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Heart failure: A livable condition

Standing just shy of 6 feet tall in heels, Ellen Morris knows she has a problem with her weight, readily admitting that she has “junk in her trunk.”

Her aversion to stepping on a weight scale goes back to law school. But with her 50th birthday fast approaching this summer, Morris has undergone a transformation of sorts. She even went out and bought her own scale.

For Morris, watching her weight wasn't about vanity; it was life and death.

“I plan to spend my 50th birthday in Las Vegas, not in a funeral parlor,” she boasted.

Heart failure, also known as congestive heart failure, is a common cardiovascular condition, affecting about

5 million people in this country, and Morris is one of them.

The American Heart Association estimates that roughly 550,000 new cases are diagnosed annually, and almost 300,000 people die from the disease each year.

There's no real cure, and recognizing symptoms is often as difficult as living with the chronic disease.

As Dr. Eldrin Lewis sees it, living with heart failure can sometimes be a matter of pounds.

Lewis, a cardiologist at Brigham and Women's Hospital, is not talking about obesity — though that is a risk factor for all sorts of illnesses. For those with heart failure, an increase of just two or three pounds in a single day could signal trouble.

Lewis explained that people with heart failure must weigh themselves every day, preferably at the same time in the morning — and on the same scale.

It's no surprise, then, that Morris is one of Lewis' patients.

She now takes the disease more seriously, especially since under the care

of Lewis. “He makes you want to do it for yourself,” she said. “I have to own this.”

Heart failure occurs when the heart cannot function sufficiently enough to meet the body's needs. A healthy heart pumps blood to the lungs, where it picks up oxygen. The heart then pumps the oxygen-rich blood to the organs and muscles.

The major causes of heart failure are

“We should tell patients that this is a lethal disease, a dangerous disease and survival [rates] can be worse than [those for] cancer.”

— Dr. Eldrin Foster Lewis



It has taken Ellen Morris over seven years to come to terms with her heart failure. By working closely with her cardiologist, she is now better able to control her symptoms.

conditions that weaken the heart — heart attacks, uncontrolled high blood pressure and diabetes. In coronary artery disease, plaque buildup narrows the arteries and restricts blood flow to the heart, causing damage and, possibly, heart attacks. High blood pressure has another effect; it stiffens the arteries and makes the heart work harder. In diabetes, sugar accumulates in the blood and can damage blood vessels in the heart.

Several other conditions and diseases can cause heart failure — disorders of the heart valves; arrhythmias, or irregular heartbeats; viruses; congenital birth defects; and alcohol and drug abuse. In almost half of all cases, the cause is uncertain.

For blacks, heart failure is all too com-

monplace. Blacks experience symptoms of heart failure at a younger age, suffer more severe forms of the disease, and have more hospital visits due to heart failure than other racial groups. Death rates from heart failure may be higher in blacks than in whites partly due to the high incidence of diabetes and hypertension, the two leading causes of heart failure.

Despite its name, heart failure does not mean that the heart is going to stop working or that a heart attack is imminent. Nor is heart failure usually sudden. More often than not, the disease progresses over time and may be ignored by patients.

Such was the case with Morris.

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“Don't wait until it's too late”

George McKay didn't believe it at first.

“I thought I had a terrible cold that I just couldn't get rid of,” he said.

Doctors tested him for bronchitis and other pulmonary diseases, but the results were all negative. After a while, he said, he “couldn't lie down without catching his breath.” When he finally was referred to a cardiologist, the doctor told him what was really going on — McKay was dying.

“I didn't even know what heart failure was,” McKay recalled, pointing out that he had no history of heart troubles.

McKay is 66 years old now, and he and his wife have five grown children. For years, he worked as a troubleshooter for Raytheon, but had to reduce his workload to part-time after the diagnosis and then retirement.

“I can't do half the things I used to do,” he lamented. “It can be depressing.” He can still cut his grass at his New Hampshire home, largely because he has



George McKay has learned to live with heart failure. He credits his success to Dr. George Philippides, president of the board of directors of American Heart Association Metro Boston Division.

a riding lawn mower. And he still walks for exercise.

