



UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

HEART FAILURE

A Guide for Patients and Families



Before you leave, please make sure you have done the following:

- Attended the Heart Failure Nutrition Class. Please ask your nurse for details.
- Obtained the Heart Failure Daily Weight Tracker Tool. This is a tool you can use life-long to help you manage your heart failure and prevent re-hospitalization.
- Reviewed this guide with your family/significant other.
- Received your Discharge Prescription/Notes Letter. This letter is completed by your doctor and has information about your diagnosis and treatment, as well as all medications and follow-up plans. The white copy is yours to keep; the yellow copy is to be given to your family physician. The bottom of the white copy (prescription) is to be removed and given to your pharmacist. Please fill your prescription the day of your discharge.
- Obtained the GAP Tool. This is completed by your nurse. It outlines your medications, risk factors and follow-up appointments. Make an appointment to see your family physician within the next two weeks.
- Received information about or an appointment with the Cardiac Rehabilitation Program.
- Asked to see a social worker if you have concerns about your discharge or financial problems, especially if these are related to paying for your medications.
- Gotten your Vial of Life package. This is a resealable plastic bag containing a large medication vial, a magnet for your refrigerator and directions for participating in this program.
- Obtained your DVD or link to the Heart Institute's website.

IMPORTANT

Nursing Coordinator: 613-761-4708

Please call the Nursing Coordinator if you have symptoms or concerns after you leave the hospital. The Nursing Coordinator can be reached any time of the day or night.

Table of Contents

What You Should Know About Heart Failure.....	4
Causes of Heart Failure.....	4
Common Symptoms	4
Common Feelings About Heart Failure.....	5
Return to Work.....	6
Risk Factors You Can Change	7
Heart Failure and Exercise.....	8
How to Get Started with Walking.....	8
Exercise Guidelines.....	9
When to Stop an Activity.....	9
Tips for Staying Active.....	9
How to Balance Activity and Rest.....	10
Heart Failure Medications	12
In Case of Emergency	13
Manage Your Medications Safely	14
For People Living with Diabetes	16
Nutrition Guide for Heart Failure	17
Salt	17
How to Read a Food Label for Sodium.....	18
Avoid or Limit These High-Sodium Foods	19
When You Eat at Home	21
When You Eat Out.....	22
Fluids.....	23
Glossary of Terms	25
Resources	27
A Final Reminder:	28

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What You Should Know About Heart Failure

Heart failure is a common condition. Despite its name, heart failure does not mean that your heart will fail and suddenly stop working. It occurs when the heart does not pump enough blood to the rest of the body.

Fluid retention is the most common reason for a visit to the emergency room for someone with heart failure. Many times this fluid or congestion is due to eating foods high in salt or sodium.

Causes of Heart Failure

- High blood pressure
- High blood sugar
- Obesity
- Blood clots or plaque in the arteries of the heart
- Stroke
- Virus
- Alcohol and some types of toxic medications

Common Symptoms

- Weakness
- Difficulty walking or doing everyday activities
- Shortness of breath
- Dizziness
- Sleepiness or trouble thinking
- Coughing
- Trouble laying flat
- Weight gain
- Swelling in the abdomen or stomach sickness
- Leg and ankle swelling
- Waking at night short of breath

You may have one or more of these symptoms.

Learn to recognize YOUR symptoms of heart failure.

Everyone is different!

Common Feelings About Heart Failure

It is common for people to feel depressed or anxious after learning they have a chronic disease such as heart failure. As you learn more about heart failure, you will see that it is possible to cope with the condition and still have a good quality of life. If ongoing feelings of depression or anxiety are interfering with your daily activities or relationships, you should seek help. Contact your doctor.

If you have any of the following symptoms for more than two weeks, you may be experiencing depression:

- Sad or "empty" feelings
- Irritability
- Loss of interest in activities that you used to enjoy
- Withdrawal from others
- Excessive sleepiness
- Feelings of worthlessness, guilt or hopelessness
- Suicidal thoughts
- Preoccupation with death

If you have any of the following symptoms for more than two weeks, you may be experiencing anxiety:

- Excessive worry
- Fear
- Edginess or restlessness
- Tension

It is important to recognize and treat depression and anxiety. Having emotional problems is nothing to be ashamed of. If you are having problems coping with your feelings about heart failure, you should seek help and support. Talking about your feelings with someone will help make your worry less overwhelming.

Anger can be common when patients learn they have heart failure. Part of the problem is a lack of understanding of what heart failure is and what can be done about it. Getting more information can help you feel more in control.

Good communication with your doctors, nurses, and family and friends is also helpful in working out feelings of anger and anxiety.

