How to Use This Guide

Print. Print out materials that can help you manage your heart failure. To use this feature, install the free Adobe Acrobat Reader (http://get.adobe.com/reader/)

Audio. Listen to the audio version of the information on the pages you are viewing. Audio buttons will launch a control bar at the bottom of the screen. Use it to play, pause, and resume the audio. It will also feature a progress bar.

Play. Play videos and animations by pressing the play button that sits on or near the images. Some may only have a progress bar. Use it to play, pause, and resume the audio.

Bold Purple Text. Move your mouse cursor over any bold text (in purple) and a definition of the word will pop up.

Quiz. At the end of each chapter there is a quiz to help you find out how much you have learned. Click the question mark icon to launch the quiz in a separate window.

Help. Move your cursor to the top or bottom of the page. A menu bar will appear. Click the icons to reveal a list of options, including help.
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You’ve been given this workbook because you have heart failure. This may sound scary, but it doesn’t mean your heart has failed. In fact, with the right treatment, heart failure can be controlled. You can feel and live better, with fewer symptoms and fewer trips to the hospital. This workbook will help you understand heart failure and treatment. It will also teach you to take care of yourself so that you feel your best. The workbook won’t replace visits with your healthcare team. But it will help you work more closely with them and take better care of yourself between visits.

What Is Heart Failure?

When you have heart failure, your heart doesn’t pump as well as it should. Because of this, some parts of your body may not get enough blood and oxygen. These problems lead to the symptoms you feel.

Heart Failure and Your Daily Life

Heart failure most often causes shortness of breath, tiredness, or fatigue, and swelling. These symptoms can occur when you’re active and even when you’re resting. As heart failure progresses, symptoms can worsen. This may keep you from doing daily activities or things you enjoy. Actions such as dressing or bathing may become much harder. And you may not have the energy to spend time with friends and loved ones. These problems can lead to frustration and depression and affect all parts of your life.
Treatment Can Help

Heart failure is a **chronic**, meaning an ongoing, health problem, and there is no cure. But with medications, changes to your diet, and other forms of treatment, heart failure can be controlled. That way, you’ll be able to do more of the things that matter to you.

Your Role in Treatment

A heart failure treatment plan includes more than just medication. You may also need to eat less salt, weigh yourself daily, and manage symptoms. Your job is to follow your prescribed treatment as best you can. To do this, you need to learn how heart failure affects your body. You will also work closely with your healthcare team to keep heart failure under control. Be sure to see your healthcare providers as often as directed for follow-up. With practice and patience, you can take care of yourself, reduce symptoms, and feel much better.

How this Workbook Can Help

This workbook is full of tools to help you manage your heart failure treatment and take control of your health. Use each chapter to learn skills and set goals. Share the information with your healthcare provider and loved ones.
Understanding Heart Failure

The heart is a muscle. It pumps oxygen-rich blood to all parts of the body. When you have heart failure, the heart can’t pump as well as it should. Blood and fluid may back up into the lungs, and some parts of the body don’t get enough oxygen-rich blood to work normally. These problems lead to the symptoms you feel.

How a Healthy Heart Pumps Blood

As the heart beats, blood constantly moves through it. The heart muscle must pump out, or eject, enough of this blood to keep the body healthy. Oxygen-poor blood (shown with blue arrows) goes through the right side of the heart, to the lungs. Oxygen-rich blood (red arrows) goes through the left side of the heart, to all other parts of the body. Each heartbeat has two steps:

**Step 1.** The atria, or upper chambers, relax and fill with blood entering the heart. At the same time, the ventricles, or lower chambers, squeeze to pump blood out of the heart, to the lungs and the body. This part of the heartbeat is called **systole**.

**Step 2.** The atria squeeze to send blood into the ventricles. The ventricles relax to receive this blood. This part of the heartbeat is called **diastole**. The process starts over with the next heartbeat.
When You Have Heart Failure

Because of heart failure, not enough blood leaves the heart with each beat. There are two types of heart failure. Both affect the ability of the ventricles to pump blood. You may have one or both types.

Systolic Heart Failure
The heart muscle becomes weak and enlarged. It can’t pump enough blood forward when the ventricles contract. Ejection fraction is lower than normal. Systolic heart failure is also called heart failure with reduced ejection fraction (HFrEF).

Diastolic Heart Failure
The heart muscle becomes stiff. It doesn’t relax normally between contractions. This keeps the ventricles from filling with blood. Ejection fraction is often in the normal range. Diastolic heart failure is also called heart failure with preserved ejection fraction (HFpEF).

How Heart Failure Affects Your Body
When the heart doesn’t pump enough blood, body chemicals known as hormones are sent to increase the amount of work the heart does. Some hormones make the heart grow larger. Others tell the heart to pump faster. These things may help the heart pump more blood at first, but it can’t keep up with the ongoing demands. As a result, the heart muscle becomes more damaged. Over time, even less blood is pumped through the heart. This leads to problems throughout the body.

What Is Ejection Fraction?

Ejection fraction (EF) is a measure of the blood that the heart pumps out. This typically refers to how much of the total blood in the left ventricle is pumped out with each beat. A normal EF is between 55% and 70%.
Causes of Heart Failure

Some common causes of heart failure are:

- Coronary artery disease (CAD)
- Heart attack
- High blood pressure
- Heart valve disease
- Heart rhythm problems (arrhythmias)
- Heart muscle disease (cardiomyopathy)
- Alcohol or drug abuse
- Heart problems that are present at birth (congenital) or inherited
- In some cases, the cause of heart failure is unknown.

Related Health Problems

You may have health problems that make heart failure harder to control. Your heart failure may even have led to problems in other parts of your body, such as the kidneys. You can ask your healthcare provider if you have any related health problems that may apply.

Your Condition

Print and fill out this PDF. Ask your healthcare provider to help you check off and list common causes of heart failure and related health problems that apply to you.

Click on the video above to learn about the Causes of Heart Failure.

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Congratulations!

You’ve just finished Chapter 1. Now click on the question mark above to find out how much you learned.

If you have problems viewing this quiz, try turning off the pop-up blocker in your web browser.
CHAPTER 2
Monitoring Symptoms
CHAPTER 2

Monitoring Symptoms

Watching how your symptoms change helps you keep heart failure under control. Take action as soon as you notice a symptom getting worse. This helps prevent a problem from becoming serious. You may even avoid a hospital stay.

Goals to Consider

• Know baselines to measure your symptoms.
• Watch for worsening symptoms.
• Know what to do and whom to call when symptoms get worse.

Ask a family member to also watch for signs and symptoms of an emergency.
Recognizing Heart Failure Symptoms

It’s up to you to pay attention to your body and how you feel, every single day. That way, if a problem occurs, you can get help before it becomes too severe. You’ll need to watch for changes in your symptoms. As long as symptoms stay about the same from one day to the next, your heart failure is stable. But if symptoms start to get worse, it’s time to take action.

Signs and Symptoms of Worsening Heart Failure

Do you know what to do when you notice the symptoms below? Create an action plan with the help of your healthcare provider. Then, keep track of changes for each of the following symptoms. Print out these PDF’s to use as an example.

Rapid weight gain means fluid is backing up in your body. Gaining more than 2 pounds in 1 day or more than 5 pounds in 1 week is a sign of worsening heart failure.

- **Shortness of breath** means fluid is backed up in the lungs. You may get winded during easy activities. Breathing may be harder when you lie flat. At night, you may wake up coughing or short of breath. You may need to sit up or use extra pillows to prop yourself up to breathe better.

- **Swelling, or edema** means your body is storing extra fluid. This could happen in your hands, abdomen, ankles, or feet. Each person’s body carries water differently. Learn where you tend to swell.

- **Fatigue** occurs when your body doesn’t get enough oxygen-rich blood. You may feel more tired and have less energy than usual. This can occur even when you’re less active.
When the Body Gets Less Blood

Because of heart failure, your heart pumps less blood than normal to the lungs and to the rest of the body. As a result, the kidneys and other organs don’t get the oxygen-rich blood they need. When the kidneys don’t work right, fluid backs up in the lungs and throughout the body. This results in the symptoms indicated in the picture to the right.

Know Your Baselines

The first step to managing heart failure symptoms is getting to know what’s normal for you. For instance, how much can you usually do before you get tired? When you sleep, do you need to prop yourself up with pillows to breathe better? If so, how many pillows do you usually use? Once you know the answers to questions such as these, write them down. These normal situations are your baselines. Knowing what’s normal for you will help you see when symptoms are getting worse. Write some baselines in the box below. These will help you measure your symptoms.

Watch for Changes

Once you’ve come up with baselines, watch for changes daily. If your symptoms are ever different from your baselines, take action. Your healthcare provider is counting on you to call when you think your symptoms are worse. He or she will tell you what to do next. Working together this way helps keep heart failure under control and improves the number of good days you have. It could even keep you out of the hospital.
Daily Symptom Tracking

If you gain weight suddenly, your body is storing extra water. This is a sign of worsening heart failure. Weight gain can be very rapid. It can happen in one day. Or, it can happen little by little over one week. To know if your body is storing water, weigh yourself every day. You may also be asked to check your blood pressure and heart rate daily.

Weigh Yourself

- Weigh yourself at the same time of day, every day. The reading is most accurate if you weigh yourself in the morning after you urinate and before you eat.
- Weigh yourself with no clothes or the same clothes. Make sure it’s the same each time. Otherwise, your weight won’t be accurate.
- Always use the same scale. Make sure the numbers are easy to read.
- Write down your weight each day on a chart or in a notebook. Keep a pen or pencil near the scale.
- Call your healthcare provider if you gain more than 2 pounds in 1 day or more than 5 pounds in 1 week. If you receive other instructions for reporting weight gain, follow them as directed.
Measure Blood Pressure and Heart Rate

- Put on the blood pressure cuff, following the directions that came with the device. Sit comfortably with your feet on the floor and your arm supported on a table. Rest quietly for 5 minutes.
- Start the blood pressure device. Wait while your blood pressure is measured. Your heart rate may be taken, too.
- If the reading is very different from usual, check the directions to make sure you’re using the device correctly. Wait 5 minutes. Then try again. If you still have questions or concerns about the reading, call your healthcare provider.