To this day, no one knows for sure what triggered the condition. It was diagnosed 16 years ago, and McKay's life has not been the same since.

The doctors “thought a virus may have attacked the right side of my heart,

and caused enlargement,” he said.

Either way, his heart problem is complicated by the diagnosis 11 years ago of hypertension and diabetes.

It's not all bad news for McKay. Over the years, he has had scores of tests. The results from the test that measures the capacity of the left ventricle to pump — the ejection fraction — has remained about the same. “The good news,” McKay explained, “is that it hasn't worsened.”

The other bit of good news is that the defibrillator initially implanted was recalled because of a defect. A new one was implanted, and so far, so good — especially considering all of the changes he

has made in his lifestyle.

He weighs himself every day. If there is a sudden weight gain of three to five pounds, he calls his doctor right away.

“You have to watch carefully what you eat,” he said. “I learned to read labels to make sure I'm purchasing foods that are low in salt or contain no salt. I know what foods are loaded with salt.” McKay likes to cook out in the summertime, but readily admits he has had to stay away from some of his favorites, like hot dogs and kielbasa.

McKay also knows when he is having a flare-up. One of his signals is being extremely tired but not being able to fall asleep. He also knows something is wrong if he is having trouble breathing and is coughing a lot.

The constant monitoring and six-month check-ups can be bothersome, McKay admitted, but there's no alternative to getting help and following doctors orders. Even though he lives in New Hampshire, McKay makes the drive to Boston Medical Center to receive care. And he takes all of his medications, despite some unpleasant side effects.

“Don't wait until it's too late,” he said. “I almost did.”

February is American Heart Month

Take care of your heart; you have only one

The facts about heart failure

According to the National Institutes of Health, roughly 5 million people in the U.S. have heart failure, and 300,000 people die as a result of it each year. With the growing rate of obesity, these numbers will likely rise, and it is important to be educated about heart failure and know what you can do to prevent it and live with it.

According to the American Heart Association, heart failure, also known as congestive heart failure, is a condition in which the heart has difficulty pumping blood to the rest of the body. This can happen for a few reasons. The heart's arteries may be narrowed due to plaque build-up; there may be scar tissue left over from a past heart attack; high blood pressure may play a role; or there may be heart defects. Whatever the cause, the heart is unable to pump blood efficiently, and as blood tries to return to the heart, it gets backed up by the abnormally slow pumping. This backup of blood, or congestion, often causes swelling throughout the body.

When heart failure begins, the body attempts to correct it in a few ways. The heart may become enlarged, stretching more than normal to pump more blood. It also may develop more muscle to help force the blood through, or it may pump faster. The body may also try to help out by narrowing blood vessels or by diverting blood flow from less important tissues. Because the body is able to compensate in so many different ways, it often takes a long time to diagnose heart failure. You may not feel symptoms for some time, which is why it is important to have regular check-ups with your doctor.

There are a few symptoms that you should look out for as indicators of heart failure. You may have a shortness of breath that could be caused by fluid in your lungs. This may also present as a persistent cough or wheezing. You may have swelling in your feet, ankles or elsewhere. You may feel tired all the time due to your heart being unable to pump blood to all of your tissues. You may experience

a lack of appetite or nausea because the heart is not pumping enough blood to your digestive system. You may feel an increased heart rate. All of these symptoms should prompt a check-up by your doctor.

There are several tests your doctor may perform to determine if you have heart failure: electrocardiogram (EKG), echocardiography and radionuclide ventriculography. While the names are big, the tests are relatively simple, routine and nothing to be worried about. An EKG simply measures the electrical impulses in the heart to determine how fast and hard the heart is beating. An echocardiography is an ultrasound that gives the doctor a picture of the heart's structure and motion to show how thick the heart's muscle is and how well it is beating. The radionuclide ventriculography involves injecting harmless substances that will show up on the scan in the bloodstream to show the path of the blood and how well the heart is pumping it.