Please visit our website at pwc.ottawaheart.ca/awareness/heart-health-education for information that will help you.

Return to Work

Not everyone who is diagnosed with heart failure needs to stop working. In fact, continuing to work may help both your health and mood by keeping you challenged, giving you time with other people and maintaining your income. However, it is usually best to wait until your symptoms are stable and your medications have been optimized before considering a return to work.

The decision will also be affected by the type of work you do. You are more likely to return to your job sooner if you work at a desk than if you have a physically demanding position. It may also be more difficult to return to work that is mentally demanding and stressful. It is always a good idea to return gradually to your job. It will be less tiring if you can start working part time, at least at the beginning.

Your doctor or vocational counsellor can help you decide whether and when you are ready to go back to work and whether you are able to return to your regular job. These professionals, as well as a social worker, can assist you with questions about disability income and benefits from your employer or social assistance if it is found that you are unable to return to work.

Risk Factors You Can Change



For information on the Heart Institute Smoking Cessation Program, call 613-761-5464 or contact your local smoking cessation program.

- Not smoking. If you do smoke, quit.
- Walking every day.
- Not drinking alcohol if you have been told that your heart failure is caused by the toxic effects of alcohol. Otherwise, limit your alcohol intake.
- Controlling your blood glucose. For more information on managing pre-diabetes and diabetes go to the website for the Champlain Diabetes Regional Coordination Centre at www.champlaindrcc.ca.
- Choosing less salty and fatty foods.
- Weighing yourself daily.
- Knowing **your** signs of heart failure.
- Not waiting to call your doctor when signs of heart failure appear.
- Getting a yearly flu vaccine.
- Getting a pneumonia vaccine (pneumovax) every 10 years (and finding out from your doctor when you had it last).

Heart Failure and Exercise

Exercise is an important part of controlling your heart failure. Regular physical activity helps you:

- Feel less tired
- Feel less short of breath
- Sleep better
- Have more energy to do what you love
- Feel happier
- Have less difficulty with daily activities
- Feel more confident and in control

How to Get Started with Walking

Exercise should be fun, easy to do and become part of your everyday life. **Walking** is one of the best exercises for improving your health. Begin with short periods at a slow pace. Gradually increase the length of time before increasing your speed. Below are suggested options:

Option 1

	Duration of Walk
Week 1–2	5–10 minutes
Week 3–4	10–15 minutes
Week 5–6	15–20 minutes
Week 7–8	20–30 minutes

Option 2

If you are unable to walk five minutes without stopping, you would benefit from interval training. Alternate two to five minutes of walking with two to five minutes of rest. Repeat this pattern as many times as you are able to. Gradually decrease the amount of time you rest between intervals.

Your goal is to work up to **30-minute sessions daily**, as you are able.

Exercise Guidelines

- Light conversation should be possible while exercising.
- Start/finish with a warm-up/cool-down (e.g., slower walking, seated or standing exercises).
- Walk on level ground and avoid hills.
- Wait at least one hour after a meal before exercising.
- Exercise at a time of day when you feel rested—generally the morning rather than afternoon.
- Avoid extreme heat or cold. Consider walking indoors in a mall, using a treadmill (with no incline) or riding a stationary bicycle (with little or no tension).
- Count the liquids you drink during exercise as part of your daily fluid amount.
- Avoid heavy lifting or pushing.
- Avoid activities that involve positioning your arms above your head.
- Avoid exercises that cause you to strain, grunt or hold your breath.
- You should reach your resting state within 10 minutes of completing exercise. If not, reduce the time or intensity of exercise next time.

When to Stop an Activity

Always listen to your body. Stop the activity if you feel:

- Short of breath while carrying on a conversation
- Weak or dizzy
- Sick to your stomach (nauseated)
- Your heart is pounding or racing
- Any discomfort

Stop and rest. Sit in a comfortable chair. If these symptoms persist, call 911.

Tips for Staying Active

- Include a variety of activities that you enjoy.
- Any amount of activity is better than none at all.
- Stick with it until it becomes a habit.
- Wear comfortable clothing and shoes.
- Invite a friend to join you for a walk.
- Schedule exercise into your day.
- Set reasonable goals for yourself.
- Keep an exercise journal to track your progress.

The Heart Institute's Cardiac Rehabilitation Program provides more specific exercise and lifestyle guidelines. There is no cost to participate and on-site or home-based options are available.

To get started, call 613-761-4572.

How to Balance Activity and Rest

If you are tired the day after an activity, you have probably tried to do too much. The following strategies can help you save up energy for activities you plan to do in the next day or week:

Prioritize Consider which tasks can be done by someone else or removed from your schedule. Learn to recognize your personal limits.

