British Heart Foundation

Your guide to heart failure

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The British Heart Foundation (BHF) would like to thank colleagues from the BHF Care and Education Research Group and the Department of Health Sciences at the University of York for developing the original BHF Heart Failure Plan, upon which this guide is based.

Special thanks are due to all the heart failure patients, nurse specialists, consultant cardiologists and researchers who in the past have contributed to this resource.

And to the following for their input on this new edition:

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How to use this guide

This guide is for adults of all ages who have heart failure, and for their families or carers.

Being told that you have heart failure can be very frightening for you and your family. It raises all sorts of questions, such as:

Why me? What can I do about it? What is my future going to be like?

We have developed *Your guide to heart failure* to help you understand and manage your condition better. We want to show you how to control your symptoms, so that you can have a good quality of life and continue to do many of the things that you enjoy.

We have based this guide on advice from people with heart failure and from medical and nursing experts on heart failure. Think of it as a source of practical help and guidance rather than something that has to be followed rigidly. Feel free to dip in and out of it in your own time.

Your heart failure nurse may work through this guide with you, or you may use it as a personal reference guide at home. You may also want to share it with your carer or family and friends so that they understand your condition and know how they can support you. (By 'carer' we mean the main person who cares for you. It could be your partner, a relative or a friend.)

As a heart failure patient, you will be treated by a number of medical experts, sometimes called healthcare professionals.

This may include a:

- Heart failure specialist nurse
- Practice nurse
- Nurse practitioner
- Nurse
- GP
- Doctor (this includes any doctor who might see someone in hospital e.g. general medical consultant)
- Cardiologist
- Cardiologist specialising in heart failure
- Cardiac rehabilitation specialist (this could be a nurse or physiotherapist)
- Pharmacist.

As it will vary from patient to patient who you will see, when we talk about medical experts in this booklet we will generally refer to them as 'doctor or nurse'.

If you still have questions after reading Your guide to heart failure:

- Talk to your doctor or nurse. They are in the best position to advise you on your symptoms and treatment.
- Contact the useful organisations and helplines listed on pages 94-98 for information and support.

All the information in this guide has been checked very carefully, but...

- Please check with your own doctors and nurses before you do anything different from the advice they have given you
- Remember that it can be dangerous to suddenly stop taking medication
- If you plan to start doing more activity or exercise than you are doing now, make sure you check this with your doctor or nurse first.

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About heart failure

What is heart failure?

Your heart is a powerful muscle that delivers blood and oxygen around your body through a regular pumping action. 'Heart failure' is the term we use to describe a set of symptoms that occur when your heart fails to deliver as much blood and oxygen around your body as it should.

There are many reasons why this may happen, including damage to the heart, weakness and/or stiffness of the heart muscle, and narrowed or leaking valves.

The term 'heart failure' can sound frightening, so it might be more helpful to think of it as: 'My heart is not functioning as well as it should and needs treatment to support how it works.'

How does my doctor know I've got heart failure?

Your doctor may suspect you have heart failure by talking to you about your symptoms and doing a physical examination. The most common symptoms of heart failure are:

- Shortness of breath when you are resting or being active
- Swelling of the feet, ankles, legs, abdomen (tummy area), or in the small of your back
- Fatigue (feeling unusually tired and weak).

We say more about symptoms on page 11.

These symptoms can also be caused by other medical conditions, so in most cases further tests will be needed to confirm a diagnosis of heart failure. Some of the tests you may have include:

- An electrocardiogram (ECG) to assess your heart rate and rhythm
- A natriuretic peptide blood test to measure certain levels of hormones related to heart failure. Different natriuretic peptides can be measured, for example NT-proBNP (N-terminal pro-B-type natriuretic peptide)
- A chest x-ray to show a picture of your heart and lungs
- An echocardiogram to look at how the valves, muscle and pumping action of your heart are working
- An MRI scan to show detailed pictures of the structure and function of your heart
- General blood tests to check, for example, how well your kidneys are working
- Lung function tests to see how well your lungs are working.

What causes heart failure?

Heart failure can be caused by one or more conditions. The most common causes are:

- Heart attack
- High blood pressure
- Cardiomyopathy (a disease of the heart muscle)
- Problems with the heart valves.

Heart failure can also be caused by:

- A viral infection affecting the heart muscle
- Excess alcohol or recreational drugs
- An abnormal heart rhythm (arrhythmia)
- Some chemotherapy medication
- Congenital heart problems (heart problems you are born with)
- Thyroid gland disease, or
- Anaemia.

Sometimes we just don't know what the cause is, which can be hard to accept. But the important thing is to treat your condition and control your symptoms.

This will help you have the best possible quality of life and improve your life expectancy.

Can heart failure be cured?

When heart failure is caused by an underlying problem that can be treated, such as heart valve disease, uncontrolled high blood pressure or anaemia, your heart failure symptoms may go away or be reduced, and your heart muscle could return to normal.

However in most cases heart failure is caused by a heart attack when part of your heart muscle becomes damaged or dies. Many people make a good recovery after a heart attack. However, sometimes your heart can become less effective at pumping blood around your body, causing the symptoms of heart failure. While you can control and manage these symptoms, your heart failure cannot be cured.

With good management of symptoms, and the right treatment, many people with heart failure can lead a full and active life.

How bad is my heart failure?

Doctors divide heart failure into four ‘symptom classes’, also known as the New York Heart Association (NYHA) classification system.

The four classes are:

Class 1 – No symptoms

Your heart is not working as well as it should, but you may not have any symptoms. You can usually do everything you want to, and may have as much energy as you would expect. You may still need medication or other treatment to reduce the risk of your condition getting worse. Very occasionally, some people do have one or two symptoms which will need to be treated or controlled.

Class 2 – Symptoms on moderate exertion

You may not be able to do quite as much as you used to. You get breathless more than usual – for example, when you are gardening, shopping or doing the housework.

Class 3 – Symptoms on mild exertion

You are quite limited in what you can do. It doesn’t take much effort to make you feel exhausted and too breathless to carry on. You are usually comfortable while you’re resting.

Class 4 – Symptoms at rest

You become breathless even when you aren’t being particularly active – for example, when walking around at home or even when sitting down. You may find it difficult to look after yourself properly on your own – for example, you get too breathless when having a bath or shower. You may need to sleep sitting up because you get out of breath or cough when you lie down.

You may find that you don’t fit exactly into one class of heart failure. Your doctor or nurse will be able to tell you more based on your examination and tests and they will work out an appropriate ‘management plan’ for you.