Step-By-Step

Print out this PDF and follow the step-by-step instructions when using your blood pressure device to measure your heart rate and blood pressure.
# My Symptom Chart

Print out this PDF and use it to track your baselines, including your weight, blood pressure, and heart rate. Write down changes and any notes you think are important. You can follow the sample symptom chart below. Do this daily to keep track of any changes. This helps you see if your heart failure is worsening. Take the chart when you visit your healthcare team.

## Sample Symptom Chart

Baseline Weight: **180**

<table>
<thead>
<tr>
<th>Day</th>
<th>Weight</th>
<th>Blood Pressure</th>
<th>Heart Rate</th>
<th>Change in Symptoms / Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>180</td>
<td>114/67</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>182</td>
<td>118/71</td>
<td>58</td>
<td>Ate out at a restaurant last night.</td>
</tr>
<tr>
<td>3</td>
<td>180</td>
<td>115/68</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>181</td>
<td>118/70</td>
<td>65</td>
<td>A little short of breath walking to the store.</td>
</tr>
<tr>
<td>5</td>
<td>182</td>
<td>120/75</td>
<td>72</td>
<td>Short of breath. Swollen ankles, shoes and socks tight.</td>
</tr>
<tr>
<td>6</td>
<td>185</td>
<td>130/80</td>
<td>72</td>
<td>Legs swollen. Called doctor, took extra water pill.</td>
</tr>
<tr>
<td>7</td>
<td>183</td>
<td>118/70</td>
<td>66</td>
<td>Some swelling, took extra water pill as instructed.</td>
</tr>
<tr>
<td>8</td>
<td>180</td>
<td>115/66</td>
<td>58</td>
<td>Feel well. Swelling is gone.</td>
</tr>
<tr>
<td>9</td>
<td>180</td>
<td>115/67</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>180</td>
<td>116/65</td>
<td>57</td>
<td></td>
</tr>
</tbody>
</table>
Congratulations!

You’ve just finished Chapter 2. Now click on the question mark above to find out how much you learned.

If you have problems viewing this quiz, try turning off the pop-up blocker in your web browser.
Following a Low-Sodium Diet

Your healthcare provider may advise you to eat less sodium, also known as salt, to help control heart failure. Eating this way is a lifelong commitment. You may need to watch your sodium intake daily.

Goals to Consider

- Identify high-sodium foods, including those that contain “hidden” sodium.
- Adjust your shopping and eating habits.
- Limit fluid intake, if needed.
Get Started with a Low-Sodium Diet

Sodium, or salt from food and drinks makes your body store water. This can lead to swelling and force your heart to work harder. To help prevent these problems, you may be told to eat less sodium than you’re used to. Sodium enters your body in two main ways—from the salt you add to food, and from foods that contain salt and other forms of sodium. To help your heart, you may need to cut back on both sources.

Cook Without Sodium

To help your taste buds adjust, try to make all of your meals and snacks low sodium. Here are some tips to get you started:

- Take the saltshaker off the table and stove. Season with fresh herbs, garlic, onion, lemon, or pepper instead. A cookbook can give you ideas for which herbs to use with which foods.
- Don’t salt cooking water. When cooking pasta, add a splash of olive oil to the water instead of salt.
- Eat fresh or plain frozen vegetables. Or choose canned vegetables with no added salt.
- If you choose to eat high-sodium condiments, dip your fork in instead of pouring them on food.
- Avoid salt substitutes that contain potassium. These can cause problems with some heart medications and may damage the heart muscle. Before trying a salt substitute or seasoning mix, check with your healthcare provider or dietitian to make sure it’s safe for you.
Watch Out for Sodium

Sodium can hide in foods that don’t even taste salty. Sodium is often found in:

- **Canned, processed, and convenience foods**, such as soups, lunch meat, and frozen meals.
- **Packaged pasta, noodle, and rice dishes** that contain a flavor packet or have flavoring mixed in.
- **Mixes and seasonings**, such as gravy mix, cake mix, taco seasoning, and some spice mixes.
- **Sauces and condiments**, such as ketchup, soy sauce, barbecue sauce, salad dressing, and relish.
- **Pickled or fermented foods**, such as pickles, kimchi, or sauerkraut.

Leave Sodium at the Store

Most people shop by habit. If this sounds like you, it’s time to turn off the automatic pilot! Avoid impulse buys. Make a shopping list before you go to the store. And start reading food labels. The following tips can help while you shop.

- **In the produce section**: Start your shopping here. You’ll find lots of low-sodium foods in this section. Fresh vegetables and fruits have almost no sodium.
- **In the frozen food aisle**: Plain frozen vegetables, without sauces, have very little sodium. However, frozen meals are often high in sodium. Limit these as much as possible.
- **In the snack food section**: Look for low-salt versions of favorite snacks, such as chips, crackers, popcorn, and pretzels.
- **In the canned and packaged food aisles**: Remember, these foods are often high in sodium. If you buy vegetables that are canned, look for varieties without added salt.
- **At the meat counter**: Look for fresh fish, chicken, and meat. Avoid anything that’s cured or smoked. Even frozen meat can have added sodium. If you’re not sure, ask for help.
Meet Sodium Goals Using Food Labels

Food labels help you to meet your daily sodium goal. Read them while you shop. Then put high-sodium foods back on the shelves. You can also use the information on food labels to track how much sodium you eat in a day.

How to Read Food Labels

The label below is from a can of soup. Get a can out of your cupboard. How does it compare with this one?

**Sodium** is given in milligrams (mg). How does this number compare with your daily goal?

Check the ingredients list for salt. Also watch for high-sodium ingredients such as sodium phosphate, brine, monosodium glutamate (MSG), baking soda, and any other ingredient that has “sodium” in its name.

### Nutrition Facts

<table>
<thead>
<tr>
<th>Serving size</th>
<th>1 cup</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount per serving</td>
<td>Calories</td>
</tr>
<tr>
<td>Total Fat</td>
<td>2g</td>
</tr>
<tr>
<td>Saturated Fat</td>
<td>0g</td>
</tr>
<tr>
<td>Trans Fat</td>
<td>0g</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>10mg</td>
</tr>
<tr>
<td>Sodium</td>
<td>890mg</td>
</tr>
<tr>
<td>Total Carbohydrate</td>
<td>13g</td>
</tr>
<tr>
<td>Dietary Fiber</td>
<td>1g</td>
</tr>
<tr>
<td>Total Sugars</td>
<td>1g</td>
</tr>
<tr>
<td>Includes 0g Added Sugars</td>
<td>0%</td>
</tr>
<tr>
<td>Protein</td>
<td>6g</td>
</tr>
</tbody>
</table>

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

**Ingredients:** Chicken broth, carrots, cooked white chicken meat (white chicken meat, water, salt, sodium phosphate, isolated soy protein, modified cornstarch, cornstarch), potatoes, celery, rice, monosodium glutamate. Contains soy.

The **serving size** is the basis for all values on the label. In this case, 1 serving is 1 cup (half the can of soup). If you eat the whole can (2 servings, or 2 cups), you have to double all the numbers on the label.

What Do These Claims Really Mean?

- **Sodium free** or **salt free** means less than 5 mg per serving.
- **Very low sodium** means 35 mg or less per serving.
- **Low sodium** means 140 mg or less per serving.
- **Reduced sodium** or **less sodium** means at least 25% less sodium than the standard version. However, this could still be too much sodium for you. Look at the label.
- **Light in sodium** means 50% less sodium than the standard version. This could still be a lot, so read the label.
- **Unsalted** or **no salt added** means no salt is added to the product during processing. The product could still contain sodium. Be sure to check the label.
- **Healthy** and **natural** have no nutritional meaning. Don’t be fooled into thinking that foods labeled this way must be good for you.
Watch the Bottom Line

Get in the habit of adding up the salt in your meals. Subtract sodium where you can. This will help you get closer and closer to your goal. If one meal has more sodium than half of your daily goal, look for ways to reduce it. Think about what you’ve already eaten and what else you plan to eat. If one meal is high in sodium, your other meals that day can be lower so that you’ll still meet your goal.

### Sodium by the Numbers

Food labels tell you how much sodium is in a serving. But a meal usually includes a few different foods. To know how much sodium you’re getting, you have to do a little math. You may want to keep a smartphone handy!

#### Add It Up

To figure out how much sodium is in a meal, add up the parts. Here’s a sample meal:

<table>
<thead>
<tr>
<th>Item</th>
<th>Sodium (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grilled chicken breast, skinless</td>
<td>183</td>
</tr>
<tr>
<td>2 slices whole-wheat bread</td>
<td>291</td>
</tr>
<tr>
<td><strong>1 slice American cheese</strong></td>
<td><strong>468</strong></td>
</tr>
<tr>
<td>1 large lettuce leaf</td>
<td>1</td>
</tr>
<tr>
<td>2 slices tomato</td>
<td>2</td>
</tr>
<tr>
<td>1 tbsp mayonnaise, light</td>
<td>124</td>
</tr>
<tr>
<td><strong>Dill pickle (2 small spears)</strong></td>
<td><strong>566</strong></td>
</tr>
<tr>
<td>1 cup apple juice</td>
<td>10</td>
</tr>
</tbody>
</table>

**TOTAL:** 1,645 mg

When you add up the parts of your meal, you’ll see where you can cut back. This is only one meal out of the day. How does the total compare with your daily goal?

#### What Can You Subtract?

To reduce the sodium in this meal, leave out or replace the items highest in sodium:

<table>
<thead>
<tr>
<th>Item</th>
<th>Sodium (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grilled chicken breast, skinless</td>
<td>183</td>
</tr>
<tr>
<td>2 slices whole-wheat bread</td>
<td>291</td>
</tr>
<tr>
<td><strong>1 slice swiss cheese</strong></td>
<td><strong>20</strong></td>
</tr>
<tr>
<td>1 large lettuce leaf</td>
<td>1</td>
</tr>
<tr>
<td>2 slices tomato</td>
<td>2</td>
</tr>
<tr>
<td>1 tbsp mayonnaise, light</td>
<td>124</td>
</tr>
<tr>
<td><strong>No pickle</strong></td>
<td><strong>0</strong></td>
</tr>
<tr>
<td>1 cup apple juice</td>
<td>10</td>
</tr>
</tbody>
</table>

**TOTAL:** 631 mg

If you leave out the pickle and switch cheeses, the sodium goes down a lot! To lower it even more, you could leave out the cheese or mayonnaise completely.
How Much Sodium Is in There?

