

Living with heart failure

Heart Information Series Number 8



**British Heart
Foundation**

This is one of the booklets in the *Heart Information Series*. For a complete list of booklets, see page 33.

We welcome your comments on this booklet.
Please fill in the feedback form on page 45.

We update this booklet regularly. However, you may
find more recent information on our website
bhf.org.uk

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About this booklet

This booklet is for people with heart failure, and for their family and friends. It explains:

- what heart failure is
- what causes it
- the symptoms
- how it is diagnosed
- how it is treated, and
- what you can do to have some control over your condition.

This booklet is not a substitute for the advice your doctor or cardiologist (heart specialist) may give you based on his or her knowledge of your condition.

What is heart failure?

Heart failure is the term used when the heart becomes less efficient at pumping blood round the body, either while you are resting or active. The term 'heart failure' is unfortunate because it implies that the heart has actually failed. However, many people can have some control over their condition with drugs, or with surgery or other types of treatment, or by making changes to their lifestyle.

How a normal heart works

Circulation of the blood is essential as the blood takes nourishment to all your tissues and organs. It also transports waste materials to the lungs and kidneys, which then get rid of them from the body.

The heart has two muscular pumps which act together. Blood from your muscles and organs enters the right side of your heart. The heart pumps the blood to the lungs where it takes up oxygen and removes the carbon dioxide it has been carrying. This oxygen-rich blood then enters the left side of the heart. From here it is pumped through the arteries to all parts of your body including the heart muscle itself.

The movement of the blood through the heart is regulated by a system of valves. These make sure

that the blood flows in the correct direction. There are four valves – one at the entrance and one at the exit of each of the two pumping chambers.

The illustration on the next page shows in more detail how a normal heart works, and on page 9 we explain what happens in a person with heart failure.

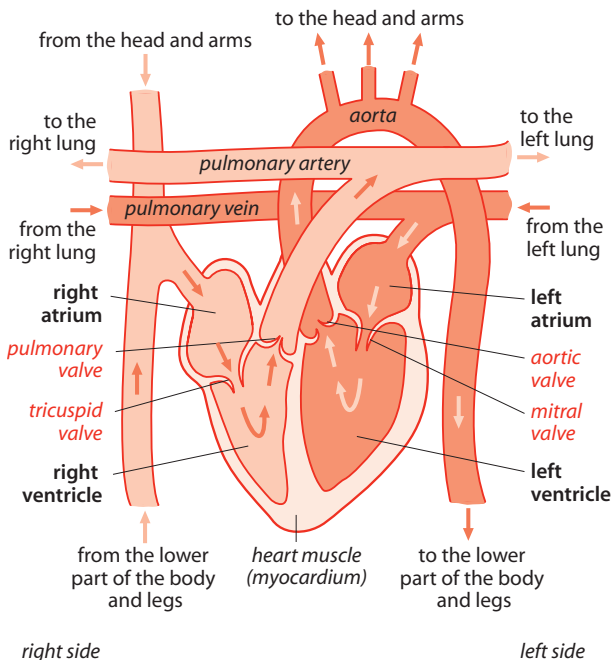
What causes heart failure?

Heart failure may result from damage to the heart muscle. The damage is most commonly caused by a heart attack, but sometimes it may be caused by drinking too much alcohol, or by a virus infection, or by a disease of the heart muscle called ‘cardiomyopathy’. In some people the cause of the damage is unknown.

Heart failure can also result from conditions which put an extra workload on the heart. The heart may have coped with this increased workload for many years before heart failure occurs. Problems which can cause an increased workload include:

- high blood pressure (hypertension)
- heart valves that either leak or are too narrow
- thyroid gland disease
- a heart rate that is much too fast, or too slow, or irregular, or
- anaemia.

How the heart works



Blood from the body passes through the tricuspid valve into the **right side** of the heart. It is then pumped through the pulmonary valve and then on to the lungs, where it takes up oxygen and removes carbon dioxide.