It’s not unusual to move to a different class. For example, you may be told that you’re in class 2. Then you have a period of being unwell and move to class 3. When you recover, you may find that you return to class 2.

Will my heart failure get better?

For some people their heart failure may get better. The pumping action of the heart can improve – or even if the pumping action remains the same, sometimes someone’s symptoms can improve. However, heart failure is generally a progressive condition and some people find that their heart failure gets worse over time.

However taking your medicines and making changes to your lifestyle can help control your symptoms and keep you well, allowing you to have a good quality of life. (We say more about this in ‘Self-management’ on page 20.)

There are many treatments to help improve your life expectancy and quality of life. Treatments are being continually improved and new ones are becoming available all the time.

Please discuss any concerns about your symptoms, treatments or future with your doctor or nurse and ask them to explain your management plan to you. They should also be able to give you an honest view of how your quality and length of life may be affected.

But bear in mind that it isn’t possible for them or anyone to tell you exactly how long you will live. Heart failure affects people of all ages and everyone is different. It does shorten the lives of some people, but others live for many years with heart failure.

Common questions, answered

Is having heart failure just a part of getting older?

Many people put the symptoms of heart failure down to old age. It's true that heart failure is more common in older people, because as we get older we are more likely to have one of the conditions that cause it. However, heart failure is not an inevitable part of getting older. The number of people living with heart failure is on the rise and it can happen at any age. Sometimes young adults or children with congenital heart disease get heart failure.

No matter how old you are, it's vital that you learn to manage your symptoms and do what you can to keep your condition under control.

What does my ejection fraction mean?

Your doctor may have told you about the ejection fraction of your heart. The ejection fraction is the amount of blood that is pushed out of the heart every time it beats. It is given as a percentage (%).

No-one has an ejection fraction of 100% as there is always some blood left in the heart after each heartbeat. A normal ejection fraction is around 50-65%.

An ejection fraction below 40% is abnormal but sometimes this may not be accompanied by heart failure symptoms.

On the other hand, some people with heart failure have a normal ejection fraction. So ejection fraction is used alongside other tests to help diagnose heart failure.

Is there a risk of dying suddenly?

Heart failure can cause changes to the structure of the heart muscle, which can affect the electrical activity of the heart. Some people with heart failure are at risk of dying suddenly because they may develop a life-threatening heart rhythm. This can lead to a cardiac arrest (when a person's heart stops pumping blood round their body and they stop breathing normally).

If you're at risk of dangerous heart rhythms, your doctor can prescribe medicines for you to reduce the risk.

If you're at high risk of developing a life-threatening heart rhythm, your doctor may suggest that you have an ICD (implantable cardioverter defibrillator) implanted (see page 39).

For information on what to do if someone has a cardiac arrest, see page 91.

Beating heartbreak from heart failure

The BHF is the largest independent funder of research into heart and circulatory diseases in the UK.

Over the years, we've funded research to help heart failure patients live longer and have a better quality of life.

Our research has contributed to a substantial reduction in the number of people dying from heart attacks. But this means that more and more people are surviving to live with the sometimes debilitating consequences of their disease, in particular heart failure.

The next big challenge is to discover how to help the heart repair itself, so that heart failure can be cured rather than treated. Our research is looking at new ways to repair heart muscle that's been damaged as a result of a heart attack. This is known as regenerative medicine and may help people with heart failure.

For more information on the BHF's research into heart failure, see bhf.org.uk/HFresearch

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Symptoms and treatments for heart failure

Symptoms of heart failure

What are the most common symptoms of heart failure?

The main symptoms are:

- Shortness of breath when you are resting or being active
- Swelling of your feet, legs, ankles, abdomen (tummy area), or in the small of your back
- Fatigue (feeling unusually tired and weak).

What causes these symptoms?

The symptoms happen because your heart muscle is not pumping as well as it should.

This can cause a build-up of fluid that backs up into your lungs - it's sometimes called congestion. It may mean that you experience breathlessness. Sometimes the build-up of fluid in your lungs can lead to severe shortness of breath.

Your blood carries oxygen, salt, water and other nutrients to all parts of your body and takes away all the waste products. If your heart is not able to pump blood around your body efficiently, some parts of your body don't work as well as they should do.

Your kidneys can end up retaining salt and water. This extra fluid can cause swelling in your ankles, feet or legs or in the small of your back (oedema) or in your abdominal area (ascites). The extra fluid can also cause sudden weight gain.

Heart failure can also cause unusual tiredness and weakness (fatigue) because your heart can't deliver enough blood and oxygen to the muscles in your body.

Other symptoms

Some people with heart failure may also have other symptoms such as memory problems, difficulty concentrating or feeling light headed.

What you can do to control your symptoms

Controlling your symptoms is an important part of treating heart failure. On the following pages, tick all the symptoms you get. Share this section with your carer or family so that you all know what to do if your symptoms get worse, or if you get new ones.

Important

If any of these symptoms mentioned in this section are new, or getting worse, you should speak to your doctor or nurse as soon as possible. If the symptoms are very bad or if you feel very ill and you are frightened, phone 999 for an ambulance.

If you have any of these symptoms…

☐ **Swelling of your feet, legs, ankles or abdomen**

Your kidneys have the job of keeping the right balance of water and salt in your body. If your heart is not pumping enough blood through them, the kidneys can't get rid of any extra water and salt (which you usually pass in the form of urine). This extra water can build up in different parts of your body, causing it to swell. A build-up of water can make your weight go up by several pounds in just a few days.

☐ **Sudden weight gain**

If you put on weight over 2-5 days, it is probably caused by fluid retention. An extra 1-2kg (2-4lb) can mean that your body is holding on to an extra 1 litre of fluid. However, if you put on weight over a period of weeks, it is more likely to be caused by an increase in body mass (muscle or fat).

☐ **Feeling breathless, wheezing or coughing**

These problems can happen when there is a build-up of fluid in the lungs. You may find that you're more out of breath when you're doing activities such as walking or going upstairs. You may also find it difficult to lie flat.

Some people find that they may wake up in the night coughing, extremely breathless or have difficulty breathing. This is a sign of worsening heart failure, so report to your doctor or nurse as soon as possible.

Being extremely out of breath can be a very frightening and unpleasant experience. Being frightened and anxious can make you feel worse and even more out of breath.

☐ **Fatigue (feeling unusually tired and weak)**

Fatigue is very common in any long-term illness. It can be caused by your muscles not getting enough oxygen, or because you are not active enough or sleeping properly. Or it could be a side effect of your medication.

