to find a psychologist or a social worker, these resources can help.

### **Association of Psychologists of Nova Scotia**

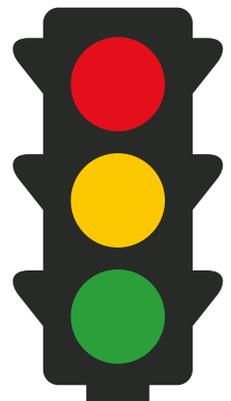
- › Phone: 902-422-9183
- › [www.apns.ca](http://www.apns.ca)

### **Nova Scotia College of Social Workers**

- › Phone: 902-429-7799
- › <https://nscsw.org/about/find-a-social-worker/>

## **Checking your symptoms each day**

- The chart on the next page tells when to get help and what kind.



## What zone are you in today?

Green Zone: All clear – This is your goal.	What to do:
<ul style="list-style-type: none"> <li>• No trouble breathing</li> <li>• Usual amount of swelling in your stomach, legs, ankles, or feet</li> <li>• No weight gain</li> <li>• No chest pain, pressure, or discomfort</li> <li>• Able to do your usual activities</li> </ul>	<ul style="list-style-type: none"> <li>• Your symptoms are under control. Keep appointments with your primary health care provider and the Heart Function Clinic.</li> </ul>
Yellow Zone: Caution – This zone is a warning.	What to do:
<ul style="list-style-type: none"> <li>• Weight gain of 4 pounds (2 kg) over 2 days in a row, or 5 pounds (2.5 kg) in 7 days (1 week)</li> <li>• Swelling in your hands, feet, or stomach area</li> <li>• Feeling bloated</li> <li>• Nausea or vomiting</li> <li>• Diarrhea that lasts for more than 2 days</li> <li>• Trouble breathing</li> <li>• Dizziness that does not go away</li> <li>• Blurred vision</li> <li>• Wheezing sounds that are getting worse</li> <li>• Cough that is getting worse</li> <li>• Changes in the amount, colour, or thickness of mucus</li> <li>• More tired than usual</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Call your primary health care provider or the Heart Function Clinic to ask what to do.</b> Your health care provider may need to change your medications.</li> <li>• If you do not have a primary health care provider, you can register to be added to the waitlist (see page 37).</li> </ul>
Red Zone: Emergency – This means act fast!	What to do:
<ul style="list-style-type: none"> <li>• Dizziness, fainting, or falling</li> <li>• Trouble breathing, chest tightness, or wheezing at any time</li> <li>• Trouble breathing that wakes you up at night</li> <li>• Needing to sit up or go into a tripod position (lean forward and support your upper body with your hands on your knees or on a counter or a table), open a window, or use a fan to catch your breath</li> <li>• Suddenly more confused or disoriented (not able to think clearly)</li> <li>• Coughing up pink, frothy mucus</li> <li>• Fast heart rate that does not slow down while resting</li> <li>• Chest pain that does not go away with rest or after taking medication</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Call 911 or go to the nearest Emergency Department right away.</b></li> </ul>

## Symptom tracker

- Use the tables on the following pages to track your symptoms over time. This will help your primary health care provider know how to treat your heart failure best.
- Bring these pages to your follow-up appointments.

Date	Weight	Blood pressure	Heart rate	Tiredness during the day	Trouble breathing during the day

Date	Weight	Blood pressure	Heart rate	Tiredness during the day	Trouble breathing during the day

## My heart failure medications

- It is important to take your medication exactly as told by your primary health care provider.
- If you have any questions about your medications, talk to your primary health care provider and/or pharmacist right away.

Medication	Dose	Morning	Noon	Afternoon	Dinner	Bedtime	Comments

# My other medications

Medication	Dose	Morning	Noon	Afternoon	Dinner	Bedtime	Comments

# My appointments

Date	Time	Place	Notes