Oxygen-rich blood from the lungs passes back to the **left side** of the heart through the mitral valve. It is then pumped through the aortic valve and then on to all parts of the body.

Causes of heart failure

Left side of the heart

The most common causes of heart failure of the left side of the heart are: damage to the muscular pump of the left ventricle caused by a heart attack, prolonged high blood pressure, and diseases of the mitral valve and aortic valve. The main symptoms of left heart failure are tiredness and breathlessness.

Right side of the heart

The most common cause of heart failure to the right side of the heart is left heart failure (see above). Right heart failure can also be caused by lung diseases, as these can result in the right ventricle not pumping efficiently, causing the heart to become enlarged, and producing symptoms of right heart failure. The most common sign of right heart failure is swollen ankles and feet. Symptoms include extreme tiredness and breathlessness following physical activity.

We describe these signs and symptoms in more detail on the next page.

What are the signs and symptoms of heart failure?

The main symptoms of heart failure are severe tiredness and breathlessness. You may also get swelling of the ankles and feet. These signs and symptoms may come on suddenly, may happen after a heart attack, or may develop slowly over weeks or even months.

Severe tiredness

A common problem with heart failure is loss of energy, and tiredness either while you are at rest or following only a small amount of activity. The tiredness can be quite overwhelming, making it difficult or impossible for you to carry on as normal. The tiredness is due, at least in part, to reduced blood flow to the exercising muscles and may be an early symptom of heart failure.

Breathlessness

Breathlessness is a common symptom of heart failure. Failure of the left side of the heart to pump blood into the arteries efficiently enough, results in 'back pressure' in the circulation. This can cause fluid to build up in the air spaces of the lungs. The breathlessness is most likely to happen when you are active or when you are lying flat in bed. You

may get a cough, too. Breathlessness may actually wake you up at night, and you may need to sit up, with pillows to support you, or even go to the window for some fresh air.

Swelling of the ankles and feet

People with heart failure often have swelling (oedema) of the ankles and feet. This may extend to their legs, thighs and groin, and there may be swelling of the abdomen too. The swelling is due to the body holding salt and water, something which happens in people with heart failure.

Breathlessness and ankle swelling are not always caused by heart failure.

It is normal to become breathless when you are physically active. Breathlessness is also common in smokers, sometimes as the result of bronchitis or emphysema. People who are obese may get very out of breath when they are physically active and they are also prone to develop swollen ankles even if they do not have heart failure. Also, if you are unfit, you are likely to be more breathless when you are more active.

Varicose veins are another common cause of ankle swelling, especially in women. Ankle swelling may also be a side effect of some medicines. It also

sometimes happens in healthy people who have been sitting still for a long time, for example after a long journey.

Other symptoms of heart failure

Other symptoms of heart failure may include loss of appetite, feeling sick, constipation, coughing, poor memory, dizziness and a disrupted sleep pattern.

How is heart failure diagnosed?

If you have the symptoms described on pages 10-12, your doctor may suspect that you have heart failure. In some cases doctors can make a diagnosis after doing a careful physical examination. Your doctor will examine your heart rate and rhythm, take your blood pressure, check whether you have fluid in your lungs, legs and in other parts of your body, listen to sounds made by the heart valves, and check if the blood pressure in your neck is high. (High blood pressure here can be caused by too much fluid.) A blood test will show whether you have anaemia, kidney damage or thyroid disease.

You will probably need to have some further tests done. The most useful and widely used test to check the pumping action of the heart is an echocardiogram. This is a type of ultrasound scan. This painless test provides pictures of the heart in action, and allows doctors to check how well its pumping action is working. It often gives important clues about the cause of the condition. You may also have an electrocardiogram (ECG) and chest X-ray. For more details about echocardiograms, ECGs and other tests, see our booklet *Tests for heart conditions*.

What can be done for heart failure?