…your symptoms can be controlled like this

☐ **Manage your medication**

There are a number of medications that can reduce congestion, control your symptoms and help strengthen your heart. See pages 21-38.

☐ **Live a healthy lifestyle and keep active**

All the symptoms we have described could be caused by congestion. You can reduce your risk of congestion by:

- ☐ Having a healthy diet to control your weight
- ☐ Reducing the amount of salt in your diet
- ☐ Being careful how much liquid you drink, especially if you have been advised to restrict your fluids
- ☐ Keeping a record of your weight
- ☐ Stopping smoking
- ☐ Including physical activity in your everyday plan.

See pages 40-59 for more information.

☐ **Learn to deal with stress and worry**

Symptoms can be made worse by worry, anxiety and stress. It may help if you learn how to do relaxation exercises. See page 65.

☐ **Helping your breathing at night:**

Being propped up by pillows at night can help. If you wake up breathless sit yourself up as much as possible, try and calm yourself and take some deep breaths. Some people find that having an open window can help with their breathing.

Regular activity can help you to feel less tired, but you should also schedule some time each day for some rest or relaxation. Keep a diary of your energy levels on a normal day and after certain activities so you can monitor any changes.

If you have this symptom…	…here's what you should do:
Light-headedness or dizziness This is quite common in people with heart failure. It can be caused by not enough oxygen getting to your brain. Other possible causes are: • A side effect of the medication you are taking • Anxiety • Arrhythmias (abnormal heart rhythms) • Getting up too quickly • Low blood pressure • Not drinking enough fluid and becoming dehydrated.	If the light-headedness or dizziness is a new symptom, contact your nurse or doctor immediately. They will want to check your blood pressure and may also want to do an ECG to check your heart rate and rhythm. Ask your doctor or nurse if the light-headedness or dizziness could be caused by your medication. They may be able to lower the dose or change your medication to reduce the symptoms. Try some relaxation techniques if you are anxious. See page 69. Take your time getting up from a chair or from your bed. Don't get up suddenly. Make sure that you are drinking enough. If you feel thirsty all the time, talk to your doctor about any diuretics (water tablets) you have been prescribed. Or your fluid allowance may need reviewing.

If you have this symptom…	…here's what you should do:
Blackouts or fainting (syncope) This is a momentary loss of consciousness caused by a temporary reduction in blood flow to the brain. When you faint, you'll feel weak and unsteady before passing out for a short period of time.	Call 999 for an ambulance. Tell your carer, family or friends that they must call 999 immediately if you should ever have a blackout.
Memory problems or problems with concentration You may find that you're forgetting things, having trouble concentrating, or have short-term memory problems. This is very common and can happen when not enough oxygen is getting to your brain. It can also be caused by stress or worry, and it can be made worse by some of the medication you are taking.	Try writing things down and re-reading any information you need to remember a few times. Use a diary or a calendar and write in it every day – for example, important events, meetings, birthdays, appointments and so on. Check it every morning. Ask a family member or friend to remind you about things like hospital appointments. You can also use the calendar on your phone or tablet device to set alerts or alarms to remind you. Many pharmacists will arrange for your medication to be supplied in pill (dosette) boxes – these come marked with the day and time you should take them. See our tips on page 38. Ask your doctor if the problem could be a side effect of any of the medications you are taking. If so, ask if there is something else you can take instead.

If you have this symptom…	…here's what you should do
Palpitations Palpitations is a word used to describe the feeling you get when you are aware of your heartbeat. The heart may be beating at a normal rate, quickly, slowly or irregularly, or it may feel as if it is missing beats. Palpitations can often be due to stress or anxiety. It may also be an arrhythmia (abnormal heart rhythm).	If you only get palpitations when you're feeling anxious, try the breathing and relaxation exercises on page 69. Also avoiding caffeine, smoking and alcohol will help. If you get palpitations, talk to your nurse or doctor.
Poor sleep The most common reasons for poor sleep are: • A lack of activity during the day • Worry, anxiety or depression. You may also find it difficult to sleep well because: • You cough if you lie down • You have to go to the toilet frequently in the night.	Take a walk in the fresh air every day. Have a milky warm drink before bedtime. A warm bath with a few drops of lavender oil, or putting lavender oil on your pillow can sometimes help you to relax and drop off to sleep. Try the relaxation techniques on page 69 when you are in bed. Make sure that you have enough pillows to support you in a comfortable position. If you suffer from a cough or need to go to the toilet frequently during the night, have a chat with your doctor or nurse.

If you have this symptom…	…here's what you should do
Feeling helpless or fed-up You may feel: • That you have little control over your life and that your illness has taken over • Powerless to change your situation • Uncertain about the future or even how you will feel the next day.	Look at the support that you have and see what changes you can make. For example, do you need: • More help in the house • Help with looking after your family or children • Financial support • To look at your commitments - be realistic about how much you can juggle • To change the way you do something (for example, make adjustments to the type of work you do) - you don't always have to give up your activities or work • Someone to talk to - a family member, friend. Getting good support and coming to terms with changes in your life will help you to feel calmer and more in control. If you are having difficulties with this for more than a few weeks, talk to your doctor or nurse as there are people who can help you to deal with your emotions. Your doctor or nurse may also suggest some counselling, therapy or medication to help feelings of anxiety or depression (see page 65).

If you have this symptom…	…here's what you should do
Good days and bad days You might feel full of beans one day and terrible the next. It could just be the way your illness makes you feel, or because you've overdone things one day and have exhausted yourself.	Look at the overactivity-rest cycle on page 53. Try to adjust what you do each day to keep your symptoms stable.
Problems keeping sexually active Sex may be the last thing on your mind. You might not have the energy for it. Your medication may also have had an effect on your sex life or desire for it. Worry, anxiety or depression can also cause a lack of interest in sex.	Talk to your partner about how you feel. You might find it hard at first but they will want what's best for you. You can have an active sex life even if you're not feeling ready for sexual intercourse. Try using different sex positions that you feel more comfortable in. Think about having sex at times of the day when you're less likely to be tired. Have a chat with your nurse or doctor who'll be able to give you some advice (see page 76). You can also use the SMART SAA app which gives you information and advice on what you can do if you have any type of sexual problem or concerns. Download the SMART SAA app via the App Store, Google Play or from the website: **sexualadviceassociation.co.uk/app**

If you have this symptom…	…here's what you should do
Slow weight gain (over 3-6 months) Your weight may go up slowly because you are not being very physically active, but still eating the same amount of food. Being overweight can make it difficult for you to keep fit and active. It will also make your heart work harder, and can make your symptoms worse (see page 44).	Make sure that you are eating a healthy diet and not snacking on unhealthy food. Healthy food has calories too, so you still need to watch your portion size. Ask your nurse or doctor for further information and support. They may be able to refer you to a dietitian for more help. If you don't do the cooking in your house, ask the person who does to go with you.
Slow weight loss Your weight may go down because your appetite is poor and you are not eating enough. Your heart condition might make it difficult for you to absorb nutrients, and that could be another reason for weight loss. Weight loss can also be a symptom of depression (see page 72).	If you are losing weight, your doctor will want to try and find out the reason for this. Your doctor may refer you to a dietitian who may advise a high-calorie diet and food supplements. If you don't do the cooking and shopping, take the person who does with you to see the dietitian.

