



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

Heart Failure



A GUIDE FOR PATIENTS AND FAMILIES



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UOHI 01 (August 2018)

BEFORE YOU LEAVE, PLEASE MAKE SURE YOU HAVE DONE THE FOLLOWING:

- Attended the Heart Failure Discharge 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 Prescription/Discharge Notes Letter. This 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 right side 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.
- Received 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.
- Watched the Medications for Heart Failure video at: <https://vimeo.com/58043313>



Nursing Coordinator: 613-696-7000 press 0 and ask for the Nursing Coordinator

Please call the Nursing Coordinator if you have symptoms or concerns after you leave the hospital. Leave a message if you don't reach the coordinator and you will be called.

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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
- Heart attacks or valve problems
- High blood glucose
- 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

- Not smoking. If you do smoke, quit.
- Avoid second-hand smoke
- 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. Learn more about prediabetes and diabetes at diabetesottawa.ca or call 613-238-3722.
- Choosing less salty foods.
- Weighing yourself daily.
- Knowing your signs of heart failure.
- Calling your doctor if you have even one sign from the yellow zone in your 'Heart Failure Daily Weight Stoplight Tool'.
- Getting a yearly flu vaccine.
- Getting a pneumonia vaccine (pneumovax) every 10 years (and finding out from your doctor when you had it last).



For information on the Heart Institute Quit Smoking Program, call 613-696-7069 or visit www.myquit.ca to learn about other services to help you reduce or quit smoking.

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
- Manage glucose levels
- 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 613-696-7068.**

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% 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.

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
<p>ACE (Angiotensin- Converting Enzyme) Inhibitors</p> <p>Drugs ending with “-pril”</p>	<p>Benazepril (Lotensin®)</p> <p>Captopril (Capoten®)</p> <p>Cilazapril (Inhibace®)</p> <p>Enalapril (Vasotec®)</p> <p>Fosinopril (Monopril®)</p> <p>Lisinopril (Zestril®)</p> <p>Perindopril (Coversyl®)</p> <p>Quinapril (Accupril®)</p> <p>Ramipril (Altace®)</p> <p>Trandolapril (Mavik®)</p>	<p>Dilates (widens) blood vessels</p> <p>Improves heart function</p> <p>Improves symptoms</p> <p>Helps people live longer and lowers the risk of hospitalization and heart attack</p>	<p>Cough</p> <p>Dizziness, light- headedness</p> <p>Increased blood potassium level</p> <p>Swelling of lips/ face/throat (rare)— Call 911</p>
<p>ARBs (Angiotensin II Receptor Blockers)</p> <p>Drugs ending with “-sartan”</p>	<p>Azilsartan (Edarbi®)</p> <p>Candesartan (Atacand®)</p> <p>Eprosartan (Teveten®)</p> <p>Irbesartan (Avapro®)</p> <p>Losartan (Cozaar®)</p> <p>Olmесartan (Olmotec®)</p> <p>Telmisartan (Micardis®)</p> <p>Valsartan (Diovan®)</p>	<p>Dilates (widens) blood vessels</p> <p>Improves heart function</p> <p>Improves symptoms</p> <p>Helps people live longer and lowers the risk of hospitalization and heart attack</p>	<p>Dizziness, light- headedness</p> <p>Headache</p> <p>Increased blood potassium level</p>

TYPE OF MEDICATION	NAME OF MEDICATION	WHY YOU ARE TAKING THIS MEDICATION	POTENTIAL SIDE EFFECTS
<p>Neprilysin Inhibitor / Angiotensin II Receptor Blocker (ARB)</p>	<p>Sacubitril/Valsartan (Entresto®)</p>	<p>Dilates (widens) blood vessels</p> <p>Helps the body to get rid of extra salt and water</p> <p>Helps people to live longer and reduces hospitalizations to treat heart failure</p> <p>Alternative to ACE inhibitor</p>	<p>Dizziness, lightheadedness</p> <p>Dry cough</p> <p>Increased blood potassium level</p> <p>Swelling of lips/face/throat (rare) – Call 911</p>
<p>Beta Blockers</p> <p>Drugs ending with “-lol”</p>	<p>Bisoprolol (Monacor®)</p> <p>Carvedilol (Coreg®)</p> <p>Metoprolol (Betaloc®, Lopressor®)</p>	<p>Improves symptoms</p> <p>Helps people live longer and lowers risk of hospitalization</p> <p>Lowers blood pressure and heart rate</p>	<p>Fatigue/tiredness</p> <p>Dizziness, lightheadedness</p> <p>Wheezing</p>