Plan Space out activities. Alternate easy activities with ones that are more demanding. Carry out activities that require the most energy at the time of day when you are at your best. Some people find they can do more if they rest for an hour during the day. This can be napping or simply quiet time (listening to music or reading). Consider it catch-up time for your heart.

Pace Break down hard jobs into smaller tasks and take regular breaks. Learn to anticipate fatigue so that you can rest before you are tired.

Position If you sit to perform a task, you will use 25 per cent less energy than if you stand. Avoid unnecessary bending or overhead reaching.

Practical Tips

- Organize your time so that you take fewer trips up and down stairs.
- Double the recipe when you cook, and freeze some for another day.
- Use lightweight pots and pans for cooking.
- Consider equipment such as a shower chair, reacher and long-handled shoehorn.
- Get extra rest the day before a celebration.
- Get extra rest during times of emotional stress or illness.
- Use a weekly schedule.

A Good Night's Sleep

Getting enough sleep is important to your well-being. The following will help you sleep well at night:

- Daytime sleep should be limited to one hour so that it does not impact your sleep at night.
- Take your water pill before 5:00 p.m. to reduce your need to wake up to go to the bathroom.
- Avoid eating just before bed.

If you are not sleeping well, mention this to your doctor as this might require further investigation.

Sexual Activity

It is normal for people with heart failure (and their partners) to feel anxious about resuming sexual activity. Sexual activity is not dangerous to your heart. In general, if you can walk up two flights of stairs or walk briskly, you can continue your regular sexual activity. The following tips may be helpful:

- Engage in sex when you are well-rested and relaxed.
- Avoid sex after eating a big meal or drinking alcohol.
- Have sex in a comfortable room that is not too hot or too cold.
- Choose less stressful positions and techniques.

Heart Failure Medications

Your physician has carefully chosen the types of medications and dosages you need based upon your present condition. It is important to recognize that not all patients with heart failure take the same medications.

Type of Medication	Name of Medication	Why You Are Taking This Medication	Potential Side Effects
ACE (Angiotensin-Converting Enzyme) Inhibitors Drugs ending with “-pril”	Captopril (Capoten [®]) Enalapril (Vasotec [®]) Fosinopril (Monopril [®]) Lisinopril (Zestril [®]) Perindopril (Coversyl [®]) Quinapril (Accupril [®]) Ramipril (Altace [®]) Trandolapril (Mavik [®])	<ul style="list-style-type: none"> • Dilates (widens) blood vessels • Improves heart function • Improves symptoms • Lowers risk of hospitalization, heart attack and death 	<ul style="list-style-type: none"> • Cough • Dizziness, light-headedness • Increased blood potassium level • Swelling of lips/face/throat (rare)—Call 911
ARBs (Angiotensin II Receptor Blockers) Drugs ending with “-sartan”	Candesartan (Atacand [®]) Irbesartan (Avapro [®]) Losartan (Cozaar [®]) Olmesartan (Olmotec [®]) Telmisartan (Micardis [®]) Valsartan (Diovan [®])	<ul style="list-style-type: none"> • Lowers risk of hospitalization, heart attack and death 	<ul style="list-style-type: none"> • Dizziness, light-headedness • Headache • Increased blood potassium level
Beta Blockers Drugs ending with “-lol”	Bisoprolol (Monacor [®]) Carvedilol (Coreg [®]) Metoprolol (Betaloc [®] , Lopressor [®])	<ul style="list-style-type: none"> • Improves symptoms • Decreases risk of hospitalization and death • Lowers blood pressure and heart rate 	<ul style="list-style-type: none"> • Fatigue/tiredness • Dizziness, light-headedness • Wheezing
Diuretics (Water Pills)	Ethacrynic Acid (Edecrin [®]) Furosemide (Lasix [®]) Hydrochlorothiazide (HCTZ, HydroDiuril [®]) Indapamide (Lozide [®]) Metolazone (Zaroxolyn [®])	<ul style="list-style-type: none"> • Removes excess water by increasing urine production • Reduces swelling in legs, ankles and belly • Makes it easier to breathe 	<ul style="list-style-type: none"> • Dizziness/light-headedness • Reduced blood potassium level • Gout • Thirst and dry mouth
Aldosterone Antagonists	Eplerenone (Inspra [®]) Spironolactone (Aldactone [®])	<ul style="list-style-type: none"> • Improves symptoms • Lowers risk of hospitalization and death 	<ul style="list-style-type: none"> • Increased blood potassium level • Breast enlargement/tenderness (only spironolactone)
Digitalis	Digoxin (Lanoxin [®] /Toloxin [®])	<ul style="list-style-type: none"> • Strengthens heart's pumping action • Improves symptoms • Lowers risk of hospitalization • Slows the heart rate in atrial fibrillation 	<ul style="list-style-type: none"> • Nausea/vomiting (if side effect persists, call your doctor)