Self-management

Understanding your condition and being in control of your symptoms will help you to feel more in charge. Self-management involves:

- Learning to recognise your symptoms
- Thinking about what you normally do when you get these symptoms, knowing what helps and why
- Knowing when to seek help
- Thinking about problems that stop you managing your symptoms – for example, your physical ability
- Learning to recognise any changes in your symptoms
- Always talking to your doctor or nurse if you experience a symptom for the first time, or if your symptoms are getting worse.

Not everyone will feel overwhelmed by their diagnosis. But if you are, it may be easier to try tackling adjustments to your lifestyle one at a time.

Your doctor or nurse will be able to help you understand what is safe for you to do yourself, and when you should ask for help. Ask them to explain anything that you don't understand about your condition. Also talk to your family and friends – they may be able to help you stay on track.

Managing your medication

In order to treat your heart failure and keep it under control, you may have to take a combination of many different medications. Many people have told us that one of the hardest things about living with heart failure is keeping track of what their different medications are for, and taking them properly.

Your doctor may need to change the dose of your medication or give you a different one from time to time, depending on your condition and symptoms.

Taking the right medication properly can help to:

- Control the symptoms of your heart failure and therefore help to improve quality of life
- Prevent your condition from getting worse
- Improve your life expectancy
- Treat the cause of your heart failure.

It is important that you, your doctor and nurse know all the medication you are taking – including the name, dose and frequency – and any changes to your prescription.

If you have any old medications, return them to your pharmacist who will dispose of them safely. This will help you to stay on top of exactly what you need to take and avoid confusion. In the next few pages we look at three steps to organise your routine:

1. **Keep track of the medications you are taking**
2. **Understand what your medications are for**
3. **Take your medications properly.**

Important

Never take medication that has been prescribed for someone else. Even if you think it is the same, the dose may be different. Make sure you never run out of your medication.

1. Keep track of the medications you are taking

Here we have listed the most common types of medications that are used in treating heart failure and where you will find more information about them. You may also be prescribed medications for other conditions that you may have, that are not listed below.

I am taking:	I need to read page:
Diuretics (water tablet): ☐ Amiloride ☐ Bendroflumethiazide (Bendrofluazide) ☐ Bumetanide ☐ Furosemide (Frusemide) ☐ Metolazone	25
ACE inhibitors: ☐ Captopril ☐ Enalapril ☐ Lisinopril ☐ Perindopril ☐ Ramipril	26
Angiotensin II receptor antagonists (ARBs): ☐ Candesartan ☐ Losartan ☐ Valsartan	27
☐ Sacubitril valsartan	28
Beta blockers: ☐ Atenolol ☐ Bisoprolol ☐ Carvedilol ☐ Nebivolol	28
Mineralocorticoid receptor antagonists (MRAs) ***- sometimes called aldosterone antagonists:*** ☐ Eplerenone ☐ Spironolactone	30
☐ Ivabradine	30
☐ Digoxin	31
Antiplatelets: ☐ Aspirin ☐ Clopidogrel	31
Statins: ☐ Atorvastatin ☐ Pravastatin ☐ Simvastatin	32
Anticoagulants: ☐ Warfarin ☐ Apixaban ☐ Dabigatran ☐ Edoxaban ☐ Rivaroxaban	34
Nitrates: ☐ Glyceryl trinitrate (GTN spray, or GTN tablets) ☐ Isosorbide dinitrate ☐ Isosorbide mononitrate	36
Vasodilator: ☐ Hydralazine	36
☐ Potassium chloride	37

2. Understand what your medications are for

At the start of your treatment your doctor, nurse or pharmacist may frequently make changes to your medication and doses. This can be unsettling, but it's necessary for making sure you are taking the right medication, and the right amount, so that you get the most effective treatment. Here we explain what the different types of medication do, and some common side effects.

Side effects

Not everyone will experience side effects but some people do. Some side effects are temporary and will go away after a short while. Your doctor or nurse may be able to adjust the dosage or change to a different medication to reduce your side effects.

Tell your doctor about any side effects that you get, especially if you notice them for the first time. Side effects can be unpleasant, but never stop taking your medication without first consulting your doctor.

Potassium levels

Some medications given for heart failure may increase or decrease your potassium level.

Potassium is a mineral that helps control the balance of fluids in the body and helps the heart muscle work properly. It also helps with other bodily functions. Potassium is found in most types of food. Too much or too little potassium in the body can seriously affect your health.

You will have regular blood tests to monitor your potassium levels. If necessary you may be advised by your doctor or nurse to take potassium supplements to increase your potassium level or follow a low potassium diet to help decrease the level. It is important to only do this if you are advised by the doctor or nurse looking after you.

Alternative/complementary medicines

Alternative/complementary medicines such as homeopathic or herbal remedies, and food supplements such as vitamins and minerals, may interact with the medication you've been prescribed. Talk to your doctor before taking any of these medicines or supplements.

Important

Always read the information leaflet that comes with your medication. The information we provide here does not replace those information leaflets. Some manufacturers use different packaging and names for the same medication. If the packaging is different to what you normally get and you are not sure it is the right medication, check with your pharmacist.

Don't suddenly stop taking your medication without talking to your doctor first. If you suddenly stop taking your medicine your condition and symptoms could get worse.

Diuretics

Amiloride
Bendroflumethiazide (Bendrofluazide)
Bumetanide
Furosemide (Frusemide)
Metolazone

What are they for?

Diuretics are sometimes called 'water tablets'. They help your kidneys get rid of excess fluid by making you pass more urine. As a result the heart does not have to work as hard to pump blood around the body. Diuretics can:

- Reduce swelling in your ankles, legs and other parts of your body
- Relieve shortness of breath
- Lower blood pressure
- Help ACE inhibitors and beta blockers (two other types of drugs) to work better.

What are the main side effects?