“Five million people in the U.S. have heart failure, and 300,000 people die as a result of it each year.”

— National Institutes of Health

There are different treatment options and methods when dealing with heart failure. You should work closely with your doctor to develop a treatment plan that is right for you. Making lifestyle changes is important. There are several ways to help your heart, including quitting smoking, losing weight, avoiding alcohol and caffeine, eating a healthy, low-in-salt diet and exercising. There are also several medications that may help. Some may work to improve circulation. Others may reduce the amount of water in the blood to make it easier on the heart. They all work differently and they all address the various causes of heart failure. Your doctor will be able to help you in deciding which ones will work for your condition.

In extreme cases, surgery may be necessary. This may include coronary artery bypass surgery or a heart transplant. Your doctor can help you determine if this is necessary.

Visit the American Heart Association's Web site at www.americanheart.org for more ways to keep a healthy heart and talk to your doctor.

The Food Project: On a mission to get your heart healthy

Although congestive heart failure and other chronic diseases are among the most common and costly health problems Americans face, they are also among the most preventable. According to the Centers for Disease Control and Prevention, adopting healthy behaviors like eating nutritious foods can slow — or in some cases, even stop — the devastating effects of these diseases.

But food consumption trends show that 50 cents out of every dollar that Americans spend on food are used to purchase processed foods that are high in salt, fats, sugars and artificial flavorings. Foods high in salt are especially harmful to people with heart failure. In an increasingly “on-the-go” society, the convenience of prepared foods often seems to trump nutritional value as a meal's most important ingredient.

One local community organization is working to reverse that trend by partnering with youth and adults to offer healthier food in Greater Boston. The Food Project (TFP) works with Boston-area teens on both its 31-acre farm in Lincoln and two-and-a-half acres of urban farmland in Dorchester to grow healthy food for city residents and suburbanites alike.

The project distributes produce through on-farm and delivered Community Supported Agriculture programs, as well as a farmers' market that operates two afternoons a week from June to November at Dudley Town Common. In addition to fresh produce, the farmers' market also offers live entertainment and cooking demonstrations presented by TFP youth and staff. Forty percent of the project's produce is donated to local hunger relief organizations like Pine Street Inn, Rosie's Place and Community Servings.

Food Project youth and staff also encourage city residents to grow their own food. As part of the Build-A-Garden program, they build raised bed gardens for residents, schools and community-based organizations in Dorchester, Roxbury, Mattapan and Jamaica Plain. The 4-by-8 gardens come complete with compost, seeds, transplants and a Grower's Manual. TFP youth and staff also provide support and training on how to grow food successfully and produce an abundance of tomatoes, salad mix and other vegetables. Raised bed gardens can be built atop most surfaces, including concrete or lead-contaminated soil.

Elementary and middle school-aged youth can also learn to grow and eat healthy produce by signing up for a visit to The Food Project's Urban Learning Farm at the Shirley Eustis House in Roxbury during the summer. The Food Project offers workshops on gardening and healthy eating for camp groups every Tuesday in July and August.

For more information about The Food Project's farmers' market, the Build-A-Garden program or workshops, call Kathleen Banfield at 617-442-1322 x12 or contact her via e-mail at kbanfield@thefoodproject.org. Those interested in volunteering on The Food Project farms in Lincoln and Dorchester in the spring or fall to help grow and harvest fresh vegetables can contact Outreach Coordinator Michael Iceland at 781-259-8621 x30 or via e-mail at miceland@thefoodproject.org.



Urban Ed interns leading a youth group in activities on The Food Project's Urban Learning Farm.



Youth weeding a bed of salad mix on The Food Project's West Cottage farm in Dorchester.

Listen to your heart.

Your heart pumps an average of 300 quarts of blood per hour, and will beat over 2 trillion times during your life.

February is American Heart Month, so to thank the hardest working organ in your body, take just one day to visit your doctor and make sure that your heart is in good shape.