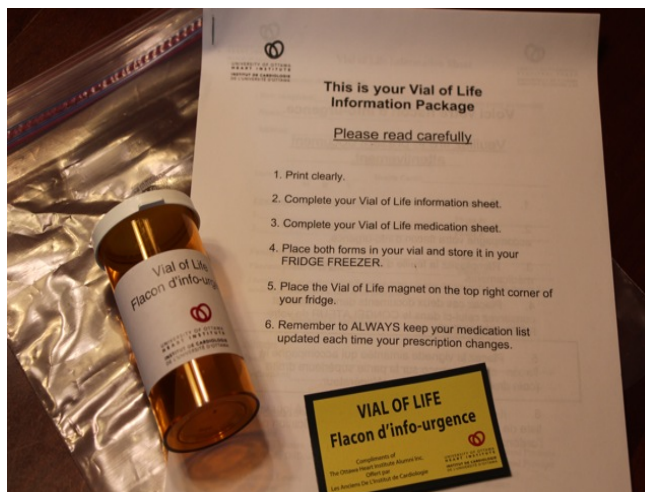
Phosphodiesterase Type 5 Inhibitors Erectile Dysfunction Agents	Sildenafil (Viagra [®]) Tadalafil (Cialis [®]) Vardenafil (Levitra [®] Staxyn [®]) Note: Do NOT take nitroglycerin within 48 hours of these drugs!	<ul style="list-style-type: none"> • Helps achieve and/or maintain erection during sex 	<ul style="list-style-type: none"> • Headache • Indigestion • Flushing • Nasal congestion • Visual disturbances • Dizziness • Skin rash
HMG-CoA Reductase Inhibitors Drugs ending with “-statin”	Atorvastatin (Lipitor [®]) Lovastatin (Mevacor [®]) Pravastatin (Pravachol [®]) Rosuvastatin (Crestor [®]) Simvastatin (Zocor [®])	<ul style="list-style-type: none"> • Lowers LDL (“bad”) cholesterol • Decreases the risk of future heart attacks 	<ul style="list-style-type: none"> • Constipation, gas • Indigestion • Mild decrease in liver function • Muscle pain (notify doctor)

Many of these drugs are also available as **combination pills** (e.g., perindopril/indapamide, candesartan/hydrochlorothiazide and spironolactone/ hydrochlorothiazide). If your medication is not listed or you want more detailed information about your specific medications, ask your pharmacist.

In Case of Emergency

Before you are discharged from the hospital, your nurse will supply you with your Vial of Life kit. If you are ever in need of emergency medical help, the Vial of Life is a quick way for paramedics and hospital staff to know what medications you are taking, your emergency contacts, and any pertinent health information.

1. Print clearly.
2. Complete your Vial of Life Medication Sheet.
3. Place both forms in your vial and store it in the **freezer door** of your refrigerator.
4. Place the Vial of Life magnet on the top right corner of your refrigerator.
5. Remember to update your medication list every time your prescription changes.



Manage Your Medications Safely

1. When you receive a prescription from the doctor, make sure you ask:
 - What is the brand name and chemical name of the medication?
 - Why is it being prescribed?
 - When and how should it be taken?
 - How long will you need to take it?
 - What side effects should you expect to have?
 - What should you do about the side effects?
2. When you pick up your medication, ask your pharmacist to:
 - Explain the best way to take the medication
 - Describe what is written on the label
 - Provide written information about the medication
3. Try to use the same pharmacy for all of your prescriptions. It is important for your pharmacist to have a complete list of your medications. Your pharmacist can then evaluate whether your medications can be safely taken together.
4. Carry your medication list with you. Make sure the list includes:
 - All of your medications, as well as any vitamins, supplements and herbals
 - Your allergies, immunizations and pharmacy phone number

Bring the pill bottles or a list of your current medications to **all** visits with your doctors.

5. **Always** ask your doctor or pharmacist before taking any medications or herbal products you can buy without a prescription. Medications you can buy over the counter at the drug store include pain medication, antacids, laxatives and cough medicines.

Non-steroidal anti-inflammatory drugs (NSAIDs), such as **ibuprofen (Advil®)**, **Motrin®** and **naproxen (Aleve®)**, may worsen your symptoms and/or make your prescription medication less effective.

Acetaminophen (Tylenol®), plain or extra strength, is safe to take for general aches and pains.