It is possible to put right some of the conditions which can lead to heart failure – for example severe anaemia, or a heart rhythm disorder caused by overactivity of the thyroid gland. Sometimes doctors identify the cause of heart failure as valve disease or a congenital heart abnormality (a heart condition you are born with, and which can sometimes remain undiscovered until adult life). In these cases it may be possible to correct the problem with surgery.

In most patients, heart failure is the result of damage to the pump function of the heart and, at the moment, there is no cure for this. However, advances in treatment mean that the outlook for many people with heart failure has improved substantially in recent years. We describe the drugs used to treat heart failure on page 19.

What you can do to help yourself

Symptoms can often be treated effectively – and your outlook improved – by a combination of making changes to your lifestyle and getting good treatment from your doctors and nurses. It makes good sense to do everything you can to stop or slow down any progression of your heart failure. This includes the following.

Weigh yourself regularly.

If you have heart failure, it is important to keep an eye on your weight. This is because, if your weight goes up, it might be because your body is building up too much fluid. Weigh yourself every morning and tell your doctor or heart-failure nurse about any sudden weight change (for example, if your weight goes up by about 4 pounds – just under 2 kilograms – over two days), or if you start getting more breathless, or have more ankle swelling.

Cut down on salt.

Too much salt could increase your blood pressure and could also upset the balance of salt and water in the body.

Don't add salt to your food at the table and avoid cooking with it. You can use herbs and spices to add flavour instead. You may also want to check the ingredients labels on food packaging. Salt often appears as sodium on food labels. (6 grams of salt is equivalent to 2.4 grams of sodium.) Choose the foods containing less sodium or salt. Foods that are high in salt include cheese, bacon, canned meat, sausages, crisps, smoked fish and canned soups. Foods that are low in salt include fruit, vegetables, meat, poultry, eggs, pasta, rice and

potatoes. Don't use salt replacements. You will soon get used to less salty foods.

For more information on salt, see our leaflet *Salt – Facts for a healthy heart*.

Other ways to eat a healthy diet

- Reduce the total amount of fat in your diet, and eat starchy foods instead (bread, pasta, rice, cereals and potatoes).
- Cut down on saturated fats and substitute them with small amounts of polyunsaturates and monounsaturates. (Saturated fats are found in butter, cheese, lard, dripping, coconut oil and palm oil. Polyunsaturated fats are found in cornflower oil, sunflower oil, soya oil and fish oil. Some margarines and spreads are made from polyunsaturated fats. Monounsaturated fats are found in olive oil, walnut oil and rapeseed oil, and in some margarines and spreads.)
- Aim to eat at least five portions of fruit and vegetables a day.
- Eat fish twice a week. One portion a week should be an oily fish (for example herring, salmon, mackerel or sardines).

For more information on healthy eating see our booklets *Eating for your heart* and *Reducing your*

*blood cholesterol, and our leaflet *Guide to food labelling*.*

Alcohol.

Drinking too much alcohol can sometimes make heart failure worse, so it's best to have no more than 1 or 2 units of alcohol a day. One unit of alcohol is equal to half a pint of ordinary strength beer, or a small glass of wine, or a single measure of spirits.

Work towards a sensible body weight.

If you are overweight, you need to lose some weight. Don't try to lose the extra weight too quickly. Losing weight slowly and steadily (about a pound a week) is more healthy, and you're more likely to keep the weight off for good.

For more information on how to lose weight, see our booklet *So you want to lose weight ... for good*.

If you smoke, stop smoking.

Stopping smoking is the single most important thing a smoker can do to live longer. If you have tried to quit and have gone back to smoking again, there are things that can help. These include products to help you stop smoking, joining a stop

smoking group, or alternative therapies such as hypnotherapy or acupuncture. For more information on these, see our booklet *Smoking and your heart*.

Be physically active, within the limits advised by your doctor.