- Going to the toilet more during the day and possibly at night
- Dizziness or light-headedness
- Gout (a condition where uric acid and salts build up in the joints, causing pain). Diuretics may cause gout or, if you already have gout, make it worse. But gout can be treated.

Which side effects should I tell my doctor or nurse about?

- Any difficulty passing urine
- Passing much less urine than normal
- Constipation
- Pain in your joints
- Dizziness, light-headedness, fainting or blackouts.

What checks do I need?

You should have a blood test regularly to check that your kidneys are working properly.

What else do I need to know?

Diuretics may raise your blood sugar. So if you have diabetes, speak to your doctor.

Diuretics alter the balance of water, salts and minerals in your body because they make you pass a lot of urine. They are normally taken in the morning, but think about when it might be best for you to take them and ask your doctor or nurse about it.

You should have no more than 6 grams of salt a day (we say more about this on page 44). Having too much salt will counteract the effects of the diuretics. It's also important to avoid using salt substitutes that are labelled 'lite', 'low sodium' or 'sodium free' as these often contain potassium which may not be good for you.

If conditions are hot or warm, or if you experience any diarrhoea, early signs of weight loss, increased thirst, dizziness and/or increased fatigue, make sure that you are drinking enough fluid.

Dehydration is common in patients taking water tablets. If your fluid intake is restricted or if you are unsure about your symptoms, speak to your doctor or nurse. Sometimes you may be advised to temporarily stop taking your diuretic if you become dehydrated.

If you take diuretics, it can be problematic finding a toilet quickly when you are out. The National Key Scheme allows access to thousands of locked public toilets across the UK, and is available to people who have a disability or health condition. These toilets can be found in shopping centres, cafés, shops, bus and train stations. You can buy a key from some local authorities or from the Disability Rights UK shop.

Visit

www.disabilityrightsuk.org/shop/official-and-only-genuine-radar-key

ACE inhibitors

Captopril
Enalapril
Lisinopril
Perindopril
Ramipril

What are they for?

ACE inhibitors have a relaxing effect on the arteries which lightens the workload of your heart and makes it easier for your heart to pump blood around your body. They can prevent your heart failure from getting worse, and can also help:

- Prevent symptoms of heart failure
- Lower your blood pressure
- Increase your chances of living longer
- Improve the amount of exercise you can do.

What are the main side effects?

- Irritating cough
- A decrease in blood pressure
- Dizziness.

If you get any of the following side effects, get urgent medical attention or call 999:

- Swollen face, lips or mouth
- A severe rash or itching
- Sudden wheeziness or problems with breathing.

What checks do I need?

Your doctor or nurse will want to check your blood pressure. You should have a blood test regularly to check your kidneys are working properly and to make sure that you don't have too much potassium in your blood.

What else do I need to know?

ACE inhibitors can lower your blood pressure. Your doctor will usually start the medicine at a low dose. If you tend to feel dizzy when you stand up, try to avoid getting up too quickly.

Make sure you don't eat too much salt (see page 44). Avoid taking salt substitutes (as most contain potassium), and you should not take potassium supplements.

Important:

If you have heart failure, you should be taking an ACE inhibitor - unless you can't take them for some reason. If you can't take an ACE inhibitor, there are other medications you may be able to take instead. Discuss this with your doctor or nurse.

Angiotensin II receptor antagonists (ARBs)

Candesartan
Losartan
Valsartan

What are they for?

They work in a similar way to ACE inhibitors but are less likely to cause a troublesome cough.

What are the main side effects?

- Dizziness
- A decrease in blood pressure.

What checks do I need?

You should have a blood test regularly to check your kidneys are working properly and to make sure that you don't have too much potassium in your blood. Your doctor or nurse will also want to check your blood pressure when you start an ARB, and then at regular intervals, particularly if the dose is changed.

What else do I need to know?

These medications are similar to ACE inhibitors. Your doctor may give them to you if you develop side effects such as a persistent cough from taking an ACE inhibitor. Avoid taking salt substitutes (as most contain potassium), and you should not take potassium supplements.

Sacubitril valsartan

What is it for?

Your doctor may prescribe this for you instead of an ACE inhibitor or an ARB.

This medicine can increase life expectancy and help relieve the symptoms of heart failure.

It works by widening your blood vessels, increasing blood flow and lowering blood pressure to reduce the strain on your heart. It's not suitable for everyone, but your heart failure specialist team may offer this medicine to you if:

- You still have symptoms despite already receiving treatment, such as taking an ACE inhibitor or an ARB, and
- Your heart is pumping a reduced amount of blood around your body.

What are the main side effects?

- Low blood pressure - so a low starting dose may be recommended
- Can cause high potassium levels
- Can cause kidney problems.

What checks do I need?

Your doctor or nurse will monitor you carefully while you're taking this medicine. It's important that you have a blood test to check your kidneys soon after starting the medicine or after increasing the dose.

Beta blockers

Atenolol
Bisoprolol
Carvedilol
Nebivolol

What are they for?

Beta blockers help to prevent the heart from beating too quickly and too forcefully, reducing the work the heart has to do. Beta blockers can:

- Help keep you well
- Help prevent your condition from getting worse
- Control heart rhythm problems
- Increase your chances of living longer
- Improve the amount of exercise you can do.

What are the main side effects?

- Tiredness, usually only for the first few days of starting this medication or increasing its dose
- Dizziness or fainting
- Mood swings when you first start taking the beta blockers
- Shortness of breath
- Disturbed sleep
- Cold hands and feet
- Diarrhoea
- Impotence
- If you have psoriasis, beta blockers may make this skin condition worse.

What checks do I need?

You will need to have your blood pressure checked regularly. Your nurse or doctor will tell you how often you need to do this - either by yourself at home, or by the nurse.

What else do I need to know?

You will be prescribed a low dose of beta blocker to begin with. It may have to be increased slowly until the right dose is reached.

It can take a few weeks or months to experience the benefits of taking beta blockers and you may even feel that your symptoms are getting worse to begin with. But in the long term, taking beta blockers helps to reduce the risk of your condition getting worse.

Other medication, such as diuretics (see page 25), may also need to be changed when you start taking beta blockers.

If you have diabetes, taking beta blockers can affect the way that you feel if you have low blood sugar. You may need to check your blood sugar more frequently when you first start taking beta blockers.

If you have asthma, you may not be able to take beta blockers, as they may make your asthma worse. Have a chat with your doctor if you have asthma.

Important:

You should never stop taking your beta blockers suddenly without speaking to your doctor, as it can make your condition and symptoms much worse.