6. Tips to help you remember to take your medications:
 - Take your medications at the same time each day.
 - Associate your medications with daily activities, like:
 - Brushing your teeth
 - Mealtimes
 - Bedtime
 - Use a pill organizer (dosette) with different compartments for different times of the day.
 - Keep a one-day supply of your medications in your handbag or at the office.
 - If your medications are complicated, ask your doctor whether something simpler can be prescribed.
 - Put a note on your calendar as a reminder to pick up your prescription refills.
 - Make sure you have enough medication to last until your next prescription refill. **Never** allow yourself to run out!

7. Do not store your medications in hot or humid areas, such as the bathroom or glove compartment of your car. Heat and humidity will shorten the expiry of your drugs.

8. Take the medications as they are prescribed by your doctor and follow the directions for your prescriptions carefully. If you have concerns, discuss them openly and honestly with your doctor. If you experience troublesome side effects, you may be able to take a different kind of medication.

9. When taking certain medications, your doctor may request blood tests to check the functioning of your kidneys and the levels of sodium and potassium in your blood.

10. If you are worried about the cost of any of your medications, ask your doctor whether a less expensive medication can be substituted, or check with the **Ontario Trillium Program** for possible assistance:
 - Phone: 1-800-575-5386
 - Website:
www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_trillium.aspx

For People Living with Diabetes

Self-monitoring of your blood glucose every day at different times is important (see chart below). It can provide insight into your eating choices, physical activity and heart health.

When to monitor:

	Breakfast	2 Hrs. After	Lunch	2 Hrs. After	Dinner	2 Hrs. After	Bedtime
Monday	X	X					
Tuesday			X	X			
Wednesday					X	X	
Thursday							X
Friday	X	X					
Saturday			X	X			
Sunday					X	X	

- For most patients, the target fasting/pre-meal glucose is 4.0–7.0.
- The two-hour post-meal target is 5.0–10.0.

TIP TO REMEMBER

Bring your recent blood glucose readings to ALL of your medical appointments.

Nutrition Guide for Heart Failure

(2,000 mg sodium and fluid limited to 1.5 to 2 L per day)

Following a low-sodium diet and drinking less fluid can help you feel better and allow your heart failure medicines to work better. A low-sodium diet may even keep you out of the hospital. It is not an easy diet to follow. You may find eating with heart failure is a bit of a balancing act. While you don't want to eat too much, you have to be sure to eat enough to maintain good nutrition.

Salt

The recommended salt intake is **2,000 mg** of sodium per day.

Salt is a mineral that is made of sodium and chloride. It is found in food, table salt and sea salt. Sodium acts like a sponge and makes the body hold water. Eating too much sodium can cause fluid buildup in your legs, stomach, and lungs and force your heart to work harder.

Most of the sodium we eat is hidden in foods. Even food that does not taste particularly salty can contain a lot of sodium.

You should restrict the amount of sodium you eat to 2,000 mg or less each day. Try to keep the sodium content of each meal to less than 600 mg. This helps spread out your sodium intake over the day to prevent excessive fluid retention.

You can take a few basic steps to reduce the amount of sodium in your diet:

- Don't add salt when you cook or at the table
- Learn to read food labels
- Choose more foods that are lower in sodium
- Limit high sodium foods

Did You Know?

One teaspoon salt = 2,300 mg of sodium, more than your daily limit of sodium!
Two-thirds of the salt in the Canadian diet is hidden in processed foods.

How to Read a Food Label for Sodium

Reading food labels is the best way to be sure of the sodium content of foods. The sodium content must be listed on the package—check the **Nutrition Facts** panel.

Follow these easy steps to read the label.

Nutrition Facts			
Per 1/2 cup (125 mL)			
Amount	% Daily Value		
Calories 70			
Fat 0.5 g			1 %
Saturated Fat 0 g			
+ Trans Fat 0 g			0 %
Cholesterol 0 mg			
Sodium 250 mg			10 %
Carbohydrate 13 g			4 %
Fibre 2 g			8 %
Sugars 6 g			
Protein 2 g			
Vitamin A	1 %	Vitamin C	2 %
Calcium	0 %	Iron	4 %

Step 1: Look at the serving size.




Step 2: Look at the sodium/serving. Compare that serving with the amount you might be eating.