Knowing how much sodium is in a product can help you decide if you should eat it. Check this chart for foods you often eat. Sodium content can vary by brand, so always check the label, too. Lower-sodium choices in each group are listed first in the shaded areas. These foods contain 140 mg of sodium or less per serving.

<table>
<thead>
<tr>
<th>Food</th>
<th>Serving Size</th>
<th>Sodium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nuts &amp; Beans</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beans, kidney, cooked, boiled, unsalted</td>
<td>½ cup</td>
<td>4 mg</td>
</tr>
<tr>
<td>Peanut butter, smooth, unsalted</td>
<td>2 tablespoons</td>
<td>5 mg</td>
</tr>
<tr>
<td>Hummus (chickpea spread), commercial</td>
<td>2 tablespoons</td>
<td>114 mg</td>
</tr>
<tr>
<td>Peanut butter, chunky, salted</td>
<td>2 tablespoons</td>
<td>156 mg</td>
</tr>
<tr>
<td>Beans, refried, canned, traditional</td>
<td>½ cup</td>
<td>440 mg</td>
</tr>
<tr>
<td><strong>Dairy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheese, parmesan, grated</td>
<td>1 tablespoon</td>
<td>90 mg</td>
</tr>
<tr>
<td>Yogurt, fruit variety, nonfat</td>
<td>6 ounces</td>
<td>99 mg</td>
</tr>
<tr>
<td>Cheese, cheddar</td>
<td>1 oz</td>
<td>183 mg</td>
</tr>
<tr>
<td>Cheese, cottage, 2%</td>
<td>4 oz</td>
<td>348 mg</td>
</tr>
<tr>
<td><strong>Fruits &amp; Vegetables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most fresh fruits and vegetables</td>
<td>1 serving</td>
<td>0–20 mg</td>
</tr>
<tr>
<td>Corn, sweet, yellow, frozen</td>
<td>½ cup</td>
<td>2 mg</td>
</tr>
<tr>
<td>Tomatoes, red, ripe, canned, unsalted</td>
<td>½ cup</td>
<td>12 mg</td>
</tr>
<tr>
<td>Peas, green, frozen</td>
<td>½ cup</td>
<td>72 mg</td>
</tr>
<tr>
<td>Juice, vegetable, low sodium</td>
<td>1 cup</td>
<td>140 mg</td>
</tr>
<tr>
<td>Corn, sweet, yellow, canned</td>
<td>½ cup</td>
<td>168 mg</td>
</tr>
<tr>
<td>Peas, green, canned</td>
<td>½ cup</td>
<td>229 mg</td>
</tr>
<tr>
<td>Tomatoes, red, ripe, canned</td>
<td>½ cup</td>
<td>282 mg</td>
</tr>
<tr>
<td>Juice, vegetable, regular</td>
<td>1 cup</td>
<td>428 mg</td>
</tr>
<tr>
<td><strong>Processed Foods</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pizza, cheese, frozen</td>
<td>4 oz</td>
<td>445–628 mg</td>
</tr>
<tr>
<td>Macaroni and cheese, box mix, prepared</td>
<td>1 cup</td>
<td>869 mg</td>
</tr>
<tr>
<td>Rice dish mix, prepared</td>
<td>1 cup</td>
<td>878–1,023 mg</td>
</tr>
<tr>
<td>Chicken noodle soup, canned, condensed</td>
<td>½ cup</td>
<td>931 mg</td>
</tr>
<tr>
<td>Fried chicken, fast food, skin and breading</td>
<td>1 piece</td>
<td>1,042 mg</td>
</tr>
</tbody>
</table>

How Much Sodium Is in There?

Knowing how much sodium is in a product can help you decide if you should eat it. Check this chart for foods you often eat. Sodium content can vary by brand, so always check the label, too. Lower-sodium choices in each group are listed first in the shaded areas. These foods contain 140 mg of sodium or less per serving.
**Sample Food Chart**

*You can print out the food chart below and take it with you when you go shopping.*

<table>
<thead>
<tr>
<th>Food</th>
<th>Serving Size</th>
<th>Sodium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice, white or brown, cooked</td>
<td>1 cup</td>
<td>0–10 mg</td>
</tr>
<tr>
<td>Spaghetti, dry, enriched</td>
<td>2 oz uncooked</td>
<td>3 mg</td>
</tr>
<tr>
<td>Tortilla, corn</td>
<td>1 medium</td>
<td>11 mg</td>
</tr>
<tr>
<td>Bread, multigrain</td>
<td>1 slice</td>
<td>99 mg</td>
</tr>
<tr>
<td>Bread, white</td>
<td>1 slice</td>
<td>122 mg</td>
</tr>
<tr>
<td><strong>Bread, rye</strong></td>
<td>1 slice</td>
<td>193 mg</td>
</tr>
<tr>
<td><strong>Dinner roll, egg</strong></td>
<td>1</td>
<td>198 mg</td>
</tr>
<tr>
<td>Tortilla, flour</td>
<td>1 medium</td>
<td>347–364 mg</td>
</tr>
<tr>
<td><strong>Grain Products</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meat &amp; Fish</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Egg, whole, cooked, hard-boiled</td>
<td>1 large</td>
<td>62 mg</td>
</tr>
<tr>
<td>Chicken, cooked, roasted</td>
<td>3.5 oz</td>
<td>72 mg</td>
</tr>
<tr>
<td>Hamburger patty, cooked, broiled</td>
<td>3.5 oz</td>
<td>76 mg</td>
</tr>
<tr>
<td>Cod, Atlantic, cooked, dry heat</td>
<td>3.5 oz</td>
<td>77 mg</td>
</tr>
<tr>
<td>Sardines, canned</td>
<td>3 small</td>
<td>111 mg</td>
</tr>
<tr>
<td>Chicken, batter-fried</td>
<td>3.5 oz</td>
<td>290 mg</td>
</tr>
<tr>
<td>Tuna, light, canned, drained</td>
<td>3 oz</td>
<td>320 mg</td>
</tr>
<tr>
<td>Bacon, cured, cooked, baked</td>
<td>2 slices</td>
<td>355 mg</td>
</tr>
<tr>
<td>Hot dog, beef and pork</td>
<td>1</td>
<td>369 mg</td>
</tr>
<tr>
<td>Ham</td>
<td>3.5 oz</td>
<td>893 mg</td>
</tr>
<tr>
<td><strong>Snacks</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Popcorn, popped, unsalted</td>
<td>1 cup</td>
<td>0 mg</td>
</tr>
<tr>
<td>Nuts, mixed, unsalted</td>
<td>1 oz</td>
<td>1 mg</td>
</tr>
<tr>
<td>Cookie, chocolate chip</td>
<td>1</td>
<td>34 mg</td>
</tr>
<tr>
<td>Ice cream, vanilla</td>
<td>½ cup</td>
<td>53 mg</td>
</tr>
<tr>
<td>Tortilla chips, plain, salted</td>
<td>1 oz, about 10 chips</td>
<td>88 mg</td>
</tr>
<tr>
<td><strong>Condiments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cookie, peanut butter</td>
<td>1 medium</td>
<td>144 mg</td>
</tr>
<tr>
<td>Tortilla chips, nacho cheese flavor</td>
<td>1 oz, about 10 chips</td>
<td>196 mg</td>
</tr>
<tr>
<td>Pretzels, hard, plain, salted</td>
<td>1 oz</td>
<td>352 mg</td>
</tr>
<tr>
<td>Mustard, prepared, yellow</td>
<td>1 teaspoon</td>
<td>55 mg</td>
</tr>
<tr>
<td>Salsa</td>
<td>1 tablespoon</td>
<td>128 mg</td>
</tr>
<tr>
<td>Ketchup</td>
<td>1 tablespoon</td>
<td>154 mg</td>
</tr>
<tr>
<td>Barbecue sauce</td>
<td>1 tablespoon</td>
<td>175 mg</td>
</tr>
<tr>
<td>Soy sauce, made from soy and wheat</td>
<td>1 teaspoon</td>
<td>291 mg</td>
</tr>
<tr>
<td>Salt, table</td>
<td>1 teaspoon</td>
<td>2,325 mg</td>
</tr>
</tbody>
</table>

What Can You Choose Instead?

Lots of foods can give you the taste or texture you crave—without overloading you with sodium! Here are a few switches you can make. Start by making one change per day. Work up to one switch per meal. Of course, what you choose depends on your taste. Try to think of other low-sodium foods you can switch for foods you often eat.

Don’t Be Afraid to Ask for Help

Following a low-sodium diet affects almost everything you eat. The change will be hard but it is very important. Talk to your family and friends about changes you can make together. Their support can make following a low-sodium diet a bit easier. Print out this PDF. Ask them if they can add to your list of choices.
<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Try Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Packaged breakfast pastries or frozen waffles</td>
<td>Toasted raisin bread</td>
</tr>
<tr>
<td>Salted butter</td>
<td>Jam</td>
</tr>
<tr>
<td>Flavored oatmeal, grits, or other instant cooked cereal</td>
<td>Plain instant or cooked cereal with cinnamon or fresh fruit</td>
</tr>
<tr>
<td>Vegetable juice</td>
<td>Fruit juice or low-sodium vegetable juice</td>
</tr>
<tr>
<td>Frozen hash browns</td>
<td>Fresh hash browns, or a low-sodium frozen brand</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lunch</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dill pickles</td>
<td>Cucumber slices dipped in vinegar</td>
</tr>
<tr>
<td>Peanut butter</td>
<td>Lower-salt or unsalted peanut butter</td>
</tr>
<tr>
<td>Lunch meat or salami</td>
<td>Roast chicken or turkey, sliced</td>
</tr>
<tr>
<td>Processed cheese (American)</td>
<td>Natural cheese (such as swiss or cheddar), in smaller amounts than usual</td>
</tr>
<tr>
<td>Noodle soup with flavor packet</td>
<td>Plain noodles with your own seasoning or homemade soup</td>
</tr>
<tr>
<td>Potato salad or coleslaw</td>
<td>Garden salad with low-sodium dressing</td>
</tr>
<tr>
<td>Saltine crackers</td>
<td>Low-sodium crackers</td>
</tr>
<tr>
<td>Chips or fries</td>
<td>Unsalted pretzels, nuts, or chips</td>
</tr>
<tr>
<td>Candy bar with nuts and caramel</td>
<td>Plain chocolate bar</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dinner</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Table salt (for cooking)</td>
<td>Lemon, garlic, pepper, spices, low-sodium spice mixes</td>
</tr>
<tr>
<td>Garlic salt (for cooking)</td>
<td>Garlic powder or fresh garlic</td>
</tr>
<tr>
<td>Soy sauce (for cooking)</td>
<td>Sesame or peanut oil</td>
</tr>
<tr>
<td>Bottled salad dressing</td>
<td>Olive oil, vinegar, and herbs</td>
</tr>
<tr>
<td>Frozen or boxed potatoes</td>
<td>Boiled or baked potatoes</td>
</tr>
<tr>
<td>Boxed rice mix</td>
<td>White or brown rice with your own seasoning</td>
</tr>
<tr>
<td>Canned vegetables or beans</td>
<td>Frozen, fresh, or low-sodium canned vegetables or beans</td>
</tr>
<tr>
<td>Ham</td>
<td>Roast pork with fat trimmed</td>
</tr>
<tr>
<td>Sausage</td>
<td>Lean hamburger patty, grilled</td>
</tr>
<tr>
<td>Canned or bottled spaghetti sauce</td>
<td>Homemade sauce (no salt added)</td>
</tr>
</tbody>
</table>
Dining Out