TYPE OF MEDICATION	NAME OF MEDICATION	WHY YOU ARE TAKING THIS MEDICATION	POTENTIAL SIDE EFFECTS
Diuretics (Water Pills)	Bumetanide (Burinex®) Ethacrynic Acid (Edecrin®) Furosemide (Lasix®) Hydrochlorothiazide (HCTZ, HydroDiuril®) Indapamide (Lozide®) Metolazone (Zaroxolyn®)	Removes excess water by increasing urine production Reduces swelling in legs, ankles and belly Makes it easier to breathe	Dizziness/ lightheadedness Reduced blood potassium level Gout Thirst and dry mouth
Aldosterone Antagonists	Eplerenone (Inspra®) Spironolactone (Aldactone®)	Improves symptoms Helps people live longer and lowers risk of hospitalization	Increased blood potassium level Breast enlargement/ tenderness (only spironolactone)
<i>I_f</i> Current Inhibitor	Ivabradine (Lancora®)	Slows down heart rate Helps people live longer and reduces hospitalizations to treat heart failure	Visual changes with light Blurred vision Dizziness Headache High blood pressure

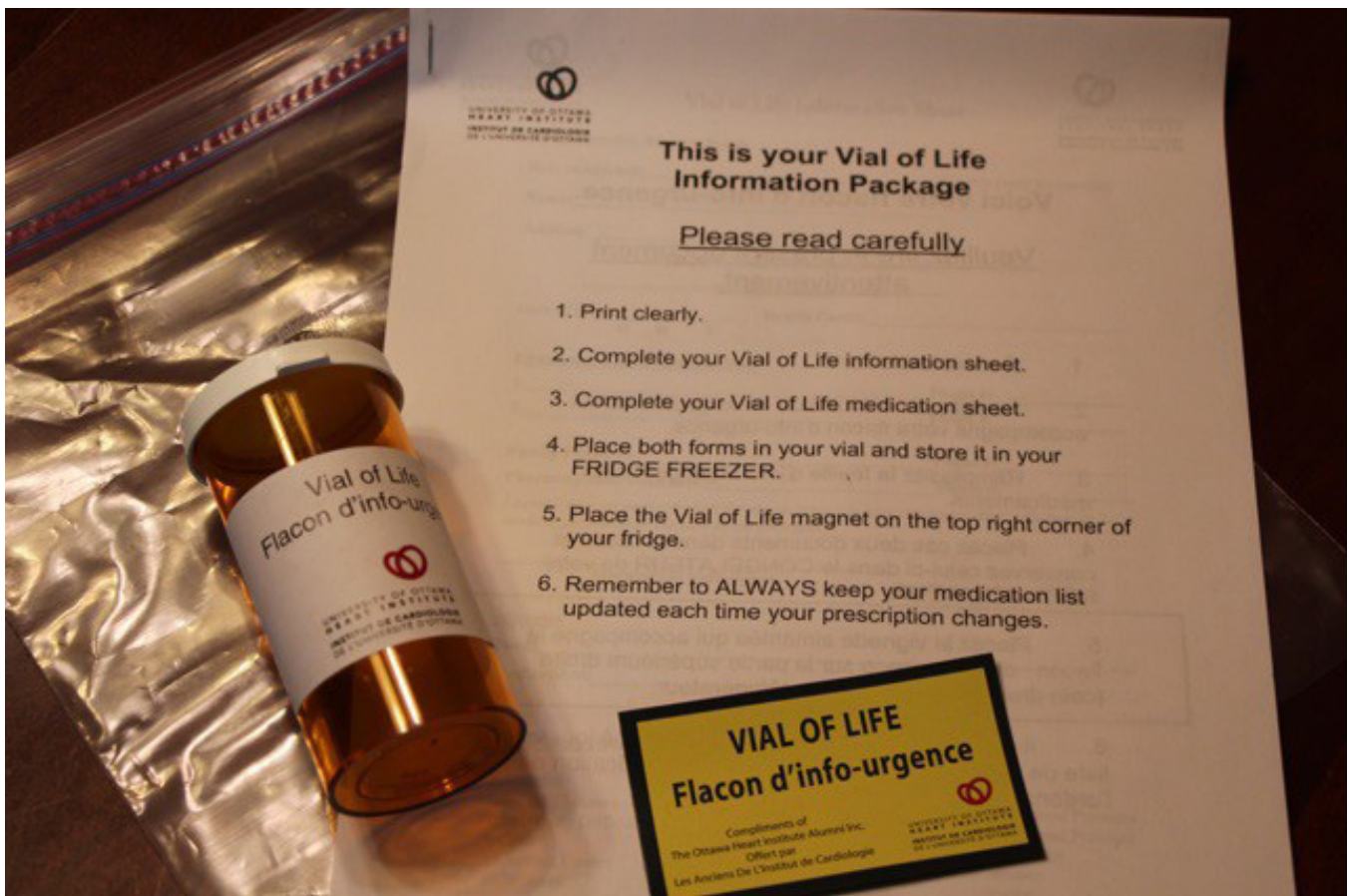
TYPE OF MEDICATION	NAME OF MEDICATION	WHY YOU ARE TAKING THIS MEDICATION	POTENTIAL SIDE EFFECTS
Digitalis	Digoxin (Lanoxin®/Toloxin®)	Strengthens heart's pumping action Improves symptoms Lowers risk of hospitalization Slows the heart rate in atrial fibrillation	Nausea/vomiting (if side effect persists, 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!	Helps achieve and/or maintain erection during sex	Headache Indigestion Flushing Nasal congestion Visual disturbances Dizziness Skin rash
HMG-CoA Reductase Inhibitors Drugs ending with "-statin"	Atorvastatin (Lipitor®) Fluvastatin (Lescol®) Lovastatin (Mevacor®) Pravastatin (Pravachol®) Rosuvastatin (Crestor®) Simvastatin (Zocor®)	Lowers LDL ("bad") cholesterol Lowers the risk of future heart attacks	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 **Trillium Drug Program** for possible assistance:

Phone: 1-800-575-5386

Website: <https://www.ontario.ca/page/get-help-high-prescription-drug-costs>

If You Have Diabetes or Prediabetes

HOW GLUCOSE AFFECTS YOUR HEART

Elevated blood glucose level can lead to changes in the circulatory system. These changes may cause damage to your heart.

KEEPING YOUR BLOOD GLUCOSE LEVELS HEALTHY

- Take your medications as prescribed
- Learn about managing diabetes by attending a diabetes education program (see More Information below)
- Monitor and keep track of your blood glucose
- Target: blood glucose before meals between 4.0 and 7.0 mmol/L
- Target: blood glucose two hours after meals between 5.0 and 10.0 mmol/L
- Aim to make healthier food choices
- Be active every day
- Follow your Physical Activity Plan
- Visit your family doctor or diabetes specialist regularly
- Additional Meal Planning Tips:
 - Eat regular meals. Aim to eat every four to six hours. Include a healthy snack if meals are more than four to six hours apart.
 - Eat breakfast.
 - Limit sugars and sweets such as sugar, regular soft drinks, fruit drinks, desserts, candies, jam, syrup and honey.
 - If you are thirsty, drink water or sugar free drinks. Drinking regular soft drinks, sweetened drinks or fruit juices will raise your blood sugar level. Remember to stay within your fluid restriction as prescribed by your doctor.

More Information about Diabetes or Prediabetes

It's natural to have questions about what food to eat. A registered dietitian can help you make healthier food choices. If you have diabetes and are taking insulin, speak with your family doctor. You may need to see an endocrinologist (a doctor specializing in diabetes).