Step 3: Choose foods with less than:














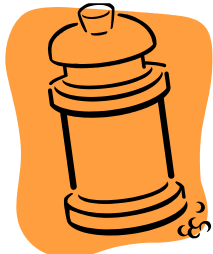
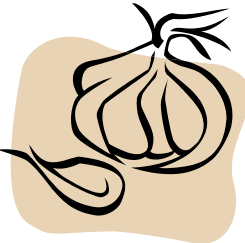

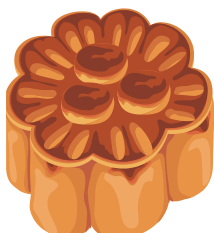


- ✓ 200 mg sodium/serving or
- ✓ 8% Daily Value (DV)

- This food has 250 mg of sodium in ½ cup.
- This food is not a good choice.
- If you eat 1 cup of this product, you will be eating 500 mg of sodium.

Avoid or Limit These High-Sodium Foods

<p>Salt/sea salt</p> 	<p>Fast foods</p> 	<p>Hot dogs Smoked meats</p> 	<p>Pizza</p> 
<p>Cheese</p> 	<p>Canned beans</p> 	<p>Sauces & seasonings</p> 	<p>Snack foods</p> 
<p>Salted crackers</p> 	<p>Vegetable juice</p> 	<p>Bouillon cubes or powders</p> 	<p>Pickles Olives</p> 
<p>Chinese food</p> 	<p>Cold cuts (Ham)</p> 	<p>Bacon</p> 	<p>Sausages</p> 
<p>Canned soups</p> 	<p>Frozen meals</p> 	<p>Canned vegetables</p> 	<p>Soy sauce</p> 

Choose These Low-Sodium Foods More Often

<p>Fruit</p> 	<p>Fresh fish and seafood</p> 	<p>Fresh meats—roasted, baked, boiled or poached</p> 	<p>Yogurt</p> 
<p>Milk</p> 	<p>Fresh & frozen vegetables</p> 	<p>Canned beans and vegetables with no added</p> 	<p>Lemon, oils & vinegars</p> 
<p>Dried beans</p> 	<p>Whole oats</p> 	<p>Unsalted crackers</p> 	<p>Eggs</p> 
<p>Unsalted nuts and nut butters</p> 	<p>Rice and pasta</p> 	<p>Spices and herbs</p> 	<p>Onion and garlic</p> 
<p>Canned low-sodium soup</p> 	<p>Angel food cake</p> 	<p>Hard or soft rolls Plain bread or toast</p> 	<p>Sherbet, fruit sorbet</p> 

When You Eat at Home

- Reduce your salt gradually to give your taste buds time to adjust.
- Instead of adding salt to food when you cook or eat, season foods with herbs and seasonings that do not have salt.
- Avoid “instant” foods that come in a bag or a box.
- If you must eat canned goods, rinse the foods before cooking and eating them.
- When grocery shopping, choose items from the outer aisles, where most of the fresh foods are found.
- Plan your meals ahead of time (e.g., grill an extra chicken breast to use in sandwiches the next day).
- Make your own or choose low-sodium sauces.
- Make salad dressing with fresh garlic, herbs, olive oil and flavoured vinegar.
- Add seasonings to soups during the last hour of cooking for maximum flavour.
- At the grocery store, choose items labelled “no salt added” or “low sodium.”

Finding Low-Sodium Recipes

1. Try a new cookbook:

- American Heart Association Low-Salt Cookbook, 4th Edition: A Complete Guide to Reducing Sodium and Fat in your Diet. American Heart Association. New York: Clarkson Potter, 2011.
- Hold the Salt!: 50+ Quick & Easy Recipes to Help You Eliminate Salt from Your Diet! Maureen Tilley. Halifax, Nova Scotia: Formac, 2009.

2. The Internet is an endless source of low-sodium recipes. Try searching for your favourite low sodium recipes. Use a search engine, such as Google, to find others.

- Visit www.google.ca.
- Type “low-sodium recipe” into the search screen.



When You Eat Out

- Ask for food cooked with no salt.
- Do not use the salt shaker.
- Avoid cheese or sauces.
- Avoid fried foods—choose grilled, baked or steamed items.
- Choose oil and vinegar salad dressing.
- Avoid bacon, sausage and ham.
- Request that foods be served without the high-salt condiments or sides (e.g., avoid relish, mustard, ketchup, pickles, potato chips, sauces and dressings). Ask for low-salt substitutions, such as tomatoes, cucumbers, lettuce, horseradish, oil and vinegar, and lemon.
- Eat foods in their fresh states because fresh foods are naturally low in sodium. Try grilled vegetables or fish rather than battered and deep fried.
- Ask for dressings and sauces on the side so you can control how much you add.
- A quick rule of thumb for fast food dining is to limit your sodium intake at one meal to $\frac{1}{4}$ of your total salt/sodium for the day (about 600 mg of sodium per meal). Most restaurants have a guide listing the sodium content of their food items.
- Bring half of your dish back home with you.
- If you can't avoid eating a high-sodium meal occasionally, cut down on the portion size and make low-sodium choices for the other meals of the day. For example, if you are celebrating a holiday and you know your dinner will be higher in sodium than usual, make sure to choose low-sodium options for your other meals.