Mineralocorticoid receptor antagonists (MRAs)

(Also called aldosterone antagonists)
Eplerenone
Spironolactone

What are they for?

These medicines are used to help prevent and treat the build-up of fluid in the body. They work by helping to block the effect of a hormone called aldosterone. They have a mild diuretic effect (which means that they help you to get rid of excess fluid by passing more urine). They can help to slow down the progression of heart failure, help to improve life expectancy, and are often taken together with other heart failure medicines.

If you're taking ACE inhibitors or beta blockers but you're still having symptoms, you may be prescribed an MRA. It also depends on your symptoms and how severe your heart failure is.

What are the main side effects?

- Diarrhoea
- Reduced kidney function
- Passing less water than usual.

What checks do I need?

In some people, these drugs can affect the kidney function, so regular blood tests will be needed to monitor the effects of the medication.

What else do I need to know?

Spirolactone can sometimes cause swelling of the breast tissue in men.

Ivabradine

What is it for?

This medicine can help with the symptoms of heart failure. It slows your heartbeat so that your heart doesn't have to work so hard.

Your doctor may prescribe Ivabradine if you:

- Still get symptoms even though you're taking other medicines to treat your heart failure
- Can't take a beta blocker.

What are the main side effects?

- Slow heart rate
- Tiredness
- Dizziness
- Problems with your eyes.

If you experience any of these side effects, let your doctor know.

What checks do I need?

When you see your doctor or nurse they will want to check your heart rate and rhythm.

What else do I need to know?

You can't take Ivabradine if you have certain abnormal heart rhythms, or if your heart beats at less than 75 beats per minute.

Digoxin

What is it for?

Digoxin slows down and strengthens your heartbeat. It can:

- Control irregular heart rhythms
- Help your heart pump blood around your body more efficiently.

What are the main side effects?

- Nausea and vomiting
- Diarrhoea
- Dizziness or light-headedness
- Rash
- Disturbed vision
- A slower or irregular heartbeat
- Tiredness or feeling unwell.

The side effects are usually caused by the blood levels of digoxin being too high. Your doctor may reduce your dose and this will normally result in the side effects disappearing.

What checks do I need?

You may have a blood test to check your digoxin level to ensure your dose is effective but does not cause you side effects.

What else do I need to know?

You may not be prescribed digoxin if you have a very slow heart rate or if you suffer from heart block.

Antiplatelets

Aspirin
Clopidogrel

What are they for?

Antiplatelet drugs help to:

- Make the blood less 'sticky'
- Reduce the risk of clots forming
- Reduce the risk of having a heart attack or stroke.

What are the main side effects?

- Indigestion
- Nausea
- Vomiting.

Aspirin may worsen heart failure symptoms. Patients with severe symptoms of heart failure should discuss the need for aspirin with their doctor.

If you are prescribed aspirin, you are less likely to experience some of these side effects if you take enteric-coated aspirin (a preparation of aspirin with a special coating), or if you take antiplatelets with food.

Which side effects should I tell my doctor or nurse about?

- Skin rash
- Any signs of bleeding or severe bruising.

If you get any of the following side effects, get urgent medical attention:

- Swelling of the face or eyelids
- Difficulty breathing
- An asthma attack
- Upper abdominal pain, passing blood or red or black stools, or vomiting blood (this could be a sign that you have a bleed in your stomach or intestines).

What else do I need to know?

Aspirin may not be suitable for you if you have asthma.

Aspirin can lead to, or worsen, bleeding from the stomach. To help prevent this, doctors may also prescribe a medicine to help protect your stomach.

Always try and take your antiplatelet with or after food.

Statins

Atorvastatin
Pravastatin
Simvastatin

What are they for?

Statins lower the level of cholesterol in your blood and reduce your risk of a heart attack and stroke.

What are the main side effects?

- Headache
- Nausea
- Diarrhoea
- Muscle aches, cramps and weakness.

Which side effects should I tell my doctor or nurse about?

If you have any signs of unusual muscle pain, cramps or weakness, tell your doctor or nurse immediately.

What checks do I need?

Your doctor will do a blood test to check your cholesterol levels after three months, and then probably once a year. They will also do a blood test to check your liver function.

What else do I need to know?

Unless you have been told otherwise, you will need to take your statin at night.

If you are taking simvastatin, you should avoid eating grapefruit or drinking grapefruit juice. Grapefruit increases the level of simvastatin in your blood which can increase the risk of side effects.

If you're taking atorvastatin, you can have small amounts of grapefruit and grapefruit juice, although some people prefer not to have any at all.

Some antibiotics such as erythromycin are affected by statins, so your doctor will probably tell you to stop taking the statin while you are taking these medicines.

Anticoagulants

Anticoagulant drugs prevent harmful clots from forming. If you have an abnormal heart rhythm problem such as atrial fibrillation, or an artificial heart valve, you are likely to be prescribed an anticoagulant.

Both these conditions increase the risk of a blood clot forming inside the heart which can increase your risk of having a stroke. Don't stop taking your anticoagulant medicine unless you are told to do so by your doctor.

Warfarin

How does it work?

Vitamin K helps the blood to clot and warfarin works by interfering with the production of vitamin K.

What checks do I need?

You will need regular blood tests to check how much warfarin you need. These are done at your doctor's surgery or at an anticoagulation clinic at a hospital.

What else do I need to know?

You'll receive an anticoagulation treatment booklet, in which your blood results will be recorded. Always carry your treatment booklet with you. Some people choose to wear a medical alert bracelet or tag.

Remember to tell anyone treating you, such as your doctor, dentist or pharmacist that you're taking anticoagulants.

Always check before taking any other medication as some medication can affect the way that warfarin works.

You should avoid cranberries and cranberry juice as these foods can increase the anticoagulant effect of warfarin.

Eating large quantities of foods high in vitamin K, such as liver, brussels sprouts and broccoli, can prevent warfarin working as well as it should. This doesn't mean that you should stop eating such foods, just eat a small quantity of them regularly rather than having large quantities in one go.

Alcohol can affect the level of warfarin in your blood so it's important to ensure you drink within the recommended guidelines (see page 49) and avoid excessive amounts. Talk to your doctor or nurse for advice.

Direct oral anticoagulants (DOACs) or new oral anticoagulants (NOACs)

Apixaban
Dabigatran
Edoxaban
Rivaroxaban

These medicines may be used to treat atrial fibrillation to reduce the risk of stroke.

They aren't affected by the amount of vitamin K in your diet or cranberries, and you don't need to have your blood tested as regularly as you do when you take warfarin.

Although these medicines aren't affected by alcohol, you should still keep to the recommended guidelines for drinking alcohol (see page 49).