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Heart failure

Questions & Answers

1. Does having heart failure mean that the heart will suddenly stop working?

No. Heart failure occurs when the heart is not strong enough to pump blood effectively, which results in inadequate circulation of oxygen to the organs and muscles of the body. Heart failure is a serious condition that requires medical care.



Lisa Michelle Owens, M.D.
Medical Director
Brigham Primary Physicians at
Faulkner Hospital

2. Why is heart failure common among African Americans?

Several causes of heart failure, such as coronary artery disease, high blood pressure, diabetes and obesity, are more common in African Americans. In addition, African Americans are more likely than other groups to have symptoms at a younger age, suffer from more severe forms of the condition, get worse faster and have more hospital visits due to heart failure. Blacks are more likely than other races to die from heart failure. This dramatic difference in health status and health outcomes can be attributed to a variety of factors, including lack of access to quality medical care.

3. Why do people with heart failure experience weight gain?

As the heart grows weaker, it is less efficient in pumping blood to the lungs where it picks up oxygen. As a result, fluid buildup causes weight gain.

4. Should people with heart failure abstain from exercise?

Not necessarily. The level of activity will depend on the stage of heart failure and its severity. Studies show that aerobic exercise, such as walking, improves heart function; other types of exercise do not. It is important for people with heart failure to get advice from their doctor about how active they can or should be. This includes advice on daily activities, work, leisure time, sex and exercise.

5. Why is salt, or sodium, harmful to people with heart failure?

Excess salt triggers fluid to build up in the body, making heart failure worse. A diet low in salt can help prevent or control heart failure.

6. Can heart failure be cured?

No. It cannot be cured; however, early diagnosis and treatment can relieve the symptoms and make daily activities easier and reduce the chance of hospitalization. Thus, it is very important to follow the treatment plan outlined by the doctor. Despite treatment, symptoms may get worse over time. However, following the treatment plan recommended by the doctor allows heart failure patients to stay healthier longer.

7. Why does high blood pressure cause heart failure?

Conditions that damage the heart muscle or make it work too hard can cause heart failure. Over time, the heart weakens and isn't able to fill with and/or pump blood as well as it should. High blood pressure stiffens blood vessels and makes the heart work harder to pump blood throughout the body. Without treatment for high blood pressure, the heart may be damaged. Therefore, it is so important for individuals with high blood pressure to take their medications as prescribed regardless of how good they feel, and see their physician on a regular basis.

Risk Factors

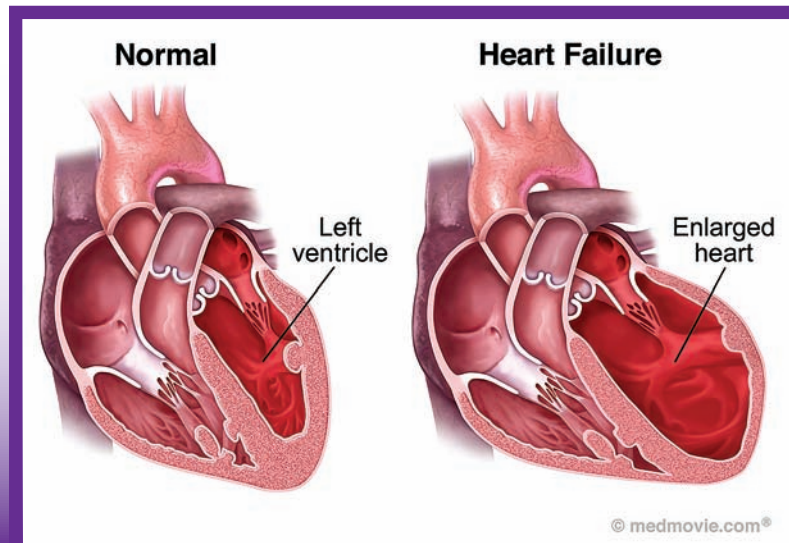
- Coronary artery disease or a heart attack*
- Diabetes*
- High blood pressure*
- Overweight and obesity*
- Age — heart failure is more common in those over age 65
- Race — heart failure occurs more frequently in blacks
- Alcohol or drug abuse
- Valve disorders
- Irregular heartbeats
- Infections of the heart
- Congenital heart defects

Source: National Heart, Lung, and Blood Institute

*See previous issues of Be Healthy for additional information.