Example of what to order when dining out:

- Grilled steak or chicken
- Salad with balsamic vinegar and oil on the side so you can keep the portion to a small amount
- Steamed or roasted vegetables
- Angel food cake, fruit salad or sorbet
- Roll or bread stick
- 4 oz. white wine

Fluids

The recommended fluid intake is **1,500 mL (6 cups) to 2,000 mL (8 cups)** per day.

When you have heart failure, you will be asked to reduce the amount of fluid you drink in a day. This is because the more you drink, the more blood there is in your body, and the harder your heart has to work to pump it all. This can cause swelling in your feet, legs or belly. Fluid can also build up in your lungs, which may cause you to have trouble breathing.

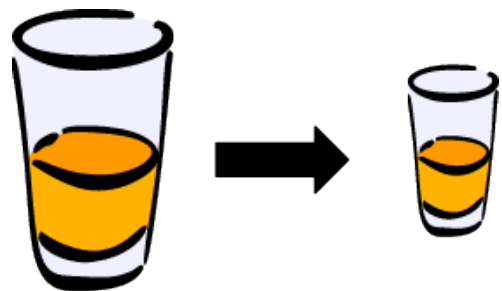
Find the Fluid

Any food or drink that is liquid at room and body temperature is considered a fluid. These items should be counted into your daily fluid intake.

- Water
- Milk
- Juices
- Soft drinks
- Tea
- Coffee
- Alcohol
- Soup
- Ice cubes
- Jell-O™
- Ice cream
- Sorbet

Tips to Reduce Fluid Intake

- Drain excess fluid from canned fruit.
- Use smaller cups, bowls and glasses.
- If you can, swallow your pills with soft food, like yogourt or applesauce.
- Sip your fluids slowly



Thirsty?

- Snack on a small piece of cold or frozen fruit, such as a frozen grape or cold orange slice.
- Brush your teeth often.
- Rinse with chilled, alcohol-free mouthwash.
- Suck on hard candies or chew gum—try sugar-free varieties.
- Add a few drops of lemon juice to the water you drink.
- Use lip balm to keep your lips from drying out

Track Your Fluid

Measure your fluid intake over 24 hours until your fluid limit becomes routine. Fill a pitcher with water to equal your total daily fluid allowance. Every time you drink fluid, pour out an equal amount of water from the pitcher. The amount of water remaining is your fluid allowance for the rest of the day.

Water Weight

Day-to-day weight gain is usually fluid gain, not weight gain by calories.

- Weigh yourself every morning using these tips:
- Empty your bladder before getting on the scale.
- Weigh yourself in the same amount of clothing.
- Weigh yourself before breakfast.
- Buy a digital scale and use the same scale each day.
- Record your weight daily.



A sudden weight gain when you have been eating a normal amount may be an early sign of fluid buildup.

If you notice muscle wasting and significant weight loss, you may need one-on-one counselling with your doctor or nutritionist.

Glossary of Terms

Angiotensin-converting enzyme (ACE) inhibitor: A drug that blocks an enzyme from producing a hormone called angiotensin II. Angiotensin II causes narrowing, or constriction, of the arteries. Examples of ACE inhibitors are drugs that end with “-pril,” like enalapril.

Arrhythmia: An irregular heartbeat rhythm that can originate in the upper chambers (atria) or lower chambers (ventricles) of the heart.

Atrial fibrillation: A heartbeat disorder that causes the upper chambers (atria) to fail to beat in rhythm, resulting in an irregular and sometimes fast heartbeat.

Beta blocker: A medication that blocks or reduces the effect of hormones on the body. A beta blocker can slow the heartbeat and have other beneficial effects on the heart.

Cardiomyopathy: A general term meaning there is something wrong with the heart (cardio) muscle (myopathy). When the cause is known, another term may be added—for example, **viral cardiomyopathy** (heart muscle damage from a virus) or **hypertensive cardiomyopathy** (damage from high blood pressure or hypertension). **Dilated idiopathic cardiomyopathy** refers to a heart that is enlarged (dilated) and weak and the cause is unknown (idiopathic).

Congestive heart failure (CHF): The term or diagnosis used commonly in the past to describe heart failure. Because not all patients with heart failure are congested, the term “heart failure” is preferred today.

Coronary artery disease (CAD): CAD is a disease caused by blocked or clogged heart arteries leading to poor blood supply to the heart.

Diastole: The relaxing of the heart muscle as it fills up with more blood and prepares for the next heart contraction, or squeeze (see **systole**).