When you eat out, never be afraid to ask how food is prepared. Also, plan ahead. If you’re going out for dinner, eat less sodium than usual for breakfast, lunch, and snacks. This way you can still meet your sodium goal for the day.

American Food
- Order grilled chicken or fish, without breading, instead of fried.
- Have a side salad or baked potato instead of french fries.
- At the salad bar, stick with fresh vegetables. Use oil and vinegar dressing. Canned and pickled items and low-fat dressings are often high in salt.
- Get your hamburger with condiments on the side. Add only small amounts.

Italian Food
- Avoid dishes that have a lot of cheese or cheese sauce. If you add parmesan to pasta or pizza, add just a little.
- Order pasta or pizza with fresh vegetables such as broccoli, spinach, and mushrooms, instead of salty meats such as pepperoni or sausage.

Asian Food
- Steamed dishes, such as vegetables, have the least sodium.
- Instead of eating a whole dish, eat only half with some steamed rice. This way you get half as much sodium.
- Ask for food with sauce on the side whenever possible. Dip food into sauce instead of pouring sauce on top.
- Ask that food be prepared without soy sauce or MSG.

Mexican Food
- Fajitas are a good choice because you add your own fillings. Have them with vegetables, chicken, chili peppers, and only a pinch of cheese.
- Eat soft flour or corn tortillas instead of chips, and go light on the salsa.
- Mexican cheese, beans, and rice have a lot of salt. Get these on the side or not at all.

Fast Food
Fast food can be very salty. Of course, french fries have a lot of salt. But so do foods you may not expect, such as breakfast biscuits, milk shakes, and even some salads. Your best bet is to eat at fast-food restaurants only once in a while, if at all. If you do have fast food now and then, choose lower-sodium options. Most fast-food restaurants have a nutrition list for the foods they serve. This can help you make low-sodium choices. Ask for this list at the counter. It may also be on the restaurant’s website.
If You’re Told to Limit Fluid

In some cases of heart failure, fluid intake must be limited to help prevent the body from storing too much water. Do this only if your healthcare provider tells you to. “Fluid” includes anything that is liquid at room temperature, such as soup and ice cream.

Tips for Limiting Fluid

- Fill a container with the same amount of water as your daily fluid goal. Each time you have any kind of fluid, pour out the same amount of water from the container. This will help you know when you’ve reached your daily limit.
- Chill drinks to make them more refreshing.
- Suck on frozen lemon wedges or ice to quench thirst.
- Drink from a small glass and only when you’re thirsty.
- Rinse your mouth with water, but don’t swallow it.
- Chew sugarless gum or suck on hard candy to keep your mouth moist.

What About Alcohol?

You may be told to reduce the amount of alcohol you drink, even if you don’t need to limit other fluids. Too much alcohol damages the heart muscle. If your heart failure was caused by alcohol, you will likely be told to drink none at all. In other cases, alcohol might be okay in small amounts. Ask your healthcare provider if you need to limit alcohol or avoid it completely.

Pour drinks with a measuring cup to stay within daily fluid goals.
My Action Plan

Following a low-sodium diet may be one of the most important things you do to control your symptoms and help your heart. Your healthcare provider may have given you a sodium goal to meet each day. Now that you know what you need to do, take action! Start by trying one of the following tips. When you’ve accomplished this, try another.

• Take the saltshaker off the table. Replace it with a bottle of salt-free herb mix (without added potassium).
• Get a cookbook with low-sodium recipes. This can give you ideas for meals that are healthy AND tasty.
• Start your food shopping in the produce section. Remember, fresh vegetables and fruits have almost no sodium! Choose at least 3 fresh items before moving on.
• Remove high-sodium foods from your pantry or cabinets. Donate these to charity or give them to a friend.
• Practice reading labels at the grocery store. Compare the labels of 2 or more brands to help you decide which to buy.
• Keep a log of all the sodium you eat for at least 3 days. Look for ways you can reduce sodium in your daily meals.

My Sodium and Meal Log

You can print out this PDF and use it to keep track of your sodium intake.
Congratulations!

You've just finished Chapter 3. Now click on the question mark above to find out how much you learned.

If you have problems viewing this quiz, try turning off the pop-up blocker in your web browser.
Most people with heart failure take several types of medication. Each type helps your heart in a different way. You may take medications for other health problems, too.

Goals to Consider

- Know which heart failure medications you’re taking and why.
- Talk with your healthcare provider or pharmacist about the risks and side effects of any medications you take.
- Learn the best ways to manage your medications.
Heart Failure Medications

Some heart failure medications improve the way the heart pumps. Others help relieve symptoms. Common heart failure medications are listed below. You may take one or more of these. You can print out this PDF. Then, ask your healthcare provider to help you learn more about the different types of medications that have been prescribed for you.

<table>
<thead>
<tr>
<th>Types of Medications</th>
<th>What They Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angiotensin-Converting Enzyme (ACE) Inhibitor</td>
<td>- Stops the body from making a substance called angiotensin, causing blood vessels to relax. This lowers blood pressure and decreases strain on the heart. The heart pumps better and blood flow is improved.</td>
</tr>
</tbody>
</table>
| Angiotensin Receptor Blocker (ARB)          | - Blocks the effects of angiotensin, causing blood vessels to relax. This lowers blood pressure and decreases strain on the heart. The heart pumps better and blood flow is improved.  
                                             | - May be prescribed instead of an ACE inhibitor.                                                                                           |
| Angiotensin Receptor-Neprilysin Inhibitor (ARNI) | - Relaxes blood vessels, decreases strain on the heart, and helps the body retain less fluid.  
                                             | - May be prescribed instead of an ACE inhibitor.                                                                                           
                                             | - May help reduce the risk for hospitalizations and death in certain people with heart failure.                                            |
| Beta-Blocker                                 | - Blocks the effects of hormones that make the heart pump too fast and with too much force. This slows the heart rate and lowers blood pressure.  
                                             | - May strengthen the heart’s pumping action over time.                                                                                   |
| Diuretic                                     | - Helps rid the body of excess water, which reduces swelling and may improve breathing. Less fluid to pump means the heart doesn’t have to work as hard.  
                                             | - Also called “water pills.”                                                                                                              |
| Aldosterone Antagonist                       | - Blocks the effect of aldosterone, a hormone that can make heart failure worse.  
                                             | - Used to help control symptoms, keep heart failure from getting worse, and improve outcomes in certain people with advanced heart failure. |
| Digoxin                                      | - Slows heart rate. Helps the heart pump more blood with each beat, so that more oxygen-rich blood travels to the body.                       |
| Hydralazine and Nitrate                     | - Lowers blood pressure and decreases how hard the heart has to work in certain people with heart failure.  
                                             | - Two separate medications used together.                                                                                               |
| Hyperpolarization-activated Cyclic Nucleotide (HCN) Channel Blocker | - Slows the heart rate so the heart doesn’t have to work as hard.  
                                             | - May help reduce the risk for hospitalizations and death in certain people with heart failure.                                            |
If You Have Side Effects

Some heart medications can cause side effects. Ask your healthcare provider and pharmacist what you should expect from your medications. They may know ways to prevent or reduce side effects. Also, be sure to find out when to call your healthcare provider for help managing serious side effects. Review the list of possible side effects for medications your doctor may have prescribed.