A closer look

The purpose of the heart is to pump oxygen-rich blood throughout the body. If the heart is damaged or weakened by disease or injury, over time the left ventricle, the major pumping chamber of the heart, can become enlarged or dilated in response to its weakened condition. Heart failure results when the heart can no longer pump sufficiently enough to meet the needs of the body.



Signs and Symptoms

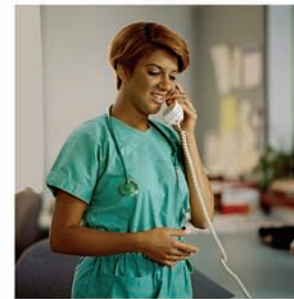
Symptoms of heart failure are often overlooked or attributed to other conditions, such as old age or a cold or the flu. It is important to recognize the symptoms and seek medical attention right away.

- Shortness of breath (after exertion or at rest)
- Fatigue and weakness
- Swelling in the feet, legs or abdomen
- Reduced ability to exercise
- Sudden weight gain from fluid retention
- Cough producing frothy or pinkish sputum
- Chest pain
- Rapid or irregular heartbeat
- Trouble sleeping — waking up short of breath or using more pillows

Partners HealthCare Report to Our Patients

HIGH PERFORMANCE MEDICINE

We still make house calls.



At Partners HealthCare, we make a special effort to keep our patients out of the hospital.

Today, using sophisticated software that identifies patients at greatest risk for re-admission to the hospital, we are enrolling 90 percent of our heart attack, heart failure, and diabetes patients into innovative programs that offer nurse coaching to keep them healthier.

It's called disease management, and it works: Among our 3,000 congestive heart failure patients, we have reduced hospitalizations by 15 to 20 percent.

Through our HealthCare Connection program, high-risk Medicaid and uninsured patients visit the emergency room less often and report very high satisfaction with the services they receive. As one nurse tells us, "It's simple. People respond to people."

In our Connected Cardiac Care program, developed by Partners Home Care and the Center for Connected Health, heart disease patients use tele-monitors to better manage their illness from home. Each day, the monitor transmits the patient's vital signs to a nurse who takes action when problems arise.

At Brigham and Women's Hospital (BWH), nurses regularly contact about 400 patients with chronic conditions who have been frequently hospitalized.

BWH "Plan and Promise" nurses monitor their patients' health and help them recognize symptoms of a potential health problem. The nurses also help with quick access to care, free or discounted medications, and transportation and social services.

The result? Partners hospitals are keeping high-risk patients healthier, reducing their re-admission rates, and helping to better manage health care costs for everyone. It's part of what we call High Performance Medicine — five key initiatives focusing on quality, patient safety, and cost management.

We continue to find ways to advance the care of patients with chronic and costly diseases, whether they're in our hospitals or at home.

It's the right thing to do for our patients — and for our health care system.

KEEPING PATIENTS HEALTHIER, REDUCING HOSPITALIZATION

Heart failure patients enrolled in Partners disease management programs: **90%**

Reduced hospitalizations as a result of this program: **15 – 20%**

Source: Partners internal data



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL AND MASSACHUSETTS GENERAL HOSPITAL

Members: Faulkner Hospital, Martha's Vineyard Hospital, McLean Hospital, Nantucket Cottage Hospital, Newton-Wellesley Hospital, North Shore Medical Center, Partners Community HealthCare, Inc.; Partners Continuing Care: Partners Home Care, Partners Hospice, Rehabilitation Hospital of the Cape and Islands, Shaughnessy-Kaplan Rehabilitation Hospital, Spaulding Rehabilitation Hospital Network

It started with a pain in her chest. The discomfort occurred in July 2000, and she said it felt like heartburn. She went to her primary care physician, who ordered a treadmill test. It came back negative, and though her doctor also ordered an EKG and an echocardiogram, an ultrasound of the heart, she cancelled those tests, convincing herself she “could work through it.” Eventually, the heartburn went away.