The type of activity that is recommended for the heart is moderate, rhythmic (aerobic) exercise such as brisk walking, cycling or swimming. Walking and cycling are particularly good as you can often build them into your daily routine.

It is important to keep as active as possible, but build up your activities slowly and do only what you can. If you get very breathless during exercise, you should slow down or stop.

For more information see our booklet *Physical activity and your heart*.

Drugs to treat heart failure

Symptoms of heart failure usually respond to drug treatment. Drugs often used by people with heart failure include diuretics, ACE inhibitors, digoxin, beta-blockers, anticoagulants and anti-platelet drugs. We describe these below.

Diuretics

Diuretics (water tablets) increase the amount of water and salt passed from the kidneys into the urine. So they are a great help in relieving any ankle swelling and breathlessness caused by heart failure. There are three main types of diuretic – thiazide diuretics (such as bendrofluazide), loop diuretics (such as frusemide) and potassium-sparing diuretics (such as spironolactone).

If you are taking a thiazide or loop diuretic (along with an ACE inhibitor and possibly a beta-blocker), but you still feel breathless and still have too much fluid, your doctor may suggest that you take spironolactone as well.

Thiazide and loop diuretics can cause you to lose potassium, so your doctor will arrange a blood test a few weeks after you start taking them. This is to check the potassium level in your blood. (A very

low or very high potassium level in the blood can lead to dangerous abnormal heart rhythms.) This loss of potassium may need to be balanced out by a second drug.

Diuretics sometimes cause leg cramps. Also, the stronger diuretics act very quickly, which means that you may need to pass water urgently. This can be very inconvenient, so you will need to plan to take the tablets at a time that fits in with your daily activities. Some diuretics may make you feel sick.

If you think you are getting side effects from these drugs, tell your doctor as he or she may be able to change your dose or give you a different drug instead.

ACE inhibitors

ACE inhibitors have several effects on the circulation including a relaxing effect on the arteries. This helps the heart as it reduces the work the heart has to do to pump the blood into the circulation.

ACE inhibitors usually lead to a substantial improvement in your quality of life, and improve your outlook. Your doctor will take care to start the drugs at a low dose, so that you do not have a

sudden fall in blood pressure. Before prescribing ACE inhibitors, your doctor will take a blood test to measure how well your kidneys are working. This test is repeated from time to time once you have started taking the drugs. ACE inhibitors can increase the potassium level in the blood, so if you are taking them, it is important not to take potassium supplements or salt substitutes.

Some patients on ACE inhibitors develop a troublesome cough which may mean that they have to stop taking them. Not all patients with heart failure benefit from taking ACE inhibitors. People with narrowed heart valves or certain forms of cardiomyopathy are less likely to take them.

Digoxin

The drug digoxin is made from digitalis. For many years this was the main type of drug used to treat heart failure. Digoxin is still very useful in some patients who have a rapid, irregular heart rhythm (known as 'atrial fibrillation') which can sometimes lead to heart failure. It is not often prescribed now for people with a normal heart rhythm, but it is still a useful treatment for heart failure in certain patients.

Digoxin may cause loss of appetite and nausea.

Less frequently it can cause vomiting, painful or enlarged breasts, rash, palpitation, and fainting. You should tell your doctor if you get any of these symptoms, as you may need to take a different dose.

Beta-blockers

In the past it was thought that beta-blockers were not suitable for people with heart failure. However, research now suggests that people with heart failure may benefit from taking a beta-blocker, starting with a small dose. However, it might be a while before they notice the benefits.

Anticoagulants

You may need to take anticoagulants if you are at more risk of blood clots (which can cause strokes and heart attacks). This risk may be because you have an artificial heart valve, or because your heart is beating irregularly (atrial fibrillation). Anticoagulants help to prevent clots from forming in the blood vessels. The most common type of anticoagulant is warfarin.