<table>
<thead>
<tr>
<th>Possible Side Effects</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dizziness; dry cough; change in kidney function; too much potassium in the body; swelling of mouth, lips, or tongue</td>
<td>Dose will start low and increase slowly over time. <strong>Get medical help right away</strong> if mouth, lips, or tongue become swollen. You will have lab tests to monitor potassium levels and kidney function.</td>
</tr>
<tr>
<td>Dizziness; change in kidney function; too much potassium in the body; swelling of mouth, lips, or tongue (rare)</td>
<td>Dose will start low and increase slowly over time. <strong>Get medical help right away</strong> if mouth, lips, or tongue become swollen. You will have lab tests to monitor potassium levels and kidney function.</td>
</tr>
<tr>
<td>Dizziness; change in kidney function; too much potassium in the body; swelling of mouth, lips, or tongue (rare)</td>
<td><strong>Get medical help right away</strong> if mouth, lips, or tongue become swollen. You will have lab tests to monitor potassium levels and kidney function.</td>
</tr>
<tr>
<td>Dizziness; low heart rate; depression; tiredness; sexual dysfunction</td>
<td>Dose will start low and increase slowly over time. Don’t stop taking this medication suddenly. <strong>Call your healthcare provider</strong> if you have side effects.</td>
</tr>
<tr>
<td>Frequent urination; loss of potassium, magnesium, or sodium from body; kidney problems; low blood pressure (may make you dizzy); high blood sugar; gout; impotence; dehydration</td>
<td>Amount you take changes depending on how much fluid is stored in your body. A potassium supplement may be prescribed. Take one only if told to do so by your healthcare provider.</td>
</tr>
<tr>
<td>Changes in kidney function; low blood pressure; breast swelling, tenderness, or enlargement (in men and women); too much potassium in the body</td>
<td>Potassium levels need to be monitored while on this medication. If levels are high, you may be told to avoid or limit high-potassium foods.</td>
</tr>
<tr>
<td>Heart rate slows too much; yellow-tinted vision; loss of appetite; stomach pain; nausea or vomiting; diarrhea; heart rhythm problems; tiredness or weakness</td>
<td><strong>Call your healthcare provider</strong> if you have side effects. Levels of this medication may need to be checked.</td>
</tr>
<tr>
<td>Dizziness; fast heart rate; headache; lupus; swelling in the legs; nausea and vomiting; flushing</td>
<td><strong>Call your healthcare provider</strong> if you have side effects.</td>
</tr>
<tr>
<td>Increased blood pressure; temporary changes in vision (such as increased brightness); heart rate slows too much</td>
<td>This medication needs to be taken with food. <strong>Call your healthcare provider</strong> if you have side effects.</td>
</tr>
</tbody>
</table>
Taking Your Medication

For your health, taking your medications on time and as directed is essential. Your healthcare team will help you learn about the medications you take. If you don’t understand something about your medication plan or have concerns, talk to your healthcare provider or pharmacist. Even if you feel fine, don’t stop taking your medications or change your dosage unless your healthcare provider tells you to. Doing so could be bad for your heart.

Know What You’re Taking

Many people take three or more heart failure medications. You should know certain details about each and what may happen if you don’t take a medication as directed. For each medication, ask:

- What is the name of the medication? Also, find out the brand name and the generic name, if any.
- Why am I taking this? What does it do?
- How often should I take this medication? At what time of day?
- How much of the medication should I take? What should I do if I miss a dose?
- Should I expect any side effects from this medication? What should I do if I have them?
- Do I need to follow any special instructions while taking this? Are there any activities or foods I should avoid?
- Is it safe to take this medication along with other medications I have?
- How long should I keep taking this? When I run out, should I order more?

Be Aware of Drug Interactions

Do you have prescriptions for health problems other than heart failure? If so, talk with your pharmacist to make sure they won’t interfere with your heart failure medications. Also ask about taking over-the-counter medications, herbs, and supplements. Drug interactions might occur with any of these. For instance, some pain relievers cause problems with certain heart medications. These include nonsteroidal anti-inflammatory drugs, also called NSAIDs, such as ibuprofen and naproxen. Read the warning labels and instructions for everything you take. To be safe, show your medication list to the pharmacist every time you buy prescription or over-the-counter medications, herbs, or supplements.
Tips for Taking Medications

Keeping track of medications can be hard, especially when you take a lot of them. The following tips can help:

• **Set up a schedule.** Try taking your medication every morning with breakfast, or right before you go to bed at night. Use reminders. This can include alerts on your watch or cellphone. Some pills may need to be taken at certain times of day or with food. Ask your healthcare provider or pharmacist if this is true for any of yours.

• **Use a pillbox to organize medications.** Buy one at a grocery store or pharmacy. Different styles and sizes are available. Choose one that meets your needs.

• **Refill prescriptions when you still have plenty of pills left.** Some suppliers, such as mail-order pharmacies, may take longer to fill prescriptions.

• **Ask for help, if needed.** Taking medication can be confusing. Get help from a family member or friend. Call your provider or pharmacist to prevent making a dangerous mistake.

If paying for prescriptions is a problem, talk with your healthcare provider or pharmacist. He or she may know ways to help.

Drug interactions might occur with nonsteroidal anti-inflammatory drugs, (NSAIDs), such as ibuprofen and naproxen. Read the warning labels and instructions for everything you take.
My Medication List

Keep a list of all the medications you take. Print and fill out this PDF with all your current medications. Then, share this with any doctor, dentist, pharmacist, or other healthcare provider you see. Medications and dosages will likely change as your healthcare team finds what works best for you. Be sure to keep your medication list up to date. Add any new medication or changes to your dosage as they’re made.

Your List Should Include:

- **Generic name.** All medications have a generic name. This name is based on the ingredients in the medication.
- **Brand name.** Some medications also have a brand name. This is a name given to the medication by its manufacturer.
- **Strength, or dose.** This is the amount of the medication that you take each time. It’s often measured in milligrams (mg).
- **Quantity per dose.** This is how many pills you take each time.
- **How often to take.** This is how often you take the prescribed dose.
- **Purpose of medication.** This is what the medication does and why you’re taking it.
- **Notes.** Write down any special instructions for this medication, such as “take at bedtime”. You can also write in the name of the healthcare provider who prescribed the medication, side effects to watch out for, and when to refill the medication.

My Action Plan

The tips below can help you manage your medications. Try one or two of these tips at first. When you’ve accomplished these, try a few more. With time, taking your medications and keeping track of them will become easier.

- Make filling your pillbox part of your weekly routine.
- Make a medication list. Get help from a family member, a friend, or your healthcare provider if needed. Make sure to include any over-the-counter medications, herbs or supplements you take
- Make copies of your medication list. Keep a copy in your wallet. Post a copy in the room where you keep your medication.
- Take your medication list to appointments with your healthcare provider.
- Ask your healthcare provider or pharmacist about side effects that can be caused by your medications.
Chapter 4 Quiz

Congratulations!

You’ve just finished Chapter 4. Now click on the question mark above to find out how much you learned.

If you have problems viewing this quiz, try turning off the pop-up blocker in your web browser.
Chapter 5

Living with a Chronic Condition

Heart failure may create new concerns and challenges in your life. When these problems are addressed, you’ll feel better and life will be more enjoyable.

Goals to Consider

• Keep up with activities that matter to you.
• Take care of your emotional health.
• Prepare for the future.

Don’t forget to have fun! Make time for activities you like.
Following Your Diet

Keeping up a low-sodium diet can be hard when you’re away from home, especially at social events and during holidays. Remember, you’re out to have fun with others, not just to eat. Choose low-sodium snacks such as fresh fruits and vegetables. Avoid dip, though—it’s often high in salt. If you’re going to a potluck, bring your own low-sodium dish. Be polite but firm about saying “no” if someone tries to push food on you. For example: “That looks great, but my doctor says I can’t eat salt.”

Having Enough Energy

You may not have as much energy as you used to. It’s common to push yourself too hard when out with friends or on vacation. You’ll feel better if you pace yourself. Listen to your body, and know your limits. Only do as much as you can comfortably do. Also, rest when you need to. Think of ways to save energy so that you won’t get too tired. In the airport, you could use an electric cart to get from the ticket counter to the gate. And you could take a taxi if you’re too tired to walk back to your hotel after dinner.
My Travel Checklist

It’s fine for you to travel. You just have to plan ahead. Be sure to give yourself plenty of time to take care of these issues.

Before Traveling

- Take enough medication to last your whole trip and a few extra days.
- Pack your medications in your carry-on bag. This way you’ll have them if you get separated from your luggage.
- Carry a list of your medications wherever you go.
- Ask your healthcare provider if there are test results or other medical information you should have with you.
- Talk to your healthcare provider about what to do if you notice changes in your heart failure symptoms while traveling.
- Ask your healthcare provider if you need to avoid high-altitude areas. High altitudes can make breathing harder. Make sure it’s okay for you to fly.
- Call your health insurance company. Make sure you’ll be covered where you’re going.

While Traveling

- Stick to your low-sodium diet. Even on vacation, remember your sodium goal.
- Wear a medical ID bracelet. This should list your medical conditions and any medications you’re allergic to.
- Get up and move around if you’re sitting for long periods of time, such as on a plane. This helps keep blood moving in your legs.
- If possible, weigh yourself every day. Your baseline may change if you’re not using your usual scale. If so, use your weight on the first day as your baseline.
- Watch for changes from baselines, such as your shoes feeling tighter than normal or becoming short of breath after less activity. This is especially important if you’re not able to weigh yourself daily.
- Take medication at the same time as usual, even when you’re in a new time zone. (If you live on the East Coast and take medication at noon, also take it at noon when you visit the West Coast.)
Your Emotional Health

It’s normal to feel sad or down at times. Coping with a chronic health problem is hard. To make heart failure and treatment more manageable, focus on one day at a time. Don’t be afraid to ask others for support when you need it. The following tips can help you feel better emotionally. And, they can help you maintain healthy relationships with friends and loved ones.

Staying in Control

To manage heart failure, you’ll need to make a lot of changes. Sometimes you may feel like you don’t have control over your life or your health. Learning how to follow your treatment plan can help you regain some control. The following suggestions may help, too:

- **Keep doing the things you enjoy**, such as favorite hobbies. Staying busy with things you like to do can help improve your mood and make life more enjoyable.

- **Stay involved with friends and family.** Try not to withdraw from the people around you, even if you’re finding it hard to talk to them. They can be good sources of support.

- **Take an active role in your care.** Bring up questions or concerns with your healthcare team. If treatment isn’t meeting your needs, other options may be available.

- **Join a support group.** It may be easier to talk to people who know firsthand what you’re going through.

Depression Can Be Treated

Coping with heart failure takes a lot of effort. This can affect how you feel. Some medications can change your mood, too. Having heart failure doesn’t mean you have to feel bad all the time, though. Talk to your healthcare provider or a therapist if you feel down most days or are having problems with appetite or sleep. These are signs of depression. Treatment can help you feel better. When depression is under control, your overall health may also improve.
Sex and Intimacy

You may be concerned about your sex life. It’s normal to worry about how much your heart can handle. You’ll be glad to know that having heart failure doesn’t mean you have to give up being intimate. Keep the following things in mind:

- Concerns about your health and your body might keep you from being close to your partner. Talk about your feelings. Don’t be afraid to talk to your healthcare provider, too.
- Sex may be more comfortable if you choose times when you’re rested. Use positions that require less energy, such as lying on your side or your back. If you’re short of breath or feel pain during sex, stop and rest.
- Ask your healthcare provider if you need to take any special precautions before or during sex.
- It’s okay if you don’t feel like having sex. You can show your love in other ways. Try hugging, giving a back rub, or just telling your partner how much you care.