Four months later, Morris said, her “heart started racing.” She had palpitations and, again, a pain in her chest. She again called her doctor, but this time she was told: “Ellen, sit down and call an ambulance.” Morris still was not alarmed.

She called, and as the ambulance approached, she walked outside to greet them. The paramedics came running and ordered her to sit down inside the house.

She was taken to Newton Wellesley Hospital, where she got the bad news: Her left ventricle, the major pumping chamber of the heart, was barely working and, as a result, her organs and muscles were not receiving

the oxygen-rich blood they needed to survive. The problem was severe, she was told. “I have never seen two doctors look so afraid,” she recalled.

Even then, Morris said, she was still in complete denial despite being transferred to Brigham and Women’s Hospital.

And that is one of the problems with heart failure.

According to Lewis, patients often ignore the first symptoms of heart failure. “When they tire easily, they attribute it to old age,” he explained. “If they get short of breath, they think, ‘I must have a cold or the flu.’”

Lewis pointed out that some physical conditions can cause the same symptoms of heart failure. For instance, he said, if someone is obese, they get winded by walking up a flight of stairs. “But it may be the first sign of heart failure,” he said.

Doctors also can delay the diagnosis because of more common diseases being considered first. Some patients get treatment for lung disease, Lewis said, when it is really heart failure. “We might not be doing a good enough job explaining it,” he said. “We should tell patients that this is a lethal disease, a dangerous disease and survival [rates] can be worse than [those for] cancer.”

Although not as common as other cardiovascular diseases, such as stroke and high blood pressure, heart failure takes an economic toll, and is one of the most common reasons for hospital admissions. According to the Centers for Disease Control and Prevention, between 1979 and 2005, hospital discharges for heart failure increased 171 percent. In fiscal year 2005, heart failure was the fourth most common diagnosis for hospital admissions in Massachusetts. It is estimated that the total cost of heart failure in the United States — both direct and indirect — will be \$34.8 billion this year.

Heart failure can occur at any age, but is more common in people 65 and older. It is the most frequent reason for hospital admission for Medicare recipients. It occurs more often in people who are overweight or obese due to excess strain on the heart and higher incidence of type 2 diabetes.

The symptoms of heart failure are both obscure and distinct. The most common are shortness of breath, fatigue, reduced ability to exercise and swelling in the ankles, legs and abdomen. Other telltale signs include waking up at night because of difficulty in breathing or having to sleep with the head propped up

on several pillows. Some people may experience chest pain or coughing.

A common test for heart failure — the ejection fraction (EF), which measures the strength of the heartbeat — is not a reliable indicator of how a person feels. It is possible to produce a normal EF while experiencing signs of failure.

Some cases of heart failure are mild, and with good medicine and lifestyle changes, can remain mild. In very severe cases, heart transplants are required. Of the 5 million people living with the disease, only about 2,500 transplants are performed each year.

But it doesn’t have to get to that stage. Lewis is clear on that point.

“Patients have to be proactive,” he said. “Medicines are improving and patients are living longer — survival continues to improve. Don’t run from it. Some people have the attitude — ‘I have high blood pressure and diabetes and I also have heart failure.’ Don’t just add it to a list. It takes work to make it better.”

It’s also possible to prevent heart failure: Lose weight, exercise, watch what you eat.

Just controlling high blood pressure goes a long way. “It is frustrating as well,” Lewis said. “I have a story about two brothers — both got high blood pressure in their 30s. One got good treatment; the other did not. The one who got treatment is doing well — his heart function looks great. The other got heart failure in his 50s.”

Lewis also urged patients not to look for a magic remedy. “People want to look for a new pill to prevent heart disease,” he said. “Look at the basics. If your blood pressure is over 140/90 — get it down. If you’re diabetic, get the blood pressure under 130/85.”