Anti-platelet drugs

Anti-platelet drugs can reduce the risk of having a heart attack or stroke. They help to stop the blood

platelets from sticking together and forming a clot. The most common kind of anti-platelet drug is aspirin. Clopidogrel is sometimes used, particularly if aspirin disagrees with you. Aspirin is not usually combined with warfarin (see *Anticoagulants* on page 22), so check with your doctor if you are taking both.

For more information on drugs see our booklet *Medicines and the heart*.

Surgery and other treatments

Heart failure cannot always be controlled by medication. There are some forms of surgery, and some devices which can be implanted in the body, that can help some people with heart failure. We describe these below.

If the heart failure is caused by valvular heart disease, you may be able to have an operation to give you a replacement heart valve. For more on this, see our booklet *Valvular heart disease*.

In a small number of people whose heart failure is very severe and cannot be controlled by medication, a heart transplant may be an option. This is now an extremely successful form of treatment in patients who have been carefully chosen. Unfortunately, it is not suitable for everyone. Also, the number of transplants that can be performed is greatly limited by the number of donor hearts available. (This is why we encourage people to carry a donor card.)

New techniques to treat heart failure are being developed. However, more research is needed to evaluate their benefits before they can be used as standard treatments for people with heart failure. These new techniques include the following.

- *Using a pacemaker to treat heart failure (resynchronisation therapy).* Some people may benefit from having a bi-ventricular pacemaker implanted, to help coordinate the contractions of the heart muscle. 'Bi-ventricular' means that the pacemaker has leads that are connected to both ventricles. One lead is connected to the right ventricle and one to the left ventricle. Another lead is connected to the right atrium. (See the diagram on page 8.) For more information see our booklet *Pacemakers*.
- *Implantable cardioverter defibrillators.* As people with heart failure may be more at risk of life-threatening heart rhythms, a device called an implantable cardioverter defibrillator (ICD) may be implanted. An ICD is similar to a pacemaker, but is usually larger. If you were to suffer from a dangerous heart rhythm, the ICD would help restore a normal heart rhythm. For more information see our booklet *Implantable cardioverter defibrillators (ICDs)*.
- *Inserting a left ventricular assist device (LVAD).* This is a device to help the failing heart. It acts as a pump to support the circulation. The LVAD may be used for people who are waiting for a transplant, or for those who have a severe heart

infection and who are not eligible for a heart transplant, or generally to give the heart muscle time to rest and recover. This device is currently being evaluated, so at the moment it is only available for a small number of people.

Heart failure and your quality of life

Tiredness and breathlessness are common symptoms of heart failure and can make it difficult for some people to live their lives normally. Some people also find that their mood is affected and may feel more anxious and depressed than is usual for them, or lose their confidence. Some have pain. Do tell your doctors and nurses about how you feel, and about the ways in which heart failure is affecting your everyday life. They may be able to adjust your treatment to help improve the quality of your life.

They may also refer you to other health professionals who can help. For example, if you suffer from breathlessness, a physiotherapist can help you to feel more in control and to breathe more easily. A counsellor may be able to help you cope with your heart failure. Your GP may be able to refer you to one, or it might be possible to get a referral through the hospital. Counselling can be particularly useful for people who feel depressed. Your doctor may also be able to prescribe medication to help with depression.

Many areas of the country now have 'heart-failure nurses'. These nurses can see you in hospital and

sometimes at home, and can give you and your family support, information and guidance.

In some cases, your doctor or heart-failure nurse may suggest that you are referred to a specialist in palliative care. Palliative care may be able to help improve your symptoms and help you and your family cope with your illness.

People with heart failure can become tired and depressed about their limitations, and worried about their future. Understanding what heart failure is and the drugs used to treat it, and being involved in making decisions about your treatment, will all help you to have more control over your condition.

Stress

Stress generally happens when we feel unable to cope when there are high demands on us. It affects different people in different ways. Stress can affect the heart by releasing certain hormones that can increase blood pressure and encourage the blood to clot in the arteries. Not managing stress can also make us turn to bad habits such as smoking, drinking alcohol, or snacking unnecessarily. Finding healthy ways of coping with stress can help you handle your heart failure. For

more information see our booklet *Stress and your heart*.