If You Can’t Become Aroused

When you’re dealing with a chronic health problem, it’s not unusual to have trouble becoming aroused. Erectile dysfunction is fairly common in men. In many cases, medication can improve sexual function. For women, products such as estrogen cream and lubrication can make sex more comfortable. Talk to your healthcare provider.
Take Time to Relax

Stress can make you feel worried, anxious, or sick. It can even hurt your heart. To help reduce stress, make an effort to relax your body and your mind. Set aside some time each day to relax. This is time just for you. Sit or lie down in a quiet place. Try listening to soft music or nature sounds. Some activities can help you unwind, too. You could try yoga, meditation, prayer, or just reading a good book. Can you think of other activities that help you relax?

Relaxation Techniques

The following techniques help relax your body and mind. This helps with stress and takes some strain off your heart. You may want to do these techniques for a few minutes daily.

Deep Breathing

1. Sit or lie on your back so you feel at ease. Relax your neck and shoulder muscles.
2. Breathe in slowly and deeply through your nose.
3. Pucker your lips as if to blow out a candle. Breathe out slowly. Try to breathe out for twice as long as you breathe in.
4. Repeat these steps a few times. As you do, you will become more and more relaxed. You can also do visualization at the same time.

Visualization

1. Picture yourself feeling warm and relaxed in a peaceful setting. Use your senses to fill in the details. If you imagine a tropical beach, listen to the waves crashing on the shore. Feel the sun on your face. Smell the salt air. Dig your toes in the sand.
2. Try to hold this image in your mind. If other thoughts enter your mind, relax and refocus on your peaceful setting. Let the invading thoughts fall away. Concentrate on your breathing.
Common Concerns

Recognizing and talking about a problem are the first steps to reducing stress and feeling better. The following are some common concerns that may be causing you stress:

- **Changes in energy levels.** What you can do, how you feel, and even your mood may change daily. Explain this to the people in your life. If you can’t do something, ask a family member or friend for help. A neighbor may be able to pitch in. Or, you might be able to hire someone to help. Ask your healthcare provider or a social worker about affordable services.

- **Money.** You may worry about healthcare costs. Start to deal with this by making a household budget. Get help from people who know you well. Talking to a financial planner can also help. You can find one through your bank or senior services.

- **Changes in symptoms.** As part of treatment, you should weigh yourself and watch your symptoms every day. When symptoms change, you may worry about your health. Remember: Watching symptoms helps you be in control. If symptoms change, you can get the help you need right away. Work with your healthcare team to understand why your symptoms change and what you can do when this happens.

- **The future.** The people closest to you may want to discuss how the care you’ll need may change with time. Talk over options, such as single-story housing, in-home care, and assisted living.

Set Priorities

Try not to worry about the things you can’t do. Instead, do the things you think are most important. Also, look for ways to do tasks with less effort. Setting priorities helps ease the load on days you don’t feel as well. This ensures you’ll have more energy and be able to do what you want. Ask yourself these questions:

- Do I really need to do this today? If the answer is “yes,” take care of that task first. But keep in mind, the answer can often be “no.”

- Can I change this appointment or social event to a time when I’m feeling better?

- What do I need help with? Is there someone else who can do it?
Setting and Meeting Goals

You may feel overwhelmed by what you need to do to keep heart failure under control. Don’t try to do everything at once. Accept that change takes time. Changes may be easier to manage, though, when you work toward small, realistic goals.

Set Realistic Goals

To reach your treatment goals, start small. Set goals you can really achieve. As you work toward goals, track your progress in a notebook or diary. When you reach a goal, reward yourself! This will help you stay motivated.

Take It Step by Step

Sometimes it helps to break big goals into smaller ones. For instance, one of your goals may be to eat only as much sodium as your healthcare provider recommends. Work toward this little by little. Here’s an example of how small, realistic goals can add up to big success:

1. **Start by leaving salt out of your food.** Take the saltshaker off the table. Also, follow tips for cooking without sodium. When you’re comfortable with these changes, move on to your next small goal.

2. **Next, cut back on high-sodium foods.** Use food labels to see which of the foods you often eat are highest in sodium. Slowly phase these out of your meals. What ideas do you have for swapping high-sodium foods with healthier ones?

3. **Use a sodium log to track your progress.** Add up all the sodium you eat in a day. Do this at least once a week. Watch how much your daily sodium intake goes down.

4. **Look for patterns in your eating habits.** If you’re having trouble reducing sodium, your sodium log can show where you’re getting hung up. If you need help, show the logs to a family member or friend, your healthcare provider, or a dietitian. Sometimes an outside perspective can help.

5. **When you get down to your daily sodium goal, celebrate!** Reward yourself for a job well done. Go to the movies or a ball game with friends. Or, get a new blouse or a book you’ve been wanting to read. How else can you reward yourself?
Make Change Work for You

To reach your goals, you’ll probably need to adjust your lifestyle. Everyone makes changes a little differently. Do whatever works best for you. These tips can help change go more smoothly:

- **Expect new emotions.** It’s common to resist or feel angry or scared about having to change. You’re not alone. Share your feelings with your healthcare team and people close to you.

- **Prepare yourself for slow, steady progress.** Change doesn’t happen overnight. When you make changes little by little, though, they add up. You may not see the benefits of treatment right away. But over time, you’ll feel better, spend less time in the hospital, and be able to do more in your daily life.

Get support

You don’t have to do it alone. Get support from family and friends as you try new things. Tell the people in your life how they can help you reach your goals. You might want to join a support group. There you can talk with others who have many of the same concerns, fears, and goals.

What’s Stopping Me?

It’s easy to think of reasons that change is hard. Try to face your fears and excuses head-on. What’s stopping you from reaching your goals? Print this PDF and write down anything that comes to mind. Be as specific as you can. For each barrier to change, try to think of at least two possible solutions.
Preparing an Advance Medical Directive

You can plan for your future healthcare with an advance medical directive. This is a legal form that lists the medical care you’d want if you could no longer express your wishes. Preparing this now can reduce stress about the future—for yourself and your loved ones. Decide what is important to you.

Writing Down Your Wishes

Think about what type of treatment you’d want if you couldn’t speak for yourself. Then, write down your wishes. There are two ways to do this. One is a durable power of attorney. The other is a living will. Some states allow only one kind of advance directive. Some let you do both kinds. And some put both on the same form.

A durable power of attorney lets you name an agent to decide on treatment for you. He or she can decide on your treatment only when you can’t express your wishes yourself. You don’t have to be about to die. If you can’t speak for yourself but are still likely to recover, your agent could speak for you then, too.

A living will lets you state which treatments you would or would not want near the end of your life. It often applies only if you won’t live without medical treatment. A living will takes effect only when you are no longer able to express your wishes.

Choosing Your Agent

Your agent could be a family member, close friend, minister, priest, or rabbi. In most states, it can’t be your healthcare provider. Name one agent, and one or two alternates. They will serve as backup if your first agent can’t be reached. Your agent should be an adult over age 18 whom you trust to follow your treatment choices.

Setting Priorities

To help you set your priorities, print this PDF. How important is it for you to do each of the things on the list? Check off the column that best describes your feelings. Keep in mind that your feelings may change with time, so revisit this chart every so often.
What’s Most Important to You?

When you’re busy coping with daily life, it can be hard to see the big picture. Think about what matters to you. This will help you set priorities, manage daily life, and plan for the future.

Weighing Your Treatment Options

What treatments would you want if your life were about to end? Your wishes might change depending on your overall health and chance of recovery. These treatments can usually be chosen or refused at any time. In most cases, you can also try a treatment, then decide to stop it. These choices may vary, depending on state laws. Your healthcare provider can tell you more about these treatments. Make sure your agent knows how you feel about each option. Here are descriptions of some treatment options you may have.

- **CPR (cardiopulmonary resuscitation)** tries to restart your heart and lungs if they stop working.
- **A respirator** keeps you breathing. Air is pumped into your lungs through a tube that’s put in your windpipe.
- **Tube feeding** provides you with food and fluids through a tube or IV. It is given if you can’t chew or swallow.
- **A kidney (dialysis) machine** cleans your blood when your kidneys can no longer work on their own.
- **Hospice care** means comfort care. Hospice nursing staff may help with bathing or provide food and fluids by mouth. This care is given during the last stages of an illness.
- **Pain medication** can be given to help keep you comfortable.

If You Don’t Want CPR

What if your heart and lungs stopped working while you were a patient in a hospital or nursing home? Would you want CPR? If not, talk to your healthcare provider about a **DNR (Do Not Resuscitate) order**. This tells a healthcare provider or paramedic to **NOT** perform CPR.
Dealing with Sleep Problems

If you’re not sleeping well, there are a few possible reasons. Many people with heart failure have sleep apnea, a condition that causes snoring and brief periods of not breathing. Age, certain medications, and not getting enough exercise can also affect sleep. Be sure to tell your healthcare provider if you’re having sleep problems.

Tips for Sleeping Better

If shortness of breath keeps you awake, your healthcare team needs to know. Tell them if you can’t lie flat or need to sleep propped up on pillows. Also, if nighttime shortness of breath worsens, bring this to the team’s attention. If you have other sleep problems, not related to shortness of breath, these tips may help:

- Do deep breathing in bed. This will relax you and help you fall asleep.
- Don’t drink caffeine any later than noon.
- Try to go to sleep and wake up around the same time every day. This helps your body establish a sleep cycle.
- Limit napping. This can affect your sleep cycle.

- Pull window shades down. If the room isn’t dark enough, get blackout shades.
- Keep pets out of the bedroom if they bother you at night.
- Wear comfortable, loose pajamas.
- If you take medications at bedtime, talk to your doctor about changing this. The medications may be keeping you awake.

If You Have Sleep Apnea

Your doctor may prescribe a CPAP, or continuous positive airway pressure, or BiPAP, which stands for bilevel positive airway pressure device. The machine sends a gentle flow of air through a nasal mask while you sleep. Be sure to use it as directed, if prescribed.

Tips for Using CPAP and BiPAP

- If your mask doesn’t fit or feel right, talk to your healthcare provider or the vendor about adjusting it or trying a new one.
- If you have allergies or other problems that block your nose, get those treated. These devices work best if your nose is clear.
- If the device doesn’t feel good or work well at first, don’t stop using it. Ask your doctor or someone from the medical equipment company for ways to help make it work for you.
Congratulations!