It wasn’t that simple for Morris. She now takes about 12 pills a day, including diuretics.

She had a defibrillator inserted. Without one, she was told, she could die in her sleep.

The defibrillator is about the size of an iPod and monitors heart rhythms. If the beats are off, the defibrillator shocks the heart back to normal.

It took a while before Morris became comfortable with the defibrillator. She said she thought the implant had control over her life and, worse, lulled her into a false sense of security. “If the machine was OK, I was OK,” she said she thought at first.

But a few years ago, the defibrillator shorted out and stopped functioning, and did not respond well enough when she went into cardiac arrest. That problem was fixed when doctors implanted what she called a “super-duper model.”

“I’m now a bionic woman,” she exclaimed.

She tries to steer clear of fast foods that are high in fats and salt. Even though she loves Chinese food, she orders the dishes that do not contain MSG. She joined a gym and was exercising regularly until she recently pulled a muscle.

She said she also monitors the number of pillows she uses to sleep. She knows she’s headed for trouble if she has to be elevated to sleep.

The trick, she says, is to recognize the symptoms and get help.

“It does sneak up on you,” she said. “Even seven years down the line, I still slip up. I should know better. But I don’t look or feel sick. I laugh, joke and go dancing. It took me over seven years to realize that I am really sick. I am an educated woman, and if my kid was sick, I’d make sure she took her medication and did everything the doctor recommended. As adults, we get busy and complacent.”



Eldrin Foster Lewis, M.D., M.P.H.
Cardiologist
Brigham and Women’s Hospital

Celebrate American Heart Month

The leading causes of heart failure are coronary artery disease, high blood pressure, diabetes and obesity. Take advantage of free screenings for these conditions to help reduce the risks of heart failure.

Date	Institution	Address	Time	Tel. No.
2/13	Sister to Sister	The Shops at Prudential Center 800 Boylston Street	10 a.m. - 6 p.m.	508-734-2189
2/14	American Heart Association / NHC	Neponset Health Center 398 Neponset Ave., Dorchester	10 a.m. - 5 p.m.	617-282-5091 x107
2/15	American Heart Association / IBA	Inquilinos Boricuas En Accion 100 W. Dedham St., South End	1 - 4 p.m.	617-266-4050
2/23	Whittier Street Health Center	Roxbury Family YMCA 285 MLK Blvd., Roxbury	9 - 11 a.m.	617-989-3019
Mondays	The Family Van	Dudley Square	1:30 - 4:30 p.m.	617-442-3200
Tuesdays	The Family Van	Park Ave. & River St. Hyde Park	9 a.m. - 12 noon	617-442-3200
		Save A Lot 302 Warren St., Roxbury	1:30 - 4:30 p.m.	617-442-3200
Thursdays	The Family Van	Codman Square	9 a.m. - 12 noon	617-442-3200
		Forest Hills T-Stop	1:30 - 4:30 p.m.	617-442-3200
Fridays	The Family Van	Upham’s Corner	9 a.m. - 12 noon	617-442-3200
		Mattapan Square	1 - 4 p.m.	617-442-3200

Screenings offered: blood pressure; glucose for diabetes; cholesterol; body mass index for obesity.

Living with heart failure

Despite its name, heart failure does not mean that your heart is about to give out. With medications, lifestyle changes and close supervision by your doctor, it is possible to increase your lifespan and improve your quality of life. It is also possible to prevent heart failure by following similar guidelines.



Take your medications as prescribed.



Follow a heart-healthy eating plan.



Reduce your salt (sodium) intake. Learn to read nutrition labels.



Exercise according to your doctor’s recommendations.



Weigh yourself daily. Contact your doctor if you have a sudden weight gain of three or more pounds.



Don’t smoke or drink.



Control diabetes and high blood pressure.



Work closely with your doctor. Call right away if you experience symptoms.

February 10-16, 2008 is National Heart Failure Awareness Week