



HEART FAILURE SHARED DECISION MAKING

HEART FAILURE



If you've been diagnosed with heart failure, you're probably feeling overwhelmed and have many questions. This shared decision making tool will help you talk to your doctor about your disease and treatment options.

Heart failure is a progressive disease in which your heart fails to pump blood at the rate your body needs, depriving cells of enough oxygen and nutrients. This may limit your ability to engage in normal activities and cause symptoms—such as shortness of breath—that affect your quality of life. There's no cure for heart failure, but there are ways to manage the disease and its symptoms.

Ask your doctor:

How serious is your heart failure?



END-STAGE HEART FAILURE

EARLY-STAGE HEART FAILURE

Circle your level of severity on this scale.

Do I have other conditions that may worsen my heart failure, (such as diabetes)?



MANAGING HEART FAILURE

Most patients rely on more than one strategy to manage their disease.

Your heart failure management plan may include:

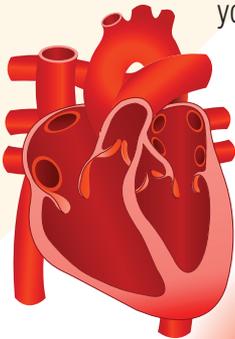
- Medications
- Implantable devices
- Surgical procedures
- Monitored cardiac rehab
- Lifestyle changes
- Palliative care

Every heart failure management option has potential benefits **and** risks. It's important to understand if a specific management strategy is appropriate for you and to have a realistic idea about what it can *and cannot* do to help you.

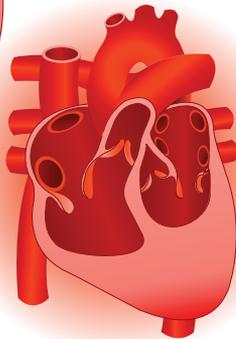
For example, an implantable cardioverter defibrillator (ICD) may keep you from dying suddenly from a dangerous heart rhythm.

However, it may be risky for you to undergo surgery to implant the device. Or you may be uncomfortable with the idea of suddenly receiving a shock from the ICD. On the other hand, you may be willing to risk

or overlook these concerns in order to possibly extend your life. These are important decisions. Only you can make the right decisions for YOU.



Normal Heart



Heart Failure

MAKING TREATMENT DECISIONS



Weighing treatment options when you have an advanced disease like heart failure requires you to think about what's important to you. It's different for each of us. You may want to live long enough to attend your daughter's wedding or welcome a new grandbaby. Someone else might want improved quality of life by focusing on comfort care and symptom relief—even if it means not living as long.

WHAT MATTERS MOST TO YOU?

Managing symptoms/improving quality of life

1 2 3 4 5 6 7 8 9 10

NOT VERY IMPORTANT VERY IMPORTANT

Circle the level of importance.

Extending life, even if symptoms worsen or more treatment is needed

1 2 3 4 5 6 7 8 9 10

NOT VERY IMPORTANT VERY IMPORTANT

Circle the level of importance.

Other _____

1 2 3 4 5 6 7 8 9 10

NOT VERY IMPORTANT VERY IMPORTANT

Circle the level of importance.

MEDICAL MANAGEMENT STRATEGIES



MEDICATIONS

Does your doctor recommend heart medications? Y/N

Medication _____ Dose _____ How often _____

Medication _____ Dose _____ How often _____

Take your medications as prescribed, and bring them (or a list with doses) to every doctor's appointment.

Ask your doctor:

How is the medicine supposed to help me?

What might happen if I don't take the medicine(s)?

IMPLANTED MEDICAL DEVICES

Implantable cardioverter defibrillator (ICD). An ICD implanted under the skin in your chest will deliver a shock if you develop a dangerous heart rhythm. It doesn't lessen symptoms or make you feel better, but it may help you live longer. With an ICD, 29 out of every 100 patients with heart failure will die over a 5-year period, compared to 36 out of 100 over the same period who do not get an ICD.

Pacemaker (also called cardiac resynchronization therapy). Unlike an ICD, a pacemaker sends electrical impulses to the lower chambers of your heart (the ventricles) so they pump at the same time. A pacemaker can slow the progression of heart failure, help you feel better and possibly keep you out of the hospital. Your doctor may suggest a pacemaker in conjunction with medications or an ICD.

Left ventricular assist device (LVAD). An LVAD is a surgically implanted mechanical device that helps your ventricles pump blood. An LVAD may help you live longer and improve your symptoms, but you must be connected to a power source at all times and take blood thinning medications for the rest of your life. You can turn the device off if you are near the end of your life.

MEDICAL MANAGEMENT STRATEGIES



IMPLANTED MEDICAL DEVICES (continued)

Ask your doctor:

Are you a candidate for a medical device?

Y/N

How might the device(s) help me?

What are the potential risks, complications?

What happens during the procedure?

What can I expect after the procedure?

Consider what else you want to ask your doctor.

SURGICAL PROCEDURES

Open-heart surgery. Coronary artery bypass grafting (CABG) uses healthy arteries from another part of your body to replace diseased arteries to the heart. It may be an option for some patients with advanced heart failure, although it doesn't cure the disease. A major clinical trial showed that heart failure patients who underwent CABG and took appropriate medications had fewer deaths over 10 years than those who just took medicines. However, CABG may increase your risk of death immediately following surgery.