Unlike warfarin, there is no medication that can reverse the effects of bleeding that may occur. Your doctor will chat to you about the risks and benefits of taking these medications.

What side effects should I tell my doctor or nurse about?

Anticoagulants can cause bleeding and bruising. They can cause internal bleeding or make bleeding from a minor injury worse.

If you notice any of the following signs, tell your doctor or nurse immediately:

- Cuts which bleed longer than usual
- Bleeding that does not stop by itself
- Nose bleeds that last for more than a few minutes
- Bleeding gums
- Severe bruising
- Red or dark brown urine
- Red or black stools
- For women, heavier bleeding during periods, or other vaginal bleeding.

If you suffer a head injury seek medical help so you can be assessed for any potential internal bleeding which may not be immediately obvious.

Nitrates

Glyceryl trinitrate (GTN spray
GTN tablets)
Isosorbide dinitrate
Isosorbide mononitrate

This section also contains information on a medicine called hydralazine.

What are they used for?

Nitrates relax the muscle in the blood vessel walls making them widen, increasing the flow of blood. They are often prescribed for people who have angina. They also help to reduce the workload of the heart.

What side effects should I tell my doctor or nurse about?

- Throbbing headache
- Flushing
- Dizziness
- Fainting
- Rapid heartbeat.

Important:

Viagra (sildenafil/PDE-5 inhibitor) interacts with nitrates and can make your condition or angina worse. Always check with your doctor before taking Viagra or other PDE-5 inhibitors.

What else do I need to know?

Sometimes nitrates are used with another medication called hydralazine to help treat heart failure. Hydralazine is a vasodilator that lowers the blood pressure and therefore reduces the workload of the heart. If you cannot take other medications such as ACE inhibitors, your doctor may prescribe a combination of a nitrate and hydralazine instead. When taking hydralazine, you might experience side effects such as headaches, rapid heartbeat, fevers, rashes and low blood pressure.

Tell your doctor or nurse if you have had an unusual reaction to a vasodilator in the past.

Potassium chloride

What is it for?

Potassium is a mineral that your body needs (see page 24). It is important that you have the right amount of potassium in your blood as too little or too much can lead to serious problems. When you are taking a diuretic, sometimes your body loses too much potassium. Potassium chloride helps to prevent your potassium level getting too low.

Which side effects should I tell my doctor or nurse about?

- Stomach pain
- Nausea or vomiting
- Diarrhoea
- Chest or throat pain.

What checks do I need?

You will need a blood test to check your levels of potassium before being prescribed these medications, especially if you are also taking a diuretic. And you will need to continue having blood tests regularly while taking these medications.

What else do I need to know?

Potassium is an important substance in the blood that helps your heart function. But having too much or too little potassium can be dangerous. You should not use salt substitutes as they may contain potassium and if you take them you may get more potassium than is safe for you.

3. Take your medications properly

In order to keep your condition and symptoms under control, it's important to take each medication you've been prescribed at the right time. But it can be overwhelming if you have to take many medications at different times.

Here are some tips to help you:

1. Record all the different medications you take, and when you take them.
2. Don't stop taking any medication without medical advice, even if you feel better. Stopping suddenly can be dangerous.
3. Don't run out of medication. Plan ahead and make sure you have plenty for when you go away and during holiday periods when many pharmacies are closed.
4. Never take a double dose. If you have missed taking a dose by a few hours, take it as soon as you remember. If it is nearly time for your next dose, skip the one you missed and take the next dose at its scheduled time.
5. Use a pill (dosette) box available from pharmacies to help you organise your medication.
6. Tell your pharmacist or doctor if you think a medication is giving you a problem. If you think your symptoms are getting worse or if you get a new symptom, talk to your doctor about it.
7. Always check with your pharmacist or doctor before taking any over-the-counter medication that has not been prescribed for you. Show them the list of medications you are taking.
8. Don't give your medication to other people as it may harm them, even if the other person also has heart failure.

Surgery and other treatments

If your heart failure is caused by heart valve disease, you may be able to have an operation to repair or replace the affected valve. If you have angina which has been caused by coronary heart disease, then an angioplasty and stent or coronary bypass surgery may be an option for you. These treatments may help to improve your heart failure symptoms.

Some people with heart failure will benefit from a pacemaker or implantable cardioverter defibrillator (ICD), which helps to improve the pumping action of the heart. Your doctor or nurse will talk to you about these treatments and if they are the right option for you.

Pacemaker

Having a pacemaker implanted can improve the strength, rate and rhythm of your heartbeat. This can help to improve the pumping mechanism of your heart.

Cardiac resynchronisation therapy

If your symptoms of heart failure are severe, they may be caused by the bottom chambers of the heart (the ventricles) beating out of time with each other. You may then benefit from having a treatment called cardiac resynchronisation therapy (CRT). This is where a certain type of pacemaker called a 'bi-ventricular pacemaker' is implanted to help co-ordinate the contractions of the heart muscle and help it pump better.

Implantable cardioverter defibrillator (ICD)

If you have heart failure and you're at high risk of life-threatening heart rhythms and dying suddenly (see page 8), your doctor might recommend that you have an ICD implanted.

An ICD is similar to a pacemaker but, if you were to suffer from a dangerous heart rhythm, the ICD would give your heart an electrical shock to help restore a normal heart rhythm.

Some ICDs can also work as a pacemaker. So, if you need a pacemaker and an ICD, you would need only one device with both functions.

Other treatments

If you have severe heart failure and your symptoms aren't controlled by treatment, you may be assessed for a heart transplant. For more information, see our booklet 'heart transplant'.