COMMUNITY DIABETES EDUCATION PROGRAM OF OTTAWA

- For adults with type 2 diabetes who are controlled with diet, pills or just starting insulin
- Teaching is also available for people with prediabetes
- Group and individual sessions on healthy eating, getting active, testing blood glucose, stress and emotions, delaying or preventing complications and foot care
- In English, French and other languages
- Web: www.champlaindrcc.ca
- To register, call 613-238-3722

DIABETES EDUCATION PROGRAMS (OUTSIDE OTTAWA)

- To locate a diabetes education program near you, see Diabetes Ontario at www.diabetesontario.org or contact Diabetes Canada at 1-800-BANTING (226-8464) or at info@diabetes.ca

BOOKS

- The Essential Diabetes Book, Mayo Clinic (2009)

WEBSITES

- Diabetes Canada: www.diabetes.ca, 1-800-BANTING (226-8464)

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 of high sodium foods, 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 when you have heart failure 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 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 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!
75% of the salt in the Canadian diet is hidden in processed foods.

Reading 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 per serving. Compare that serving with the amount you might be eating.

Step 3: Choose foods with less than:

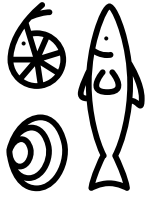
- ✓ 200 mg sodium/serving or
- ✓ 8% Daily Value (DV)

- This food has 250 mg of sodium in 1/2 cup.
- This food is a high sodium choice.
- If you eat 1 cup of this product, you will be eating 500 mg of sodium.

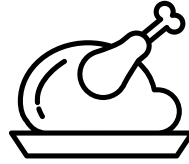
Low-Sodium Foods



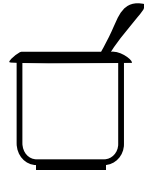
Fresh, frozen or
canned fruit



Fresh fish and
seafood



Fresh meats



Yogourt



Milk



Fresh & frozen
vegetables



Canned beans and
vegetables with no
added salt or well rinsed



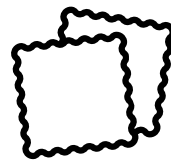
Lemon, oils &
vinegars



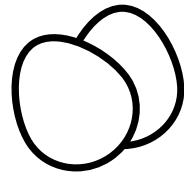
Dried beans



Whole oats



Unsalted crackers



Eggs



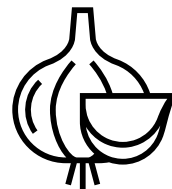
Unsalted nuts and
nut butters



Rice and pasta



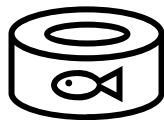
Spices and herbs



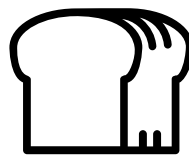
Onion and garlic



Homemade soup



Low sodium or well
rinsed canned fish



Bread

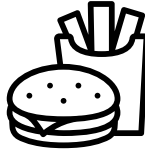


Frozen desserts

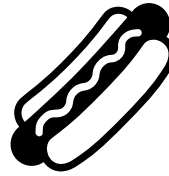
High Sodium Foods



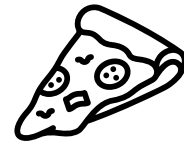
Salt/sea salt



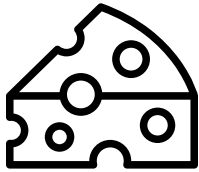
Fast foods



Hot dogs/smoked meats



Pizza



Cheese



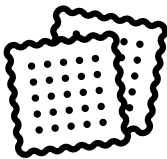
Canned pasta sauce



Sauces & seasonings



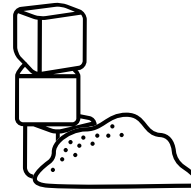
Snack foods



Salted crackers



Vegetable juice



Bouillon cubes or powders



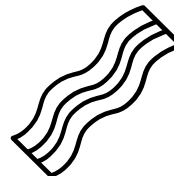
Pickles/Olives



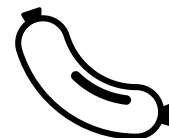
Restaurant food



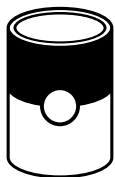
Cold cuts (Ham)



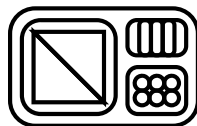
Bacon



Sausages



Canned soups



Frozen meals



Salted nuts



Soy sauce

Eating 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 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:

The following associations offer low sodium recipe books:

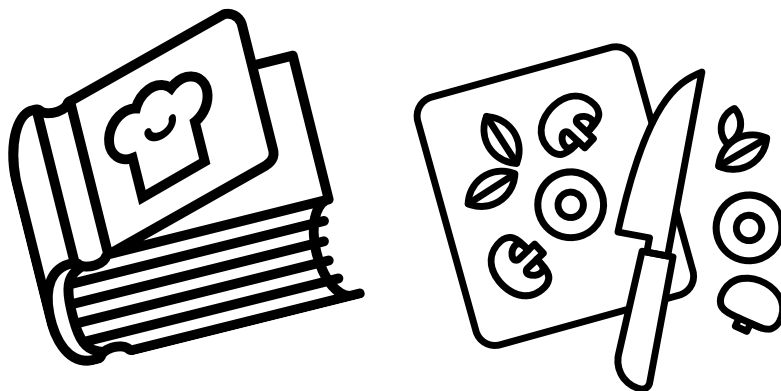
- Dietitians of Canada
- American Heart Association

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.

Good websites to check out for recipes are:

- Dietitians of Canada: <http://www.cookspiration.com>
- Ricardo: <https://www.ricardocuisine.com/en/recipe-categories/healthy>
- Unlock Food: <http://www.unlockfood.ca/en/>
- Heart and Stroke Foundation: <http://www.heartandstroke.ca/get-healthy/recipes>



Eating Out

- Ask for food cooked with no salt.
- Do not use the salt shaker.
- Avoid dishes with a lot of cheese or sauce.
- 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 that day.

Example of what to order when dining out:

- Grilled steak or chicken
- Salad with balsamic vinegar and oil on the side
- Steamed or roasted vegetables
- Baked potato
- 5 oz. wine
- Fruit salad or sorbet

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.

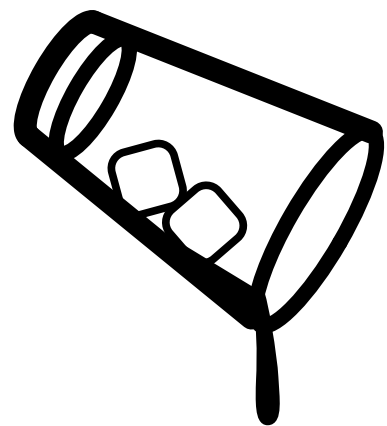
FIND THE FLUID

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.
- Ask your pharmacist about artificial saliva.

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.

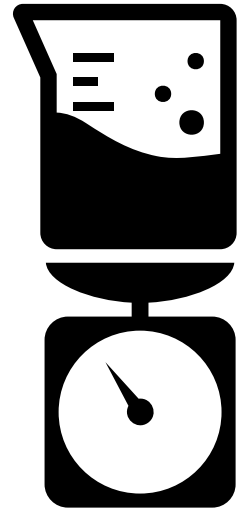
WATER WEIGHT

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 may be an early sign of fluid buildup.



If Your Appetite is Poor

Sometimes, when you are feeling sick, your appetite can decrease. You may lose muscle weight quickly and without trying. If you feel this is the case, please let your doctor know. You might need to be referred to a registered dietitian.

Here are some tips to help if your appetite is poor:

- Eat smaller amounts of foods more often. Try eating every 2-3 hours.
- Eat more food when your appetite is best.
- Make every bite count. Eating half of a meal is still better than having nothing.
- Ideas for nutritious snacks include: whole grain crackers and peanut butter or hummus, a piece of fruit and some cheese, frozen berries with granola and plain Greek yogourt or an egg, chicken salad or tuna sandwich.
- Opt for milk, milkshakes, yogourt beverages or oral nutritional supplements such as Ensure instead of low energy fluids such as water, broth, tea or coffee.
- Have easy to prepare meals and snacks readily on hand for when you don't feel like cooking. Suggestions are: granola bars, unsalted nuts, Greek yogourt, pudding or cheese and crackers.
- You might want to use a service like Meals on Wheels or ask friends and family to help you with groceries and making your meals.
- Add fats and oils at each meal. Top your salads, vegetables, pasta or rice with a few teaspoons of liquid oil such as olive or canola. Spread margarine or butter on your bread, vegetables and potatoes. This will increase the energy content of your food.
- Avoid reduced-fat foods such as foods labeled "light", "low fat" or "fat free".
- Try adding powdered milk to your soups, breakfast cereal, puddings or scrambled eggs for extra protein.