Support groups

Talking to others can also be very helpful. You may find it helpful to join a 'heart support group'. A heart support group gives you, your partner and family the chance to meet and talk to people who have gone through similar experiences. Groups vary. They may meet every week, every fortnight or every month.

The British Heart Foundation keeps an up-to-date list of all heart support groups in England and Wales which are linked to the British Heart Foundation. To find out the nearest one to you, call 020 7487 7110.

Work and money matters

If you have to stop working because of your heart failure, or if you have other financial worries because of your condition, you can get advice on the benefits that you may be entitled to such as Attendance Allowance. Ask a social worker at your local authority, or the hospital social worker, or ask at your local citizens advice bureau.

Caring for someone with heart failure

Caring for someone who has heart failure can be very demanding – both physically and emotionally. If you are caring for someone with heart failure, it is important that you look after your own health and make sure you get regular breaks – for your own wellbeing and for the person you are looking after. Remember that doctors, nurses, social workers, voluntary groups and friends can all help. Ask for help and support whenever you need it.

If you cannot leave the person you are caring for on their own for long, it may be possible to arrange 'respite care'. (This means that the person is looked after in a care home – for a few days, for example – while you have a break.) The heart-failure nurse or social worker may be able to help you arrange this.

An organisation called Crossroads may also be able to send someone who can sit with your partner or relative, leaving you free to go out for a break, for example to go shopping. You can call them on 0845 450 0350 to find out what local support is available.

Talking to other carers can be helpful too. Many carers' organisations have local support groups across the country. To find out if there is a carers'

support group near you, contact the Carer's Line on 0808 808 7777. (Carer's Line, 20-25 Glasshouse Yard, London EC1A 4JT. Website: www.carersonline.org.uk E-mail: info@ukcarers.org.) Or you may want to ask your doctor if he or she can arrange for you to have counselling.

For more information for carers, see our booklet *Caring for someone with a heart problem*.

For more information

British Heart Foundation website

bhf.org.uk

For up-to-date information on the BHF and its services.

Heart Information Line 08450 70 80 70

A helpline service for the public and health professionals, providing information on a wide range of issues relating to heart conditions.

Publications and videos

The British Heart Foundation produces a range of publications and videos. You can order these through our website. The address is **bhf.org.uk**

For a complete publications list and order form, please contact:

British Heart Foundation

PO Box 138

Northampton NN3 6WB.

Phone: 01604 640016

E-mail: ds-bhf@mail.dataforce.co.uk

Our publications are free of charge, but we would welcome a donation.

Heart Information Series

This booklet is one of the booklets in the *Heart Information Series*. The other titles in the series are as follows.

- 1 Physical activity and your heart
- 2 Smoking and your heart
- 3 Reducing your blood cholesterol
- 4 Blood pressure
- 5 Eating for your heart
- 6 Angina
- 7 Heart attack and rehabilitation
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Heart health magazine

Heart health is a free magazine, produced by the British Heart Foundation especially for people with heart conditions. The magazine, which comes out four times a year, includes updates on treatment, medicines and research and looks at issues related to living with heart conditions, like healthy eating and physical activity. It also features articles on topics such as travel, insurance and benefits. To subscribe to this **free** magazine, call **01604 640 016**.

For more information on heart failure

Management of heart failure. Understanding NICE guidance – information for people with heart failure, their carers and the public

Published by the National Institute for Clinical Excellence, in 2003.