Percutaneous coronary intervention (PCI). A PCI, also known as coronary angioplasty, uses a catheter to open blocked arteries to the heart. The procedure may improve or resolve heart failure symptoms.

Heart valve surgery. Valves control the flow of blood from one heart chamber to another. If your heart failure is caused by a defective or diseased valve, and your heart failure is life-threatening, your surgeon may replace the valve with either an artificial valve or one made from human or animal tissue.

MEDICAL MANAGEMENT STRATEGIES



Heart transplant. If you have end-stage heart failure, you may be a candidate for a transplant. It takes time to find a donor heart and the need exceeds the supply of available hearts. While you're waiting, your surgeon may implant an LVAD or artificial heart (mechanical ventricles controlled by an external machine) until a donor heart becomes available. You'll start cardiac rehab soon after a heart transplant.

Heart transplantation is major surgery, and you will be on medications to suppress your immune system for the rest of your life. This increases your risk for infection and other diseases. Your body may also reject the donor heart, or it may simply not work. About 85 to 90 percent of heart transplant patients live for more than a year with a new heart, and 50 percent survive 10 years.

Are you a candidate for surgery?

Y/N

How might surgery help me?

What are the potential risks, complications?

What happens during the procedure?

What can I expect after the procedure?

What will happen if I don't undergo surgery?

What else do you want to ask your doctor?

CARDIAC REHAB



Cardiac rehab is a medically supervised program that can help you slow—or even reverse—the progression of heart failure and lower the risk of another cardiac event. It includes a personally tailored exercise program, counseling to modify risk factors (for example, smoking cessation or diet) and strategies for managing symptoms.

Ask your doctor:

Am I a candidate for cardiac rehab?

Y/N

What are my goals for rehab?

How will I reach those goals?



PALLIATIVE CARE AND HOSPICE



Palliative care focuses on symptom management and quality of life when you have an advanced illness.

Hospice is end-of-life care. These are important care modalities for patients with heart failure. End-stage heart failure has one of the largest effects on quality of life of any advanced disease. Also called comfort care, palliative care strategies provide relief from pain, trouble breathing, depression, fatigue and edema (swelling), common symptoms of end-stage heart failure.



Palliative care promotes well-being, helps you communicate with your healthcare providers, and provides emotional and spiritual support for you and your family. Although hospice and palliative care are different (you can receive palliative care while also receiving life-prolonging therapies), a study of patients with end-stage heart failure who used hospice care survived 81 days longer than those who didn't.

Ask your doctor:

Is nonhospice palliative care or hospice right for me?

Y/N

WHAT YOU CAN DO IF YOU HAVE HEART FAILURE



Making certain lifestyle changes can help you manage symptoms and improve your quality of life.

Quit smoking. Smoking puts extra strain and stress on your heart—the last thing you need when you have heart failure. Quitting smoking will help improve your heart failure symptoms and is good for your overall health. There are many effective, proven ways to quit smoking, so ask your doctor what he or she recommends.



Move. In the past, physicians advised patients with heart failure to rest. That's changed. According to the Heart Failure Society of America, being active helps heart failure patients feel better, decreases symptoms and possibly even improves heart function. This means you can do more of the activities you enjoy.



If you've been sedentary in the past, start to slowly and gradually increase the intensity and duration of your activity. Ideally, work up to 30 minutes most days. You can learn how to exercise safely in a cardiac rehab program.

Eat a healthy diet. When you have heart failure, it's important to limit fluids and dietary salt to help prevent swelling and to get plenty of potassium from fruits and vegetables. Limit or avoid alcohol and caffeine. A nutritionist or registered dietitian can help you develop a heart-healthy diet.



Keep track of symptoms. Tell your doctor if you experience chest pain or notice a change in breathing, swelling, weight or physical activity level.





OTHER TIPS

Manage stress. Stress and anxiety make your heart work harder and can worsen symptoms. Find stress-busting activities that work for you—such as yoga, meditation or taking a short walk in nature.

Stay healthy. Take precautions to avoid colds and the flu, and ask your doctor if you're up to date with all important immunizations.

Wear loose clothing. Tight clothing may limit blood flow in your legs and cause dangerous clots.

Avoid temperature extremes. Your body has to work harder to keep body temperature normal when you're too hot or too cold.

Resource: American Heart Association, Rise Above Heart Failure, www.RiseAboveHF.org

Top 10 Tips for Your Heart

10. MINIMIZE STRESS

9. SLEEP 8 HOURS EVERY NIGHT

8. STOP USING TOBACCO (OR NEVER START!)

7. MOVE FOR AT LEAST 30 MINUTES, 4 TO 6 TIMES PER WEEK

6. EAT A HEALTHY DIET

5. MAINTAIN BLOOD PRESSURE AT OR BELOW 120/80 MM/HG

4. MAINTAIN HEALTHY CHOLESTEROL LEVELS

- a) Total cholesterol less than 200 mg/dL
- b) HDL greater than 50 mg/dL (remember H for high)
- c) LDL less than 100 mg/dL (remember L for low)

3. KNOW—AND TRACK—YOUR HEART HEALTH NUMBERS

- a) Body Mass Index
- b) Waist-to-hip ratio
- c) Fasting triglycerides
- d) Blood pressure
- e) Blood sugar

2. GET TO KNOW YOUR FAMILY HISTORY

1. SCHEDULE YOUR ANNUAL CHECKUP OR WELLNESS VISIT