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.

Angiotensin Receptor Neprilysin Inhibitor (ARNI): A drug that helps the body to get rid of extra salt and water. Helps people to live longer and reduces hospitalizations to treat heart failure. Examples of ARNI's are: Entrusto (Sacubitril/Valsartan)

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%. If your EF is 30%, 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 % 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 6.1% or less; prediabetes = HbA1C at 6.1 to 6.4%; and diabetes = HbA1C at 6.5% 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:** In the online Heart Failure Patient Guide at www.ottawaheart.ca/heart-failure-patient-guide
- **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”

Diabetes Canada: 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

WHAT MAKES WOMEN DIFFERENT?

Men and women can be very different when it comes to matters of the heart, and that's just as true for matters of heart health. Heart disease is RISING among women. The good news is that the majority of risk factors that cause heart disease such as smoking, diabetes, physical inactivity, high blood pressure, high stress levels and high cholesterol can be controlled or treated.

If you are receiving this booklet from the University of Ottawa Heart Institute and have been diagnosed with heart disease, we highly recommend that you participate in one of our cardiac rehabilitation program options, including our Women at Heart Program, after your discharge from hospital. This simple step can significantly decrease the chances of a future cardiac event and improve your chances of leading a healthy life in your future. This includes women who have had a heart attack, had a stent inserted, had heart surgery or a heart disease diagnosis, such as SCAD (Spontaneous Coronary Artery Dissection). Even if you have had a treatment for your heart disease, you still have heart disease and would greatly benefit from attending our rehabilitation program after your treatment.

DID YOU KNOW? After a heart attack, heart surgery or a heart disease diagnosis, attendance in a cardiac rehab program can reduce the chances of you being re-admitted to hospital by 31%! It also lowers your mortality by 25% (Cdn. Guidelines for Cardiac Rehabilitation and CVD Prevention, March 2009). Despite this clear benefit, women are only half as likely as men to attend and adhere to the program. Many women don't know they are at risk after an event or even after a treatment they received. That can change beginning right now, with you.

KEY MESSAGES:

- Know your risk factors. It's never too late to start making healthy changes.
- When in doubt, check it out! Call 911 or seek immediate medical care if you think you are having any possible heart related symptoms.
- Attend a free cardiac rehabilitation program (on-site and home program options available)
- Join the Women at Heart Program: led by women with heart disease for women with heart disease

The Heart Institute's Canadian Women's Heart Health Centre aims to provide leadership in the development, implementation and evaluation of cardiovascular prevention and management strategies to improve women's cardiovascular health.

For more information or to enroll in a program right now please call: 613-696-7068

You can also visit our website for more information:

Visit www.ottawaheart.ca/clinical-department/cardiac-prevention-rehabilitation or www.yourheart.ca to learn more about the programs we offer for heart disease prevention and support!

HEART INSTITUTE PATIENT ALUMNI

WE CAN HELP. WE'VE BEEN THERE.

The Patient Alumni is a diverse community of current and former University of Ottawa Heart Institute patients, their families, friends and caregivers. We gratefully support the Institute by sharing information on advancements in the prevention and treatment of heart disease and by designating funds towards projects and services that improve patient comfort and care.

By joining the Alumni, you will become part of a very unique community!

The Heart Institute is the only hospital in Canada that has formed an alumni group to stay in contact with discharged patients and their families. For over 40 years, the Heart Institute has delivered world-class care to thousands of patients. As Alumni members, we wish to stay in touch, stay informed, and contribute to the Institute's quality of care and future success.

WHY JOIN THE ALUMNI?

Alumni membership is free of charge, thanks to the partnership and financial support of the Heart Institute and its fundraising Foundation.

As an Alumni member, you'll get up-to-date information through our:

- e-letters
- Websites
- Lectures, courses and special events

By joining you will also be able to share information and experiences with other Alumni members through our unique private social networking site, at: <http://community.ottawaheart.ca>

For more information and access to free membership, visit our website: ottawaheartalumni.ca

Or contact us at:

Email: alumni@ottawaheart.ca

Tel: 613-696-7241



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