This booklet describes the guidance that the National Institute for Clinical Excellence (called NICE, for short) has issued to the NHS on heart failure. It tells you what help, treatment and care people with heart failure can expect. To order a copy, phone the NHS Response Line on 0870 155 5455 and quote reference N0248. Or visit www.nice.org.uk/pdf/CG5_IFP_English_final.pdf

Heartstart UK

For information about a free, two-hour course in emergency life-support skills, contact Heartstart UK at the British Heart Foundation. The course teaches you to:

- recognise the warning signs of a heart attack
- help someone who is choking or bleeding
- deal with someone who is unconscious
- know what to do if someone collapses, and
- perform cardiopulmonary resuscitation (CPR) if someone has stopped breathing and his or her heart has stopped beating.

About the British Heart Foundation

The British Heart Foundation (BHF) is the leading national charity fighting heart and circulatory disease – the UK's biggest killer. The BHF funds research, education and life-saving equipment and helps heart patients return to a full and active way of life.

We rely on donations to continue our vital work. If you would like to make a donation, please ring our **credit card hotline on 0870 606 3399**. Or fill in the form opposite.

We need your help. Please send a donation today.

Please accept my donation of:

£50 £25 £15 £12 Other £

If you are sending a cheque, please make it payable to
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Or, you can ring our credit card hotline on **0870 606 3399.**

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07/2004

Your personal information

The British Heart Foundation (BHF) values your support. We will use the information you have given us for administration and marketing purposes. We may contact you by post or occasionally by phone or E-mail.

This may include passing on news and information on our charitable work (for example how we spend our money, and heart health information), BHF events and related products and services from our subsidiary companies such as Christmas gift catalogues. Please tick the box if you do NOT want to hear from us at all.

Occasionally we may pass on your details to other carefully-selected organisations we are working with. They may send you information on their events, products and services. Please tick the box if you do NOT want your details passed on in this way.

Thank you for your support.

Please send your donation to:
Supporter Services, British Heart Foundation, 14 Fitzhardinge Street, London W1H 6DH.

Registered Charity Number 225971

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Please tick if you would like us to send you a Gift Aid form to make your donation work harder at no extra cost to you.



Please send me information about the following.

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- Giving regular donations**
Regular donations through a standing order give us the long-term support we need. Just tick for information on how to set up a standing order.
- Remembering us in your Will**
Many people choose to leave a gift to their favourite charities in their Will. We can send you a useful information pack to tell you how to go about it.
- Local fundraising activities and sponsored events**
- Payroll giving**
How you and your work colleagues can donate from your salaries before tax.
- Buying BHF Christmas cards and gifts**
- Becoming a volunteer in a British Heart Foundation shop**

Please send your form to the British Heart Foundation. The address is over the page.

Technical terms

ACE inhibitor	A drug used to treat heart failure.
atrium	A chamber of the upper part of the heart.
bi-ventricular	To do with the two ventricles of the heart.
cardiomyopathy	A disease of the heart muscle.
digitalis	See 'digoxin' below.
digoxin	A drug used to treat heart failure and certain abnormalities of heart rhythm. It is made from the foxglove plant digitalis.
diuretic	Also known as 'water tablets'. Diuretics increase the output of water and salt in the urine. They are used to treat heart failure and to lower high blood pressure.
ECG	See 'electrocardiogram'.
echocardiogram	An ultrasound picture of the heart which shows the structure of the heart and how it is working.
electrocardiogram	A test to record the rhythm and electrical activity of the heart. Also called an ECG.
ICD	Implantable cardioverter defibrillator. A device that is implanted in the body. If a dangerous heart rhythm occurs, the ICD will help restore a normal heart rhythm.

left heart failure	Heart failure caused by an inefficient pumping action of the left side of the heart.
LVAD	Left ventricular assist device. A device used to help the failing heart. It acts as a pump to support the circulation.
myocardium	The heart muscle.
oedema	Swelling.
pacemaker	A device that is implanted in the body. It stimulates the heart to contract and produce heartbeats.
right heart failure	Heart failure caused by an inefficient pumping action of the right side of the heart.
ventricle	A chamber of the lower part of the heart.

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Your comments please

We would be very interested to hear your views about this booklet.
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