Diastolic heart failure: Occurs when the heart is not able to rest between heartbeats. This happens because the heart muscle has become stiff. The main cause of this type of heart failure is high blood pressure.

Echocardiogram (echo): A test that uses ultrasound to look at the size, structure and function of the heart.

Edema: Fluid under excessive pressure that leaks out of the blood vessels and gets into the tissue. Edema is commonly seen in the lower legs and also in the tissues of the lower back and belly. When this fluid leaks into the lung tissue, it can be heard through a stethoscope; this is called “crackles” or “rales.”

Ejection fraction (EF): A measure of heart function, ejection fraction is the amount of blood pumped out of the ventricles. Normal on the left side is about 50 to 60 per cent. If your EF is 30 per cent, it is one-half of the normal level.

Electrolytes: A blood test that measures sodium, potassium and chloride. This test is required and repeated frequently if you are on a drug that decreases potassium (e.g., furosemide, or water pill) or increases potassium (e.g., spironolactone).

Heart failure with preserved ejection fraction (HFpEF): When this occurs, the problem usually is with abnormal relaxation of the heart muscle, often related to high blood pressure. In this type of heart failure, the ejection fraction is normal.

Hemoglobin A1C (HbA1C or A1C): This non-fasting test measures the per cent of glucose, or sugar, that has “stuck” to your red blood cells over the past three months or 120 days. These levels of HbA1C are used to diagnose diabetes: normal = HbA1C at 6.0 per cent or less; pre-diabetes = HbA1C at 6.1 to 6.4 per cent; and diabetes = HbA1C at 6.5 per cent or more.

Multigated angiogram (MUGA): A nuclear imaging test that helps determine the ejection fraction, or pumping ability of the heart.

Myocardial infarction (MI): The medical term for a heart attack. The cause is a blocked coronary artery that prevents the blood supply from reaching the heart muscle.

Orthopnea: The sensation that breathing is difficult when you lie flat. The doctor may ask you how many pillows you need to lie in bed comfortably without being short of breath.

Paroxysmal nocturnal dyspnea (PND): Dyspnea is the sensation that one is short of breath. PND is the sensation of shortness of breath that occurs suddenly (paroxysm) at night (nocturnal). People with heart failure accumulate extra fluid that is pushed into the tissues (feet, legs and belly) during the day. At night, when a person lies down, this extra fluid can cause congestion, because fluid backs up into the lungs. Typically, PND occurs 30 to 60 minutes after lying down. A patient may wake up coughing and gasping, and he or she may have to sit on the side of the bed.

Systole: The contraction of the heart as it squeezes the blood out of the ventricles (two main lower pumping chambers) and to the major organs and tissues of the body.

Systolic heart failure: A pumping problem in which the left side of the heart does not pump enough blood to the organs of the body. This is due to a weak muscle.

Target weight: Refers to a “dry” weight, when there are no signs of fluid retention in the tissues. Often the discharge weight from hospital can be used as a guide.

Resources

Library & Resources: Check out the Heart Institute's Prevention & Wellness Centre library located on the Second floor.

Book: *Success with Heart Failure: Help and Hope for Those with Congestive Heart Failure*. Mass Market Edition. Marc A. Silver. Cambridge, Mass.: Da Capo Press, 2006.

Try These Websites

University of Ottawa Heart Institute: www.ottawaheart.ca

- Heart Failure Videos: Click on "For Patients & Family" > "Patient Guides" > "Heart Failure"
- Prevention & Wellness Centre: Click on "Prevention & Wellness"

Canadian Heart Failure Network: www.chfn.ca

- Click on "Patients and Caregivers"

American Association of Heart Failure Nurses: www.aahfn.org

- Click on "Patient Education"

Heart Failure Society of America: www.hfsa.org

- Click on "Education" > "HF Educational Modules on Heart Failure"

Heart and Stroke Foundation of Canada: www.heartandstroke.ca

- Click on "Health Information" > "Healthy Living"

Canadian Diabetes Association: www.diabetes.ca

Champlain Local Health Integration Network, Diabetes Services: www.champlaindrcc.ca

YouTube video (15 min.): Living with Heart Failure: A Guide for Patients (from HFSA) : <http://www.youtube.com/watch?v=tP79YHgMmMg>

A Final Reminder:

- Remember to weigh yourself every morning.
- Do not stop or change any medications without talking with your doctors first.
- Remember to avoid foods high in salt, such as Chinese food, fully dressed pizza, salted snacks, seasoning salts, and canned and processed foods. Limit your fluid intake to 8 cups per day.
- Walking is one of the best exercises you can do to improve your health