You’ve just finished Chapter 5. Now click on the question mark above to find out how much you learned.

If you have problems viewing this quiz, try turning off the pop-up blocker in your web browser.
CHAPTER 6
A Healthier Heart
CHAPTER 6

Steps for a Healthier Heart

Even though you have heart failure, you can still take steps to improve your health and reduce your risk for other heart problems. Doing so will help you feel better and make your heart healthier.

Goals to Consider

• Stay active to give your heart the exercise it needs.
• Cut down on foods that can worsen heart health.
• If you smoke, quit for good.
Staying Active

You may think having heart failure means you should be less active. This isn’t true! Exercise, especially aerobic activities such as walking, can help strengthen your heart. When you’re active, you’ll have more energy, feel less tired, and have fewer symptoms.

See Your Healthcare Provider

Talk to your healthcare provider about how active you should be. He or she will help you set up a safe activity plan that meets your needs. Ask about types of exercises or activities you can try, such as strengthening or resistance training. Also ask if you need to take any special precautions due to heart failure or other health problems.

Choose Your Activity

Think about the activities you discussed with your healthcare provider. Choose the ones that appeal to you. You’re more likely to stay active if you’re having fun!

- Walking is a good way to get oxygen moving through the body. You can walk outdoors or indoors, such as around the house or at a shopping mall.
- Swimming, water aerobics, and light gardening are other options that might work for you.
- If you’re too short of breath to do other types of activity, try chair exercises, such as moving your arms and legs while sitting.
- A cardiac rehabilitation program may be an option. This is a supervised exercise program that takes place in a hospital or clinic. It can help you feel more confident about how much your heart can handle. Ask your healthcare provider if you qualify.
Know Your Limits

Stay as active as feels comfortable. Do as much as you can as long as you don’t feel tired or short of breath. Here are some tips:

• Pace yourself. If you’re too short of breath to speak a full sentence, you’re pushing yourself too hard.
• If you feel tired or weak, stop and rest. Return to the activity when you feel better.
• Remember your baselines. Compare how much you can do today with how much you did yesterday. This lets you know if your heart failure is worsening.

Stay Safe

Follow these guidelines to stay safe during activity:

• Wear a medical ID bracelet that lists your health problems and any medications you’re allergic to.
• Avoid exercising outdoors in very hot or cold weather.
• Be aware of what’s happening around you.
• Exercise with a friend—there’s safety in numbers. Keep a cellphone with you in case of an emergency.

Signs of Overexertion

Stop what you’re doing and get medical help if you have:

• Pain, discomfort, burning, tightness, heaviness, or pressure in your chest.
• Unusual aching in your arm, shoulders, neck, jaw, or back.
• A racing or skipping heartbeat.
• Shortness of breath that’s worse than normal or doesn’t improve with rest.
• Extreme tiredness.
• Lightheadedness, dizziness, or nausea.
Adding Activity to Your Day

You may be surprised to see how small activities add up. How can you work activity into your daily routine? How can you make it more enjoyable? The following suggestions may give you some ideas of your own.

Make Activity Part of Your Day…

• While you’re at the grocery store, walk up and down all the aisles. This may be easier if you push a shopping cart while you walk.

• Stretch your arms and legs while watching TV.

• Park your car a little farther from a store and walk the rest of the way.

• Plan ahead to take short walks during the day.

…And Make It Fun!

• Take a walk around your neighborhood and visit with your neighbors.

• Listen to a comedy CD or your favorite music while doing household chores.

• Take your dog for a walk in the park.

• Walk through a museum, mall, or zoo with your family.

• Bowl, fish, or golf with friends.

• Read a book or magazine while you ride an exercise bike.
Pedometers and Fitness Bands Make Every Step Count

**Pedometers** and fitness bands are small devices that keep track of how many steps you take. Some even track the calories you burn and measure the distance you have gone. You can clip them to your belt, or strap them to your wrist and go about your daily routine. At the end of the day, they show your total number of steps. This is an easy way to track daily activity. Use these devices to set small goals for yourself. For instance, if you walk 1,000 steps daily, try to walk a little farther over the next few days or weeks. Your healthcare provider can help you set a good goal for you.

**My Activity Log**

A log like the one below can help you track how much you do in a day. You may be surprised by how it adds up! Print this PDF and fill in your activities every day. The sample chart below can help you get started.

**Sample Chart**

<table>
<thead>
<tr>
<th>Date</th>
<th>What I Did</th>
<th>Total Minutes of Activity</th>
<th>Total Steps per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 5</td>
<td>Walked to church—15 minutes</td>
<td>38 minutes</td>
<td>4,054</td>
</tr>
<tr>
<td></td>
<td>Walked home—15 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pulled weeds in garden—8 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>June 6</td>
<td>Played catch with grandkids—15 minutes</td>
<td>40 minutes</td>
<td>4,105</td>
</tr>
<tr>
<td></td>
<td>Vacuumed—10 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Walked dog—15 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>June 7</td>
<td>Went grocery shopping—20 minutes</td>
<td>43 minutes</td>
<td>4,183</td>
</tr>
<tr>
<td></td>
<td>Put away laundry—13 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Walked to and from neighbor’s house—10 minutes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

My Activity Goals: __40____ minutes per day __4,000____ steps per day
Choose Fats Wisely

Your body needs some fats to stay healthy. But eating too much of certain fats is bad for your heart and your health. To reach and keep a healthy weight, it helps to understand that some types of fats are better for you than others. Most of the good fats you eat come from unsaturated fats. Choose cooking with olive oil instead of butter. Choose adding avocado to your salad instead of cheese. Unsaturated fats are also found in nuts, seeds and fish. Saturated fats can be harmful to your health. Limit the amount you eat as much as you can. Cut back on foods such as beef, pork, and high-fat dairy products. Choose fat free milk, lean meats, chicken or fish instead. Try to avoid foods with trans fats. Trans fats harm your body and your health. They are mostly found in packaged foods, snacks, fast foods, baked goods, shortening, and most margarines. Also, check the ingredients list for trans fats in the form of hydrogenated oils.

What About My Weight?

Being overweight increases the work your heart has to do. It also raises your risk of many other health problems. If you’re overweight, work with your healthcare provider or a dietitian to set safe eating and weight-loss goals.
Slim Down Your Meals

Just as you’re learning to cook with less salt, you can also learn to cook with less fat. Some foods may taste a little different at first, but you’ll get used to them. Try the following:

• Bake, steam, microwave, or broil foods instead of frying.
• Cook with olive oil, canola oil, or trans-fat-free margarine instead of butter or normal margarine.
• Before cooking, trim fat from meat and remove the skin from chicken.
• Chill soups and stews. Skim off the fat before reheating and serving.
• Try using half as much cheese as a recipe calls for. Or less! Doing this will help you meet your sodium goal, too.
• Foods marked “low fat” may still be high in sodium. Read food labels carefully so that you can stick to your sodium goal.

Limit Added Sugars

Foods with added sugars increase your intake of calories without providing nutrients your body needs. Added sugars can lead to unwanted weight gain. They can also contribute to poor heart health. Limit sweetened drinks such as sodas, soft drinks, and juices. Also limit candy and desserts.
Track Your Triggers
Do certain emotions, such as frustration, trigger your urge to smoke? How about specific people or places? Think of all the situations that make you want to smoke. Then think about ways you can avoid or deal with these situations.

Have a “Quit Plan”
Quitting takes patience and a plan. You’ll boost your chances of success by forming a “quit plan” ahead of time. Plan when you’ll quit, how you’ll deal with urges to smoke, and whom you’ll ask for support. You may also want to set a quit date (the day you’ll put your plan in motion). It may take several tries to succeed at quitting smoking. Make the most of slip-ups. Do your best to learn from them and then try again.

Get Lots of Support
Support from others can help you stay quit.
- Ask friends and family members not to smoke in front of you. Simply being around smoke can put your health at risk.
- Ask a friend or family member to quit with you. You can learn from one another.
- Consider joining a support group or quit-smoking program. Talk with your health care provider to learn more about this.

Ask your healthcare provider for advice on products to help you quit smoking.
Choose a Quit-Smoking Product to Help

Using a quit-smoking product makes you much more likely to quit for good. Some products, such as the Nicotine patch and Nicotine gum, can be bought over the counter. Others require a prescription. Talk to your healthcare provider about these products. They can help you make a decision about which to try.

<table>
<thead>
<tr>
<th>Over the Counter</th>
<th>How It Works</th>
<th>Length of Treatment</th>
<th>Possible Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine Patch*</td>
<td>• Gives you nicotine through the skin at a constant rate&lt;br&gt;• Ask your doctor about combining the patch with nicotine gum or nasal spray</td>
<td>Take smaller and smaller doses over about 2 months</td>
<td>• Skin rash, itching&lt;br&gt;• Trouble sleeping&lt;br&gt;• Nausea</td>
</tr>
<tr>
<td>Nicotine Gum*</td>
<td>• Gives you nicotine through the mouth</td>
<td>Take smaller and smaller doses over about 2 to 3 months</td>
<td>• Sore mouth or jaw&lt;br&gt;• Indigestion, hiccups&lt;br&gt;• Dizziness, nausea</td>
</tr>
<tr>
<td>Nicotine Lozenges*</td>
<td>• Gives you nicotine through the mouth</td>
<td>Take smaller and smaller doses over about 3 months</td>
<td>• Sore mouth&lt;br&gt;• Belching, hiccups&lt;br&gt;• Dizziness, nausea, weakness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescription Only</th>
<th>How It Works</th>
<th>Length of Treatment</th>
<th>Possible Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine Nasal Spray*</td>
<td>• Gives you nicotine through the nose&lt;br&gt;• Works more quickly than other nicotine products</td>
<td>Use for 3 to 6 months</td>
<td>• Irritated nose, eyes, throat&lt;br&gt;• Coughing, sneezing&lt;br&gt;• Anxiety, restlessness</td>
</tr>
<tr>
<td>Nicotine Inhaler*</td>
<td>• Nicotine is breathed in through the mouth</td>
<td>Use for up to 6 months; take smaller and smaller doses over about 3 months</td>
<td>• Mouth and throat irritation&lt;br&gt;• Coughing</td>
</tr>
<tr>
<td>Bupropion SR</td>
<td>• Reduces withdrawal symptoms and urges&lt;br&gt;• Does not contain nicotine</td>
<td>Start 2 weeks before you quit, then take for 2 to 6 months</td>
<td>Behavioral changes, including depression, hostility, and suicidal thoughts and actions</td>
</tr>
<tr>
<td>Varenicline</td>
<td>• Blocks withdrawal symptoms and urges&lt;br&gt;• Does not contain nicotine</td>
<td>Start 1 week before you quit, then take for 3 months</td>
<td>Behavioral changes, including depression, hostility, and suicidal thoughts and actions</td>
</tr>
</tbody>
</table>

All products conflict with certain other medications or medical conditions. If you have questions, ask your pharmacist or doctor.

*These products contain nicotine. Don’t smoke while using a nicotine product. Doing so could give you a dangerous overdose of nicotine.
**Quitting Smoking**

- Write a letter to say “good-bye” to your cigarettes.
- Join a smoking-cessation class or ex-smoker’s support group.
- Talk to your healthcare provider about over-the-counter or prescription medications to help you quit.
- Tape a picture of your kids or grandkids to your pack of cigarettes to remind you of a good reason to quit.
- Make a list of the reasons you want to quit smoking. Put this where you’ll see it often, such as on the refrigerator or the bathroom mirror.

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**Heart-Healthy Eating**

- Use margarine without trans fat instead of regular margarine or butter.
- Get help from a dietitian to plan heart-healthy meals for yourself and your family.
- Use low-fat or fat-free milk in your coffee or tea instead of cream or half-and-half.
- Choose fish over red meat.
- Read food labels to choose products with the least saturated fat. Don’t forget to watch for sodium, too!
- Limit foods high in added sugars, such as sodas and other sweetened beverages.

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**Staying Active**

- Talk to your healthcare provider about safe activities you can do.
- Ask a friend to be your walking buddy.
- Do a little more activity today than you did yesterday.
- Put aside time each week to share an activity with a family member or friend.
- Use a pedometer to count all the steps you take in a day.

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**My Action Plan**

When you make heart-healthy choices, you’ll be healthier and feel better. The following tips can help you get started. Print this PDF and check off the ones you’d like to try.
Congratulations!

You've just finished Chapter 6. Now click on the question mark above to find out how much you learned.

If you have problems viewing this quiz, try turning off the pop-up blocker in your web browser.
CHAPTER 7
Resources and Glossary

This chapter gives you more information and tools to help you manage heart failure. Remember, the best way to protect your heart is to be active in your healthcare. So don’t hesitate to talk with your health care providers if you have any questions.

Healthcare Contact Information

Keep track of contact names and phone numbers. This can be a great help when you need assistance setting up appointments. Print and fill out this PDF to get started.
Coping with Heart Failure

Many aspects of your loved one’s health are out of your control. You can offer help and support, but you can’t make chronic heart failure go away. Despite this, you do have an important role to play.

• Learn as much as you can about heart failure and your loved one’s health. This will help you know what to expect.
• Join your loved one for visits with the healthcare team. Ask any questions you have. Make sure you understand your role in treatment.
• Try to be patient. When someone you love isn’t able to do all the things he or she used to, it’s common to become frustrated or angry. Your loved one likely feels the same way. Talk about these feelings.
• Learn to recognize the signs and symptoms of worsening heart failure. You may also want to take a class in CPR, also called cardiopulmonary resuscitation.

Make Lifestyle Changes

Much of your loved one’s treatment revolves around making changes. Saying “I know you can do it” can show a loved one that you believe in him or her. When possible, make the same changes yourself. Your heart will thank you for it!

• If you prepare meals for the family, make them heart-healthy. Go food shopping together. Help by reading labels for sodium and choosing healthy foods.
• Exercise together by taking walks around the neighborhood. Many activities can be more enjoyable with another person along.
• If you smoke, quit. If you are not ready to quit, try not to smoke in front of your loved one. Remember that exposure to second hand smoke is dangerous to his or her health. To help your loved one fight the urge to smoke, do not keep cigarettes around the house.
• Seek a support group for caregivers.
Resources

These resources can help you and the people close to you learn more about heart failure, treatment, and how to cope with a chronic health problem.

**American Association of Cardiovascular and Pulmonary Rehabilitation**
www.aacvpr.org

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

**American Heart Association**
800-242-8721 | heart.org/heartfailure

**Heart Failure Online**
www.heartfailure.org

**Heart Failure Society of America**
www.hfsa.org/patient

**Medicare Hotline**
800-633-4227

**NHLBI DASH Eating Plan**
www.nhlbi.nih.gov/health/health-topics/topics/dash

**Partnership for Prescription Assistance**
(for help paying for medications)
www.pparx.org

**Smokefree.gov**
877-448-7848
www.smokefree.gov

**Well Spouse Association**
(for family members and other caregivers)
800-838-0879
www.wellspouse.org

**WomenHeart: The National Coalition for Women with Heart Disease**
www.womenheart.org
Glossary of Terms

**ACE (angiotensin-converting enzyme) inhibitor**  A heart failure medication that stops the body from making angiotensin. As a result, the body's blood vessels relax. This lowers blood pressure and decreases strain on the heart.

**Aldosterone antagonist**  A heart failure medication that blocks the effects of aldosterone (a hormone that can make heart failure worse). It is mainly used to help control symptoms, keep heart failure from getting worse, and improve outcomes in certain people with advanced failure.

**Angiotensin**  A substance in the blood that makes blood vessels tighten. This raises blood pressure and makes the heart work harder. Some heart failure medications prevent angiotensin from working.

**ARB (angiotensin receptor blocker)**  A heart failure medication that lowers blood pressure and decreases strain on the heart. It does this by blocking angiotensin. It may be prescribed for some patients instead of ACE inhibitors.

**ARNI (angiotensin receptor-neprilysin inhibitor)**  A heart failure medication that relaxes the blood vessels, decreases strain on the heart, and helps the body retain less fluid. It may be prescribed for some patients instead of ACE inhibitors.

**Arrhythmia**  A heart rhythm problem.

**Atria**  The heart's upper chambers (singular: atrium). Oxygen-poor blood coming from the body enters the right atrium. Oxygen-rich blood coming from the lungs enters the left atrium.

**Baseline**  A number or statement that helps show what's normal for you. Establishing baselines can help you manage heart failure symptoms on a daily basis.

**Beta-blocker**  A heart failure medication that blocks the effects of hormones that make the heart pump too fast and with too much force. This slows the heart rate and lowers blood pressure.

**Cardiomyopathy**  A disease of the heart muscle that can weaken the heart and limit its ability to pump. It can lead to heart failure.

**Chronic**  Lifelong or ongoing. A chronic condition, such as heart failure, can be managed with treatment, not cured.

**Congenital health problem**  A health problem that is present at birth. Heart failure can be due to a congenital heart defect.

**Diastole**  The heart ventricles squeeze (contract). Blood is pumped to the lungs and the rest of the body. At the same time, the atria relax and fill with blood.

**Diastolic heart failure**  When the heart muscle becomes stiff. The ventricles don’t relax normally, which keeps them from filling with blood. Even if your ejection fraction is normal, you can be diagnosed with diastolic heart failure based on your symptoms. Also called “diastolic dysfunction” or “heart failure with preserved ejection fraction.”

**Digoxin**  A heart failure medication that slows the heart rate and helps the heart pump more blood with each beat.
**Diuretic**  A heart failure medication that helps rid the body of excess water. This makes breathing easier and reduces swelling. Also called “water pills.”

**Echocardiogram**  A test that uses ultrasound waves to show the structure and movement of the heart muscle. This shows how well the heart pumps. It also shows if the heart is enlarged, the thickness of the heart’s walls, and valve problems. It may be done to help diagnose heart failure. Also called “echo.”

**Edema**  Swelling that occurs when the body is storing extra water. It can be a sign of worsening heart failure. Edema may occur in the abdomen, hands, wrists, legs, ankles, or feet.

**Ejection fraction (EF)**  A measure of the blood that the heart pumps out (ejects). This typically refers to how much of the total blood in the left ventricle is pumped out with each beat. Normal EF is between 55% and 70%.

**Electrocardiogram**  A test that records the electrical activity of the heart. Small pads (electrodes) are placed on the chest, arms, and legs. Wires connect the pads to an electrocardiogram machine, which records the heart’s signals. This shows the pattern of your heartbeat. Also called “ECG” or “EKG.”

**HCN (hyperpolarization-activated cyclic nucleotide) channel blocker**  A heart failure medication that slows the heart rate so the heart doesn’t have to work as hard. It may be used to help reduce the risk for hospitalizations and death in certain people with heart failure.

**Hydralazine**  A medication taken in combination with a nitrate. Together, they lower blood pressure and decrease the heart’s work in certain people with heart failure.

**Idiopathic**  No known cause. Heart failure can have idiopathic (unknown) causes.

**Nitrate**  A medication taken in combination with hydralazine. Together, they lower blood pressure and decrease the heart’s work in certain people with heart failure.

**Sodium**  A substance found in salt and many foods. When you have heart failure, sodium may need to be avoided to prevent the body from storing extra fluid. Sodium is “hidden” in many foods that don’t even taste salty. It’s also listed on food labels. Some high-sodium ingredients that may be listed on food labels include sodium phosphate, baking soda, and monosodium glutamate (MSG).

**Systole**  The atria pump blood into the ventricles. The ventricles relax to receive this blood.

**Systolic heart failure**  When the heart muscle becomes weak and enlarged. The weakened muscle can’t squeeze hard enough to eject blood out of the ventricles. As a result, less blood may be pumped out of the heart. With systolic heart failure, the ejection fraction tends to be lower than normal. Also called “systolic dysfunction” or “heart failure with reduced ejection fraction.”

**Ventricles**  The heart’s lower chambers. They squeeze to push blood out of the heart. Oxygen-poor blood leaves the right ventricle to go to the lungs. Oxygen-rich blood leaves the left ventricle to go to the rest of the body.
This guide is not intended as a substitute for professional medical care. Only your doctor can diagnose and treat a medical problem.

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