3

Reducing your risk of further problems

People can often manage their symptoms of heart failure effectively, and improve their quality of life, by making changes to their lifestyle. Making these changes and taking your medicines as prescribed can help to slow down the progression of your heart failure and increase your life expectancy. Here are some things you can do:

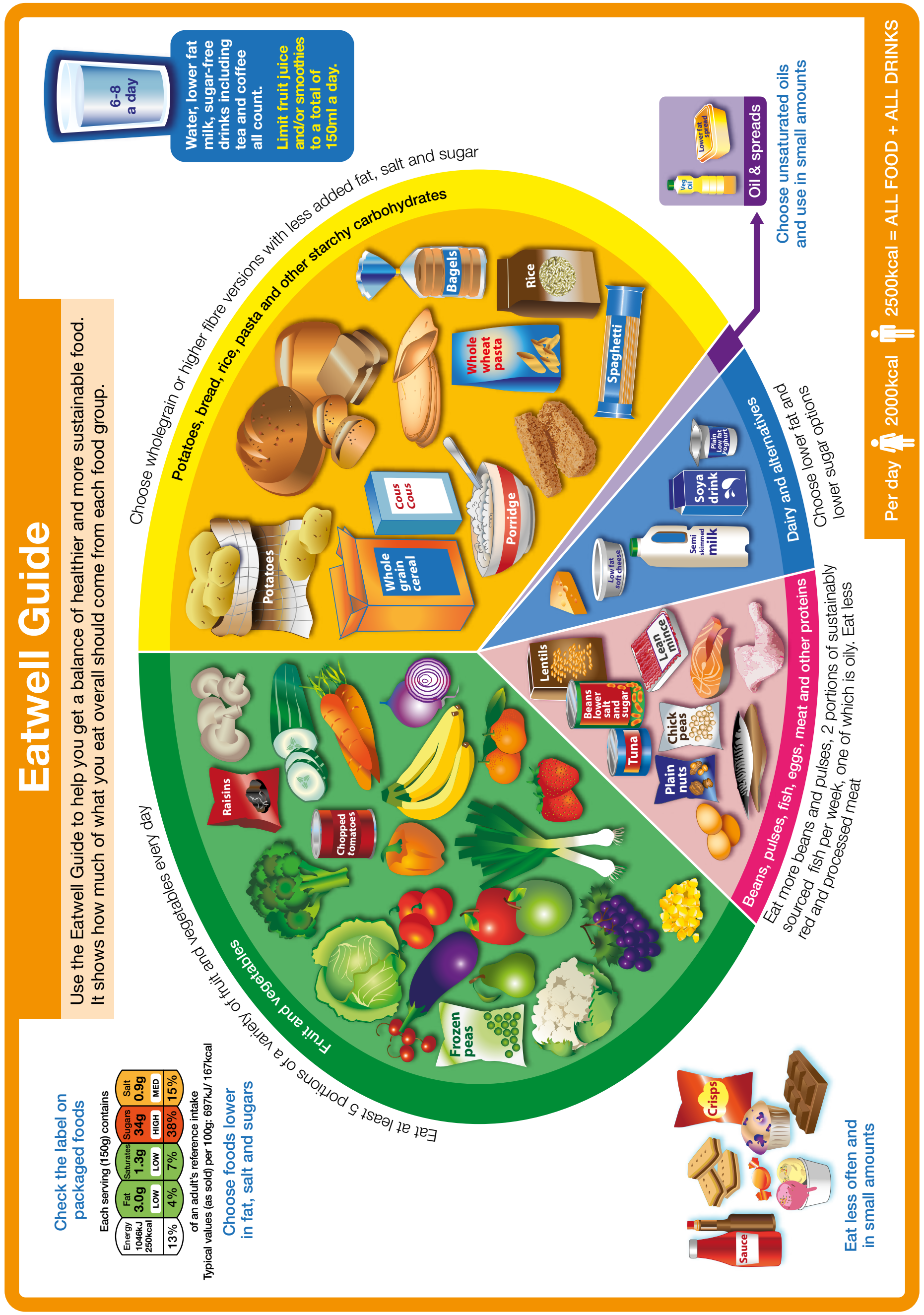
- Have a healthy, balanced diet
- Maintain a healthy weight
- Reduce the amount of salt you eat
- Manage your fluid balance
- Control your blood pressure
- Keep your alcohol intake to the recommended limit
- Stop smoking
- Keep active.

Have a healthy, balanced diet

Having a healthy, balanced diet is one of the best things you can do to help you feel better. It will help you to:

- Maintain a healthy weight
- Control your symptoms
- Feel more energetic.

Your diet is your body's fuel. If you eat well, it will help you to feel better generally.



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

To help keep your heart healthy

Aim for three balanced meals a day, with healthy snacks in-between if you're hungry.

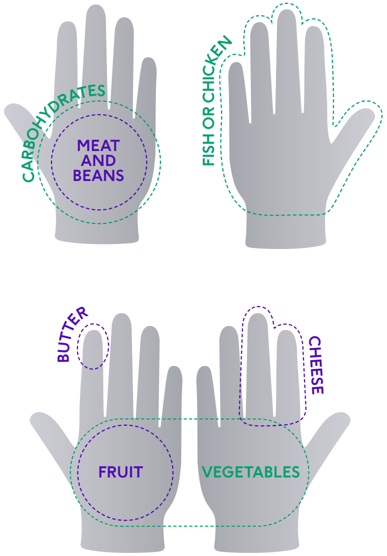
Having small, regular meals may help if you lose your appetite, feel full or bloated.

The Eatwell Guide (see page 41) shows how much of what we eat should come from each food group to achieve a healthy, balanced diet.

Eat at least five portions of fruit and vegetables each day. Include a variety of fruit and vegetables of all different colours. Fresh, frozen, dried or canned (in natural juice or water) all count as well as unsweetened fruit juice and smoothies (maximum 150ml once a day).

One portion equals:

- 2 tablespoons of vegetables (raw, cooked, frozen or canned)
- 1 cereal bowl of salad (eg with tomato, cucumber and onion)
- 1 whole fruit (apple or pear)
- 2-3 whole pieces of smaller fruit (eg 2 kiwis or 3 apricots)
- 1 slice of larger fruit (melon or pineapple)
- 1 cupful of small fruits (grapes, cherries or berries)
- 1 heaped tablespoon of dried fruit (30 grams).



Using your hands is an easy way to measure food portions.

Include starchy carbohydrates at each meal

Bread, breakfast cereals, chapatis, pasta, plantain, potatoes, pasta, rice and yam are all examples of starchy foods that provide a good source of energy. Choose wholegrain and higher fibre versions for more fibre, vitamins and minerals.

Choose lean sources of protein

- Go for lean cuts of meat and remove the skin from poultry.
- Include fish a couple of times a week - one of which should be oily such as mackerel or salmon. You can eat fresh, frozen or tinned fish.

  Remember tinned fish in brine and smoked fish can be high in salt. Look for an alternative such as fish in tomato sauce or water.
- Beans, dhal, lentils and peas contain protein and fibre, are low in fat and can be used to bulk out meat dishes or as vegetarian alternatives to meat or fish.
- Eggs can be eaten as part of a balanced diet, but it's best to cook them without added salt or fat.
- If you're trying to lose weight, nuts and seeds are high in calories, so keep to a handful. Always choose unsalted nuts.

Have some dairy, or dairy alternatives

Milk, cheese, yogurt, fromage frais and dairy alternatives such as soya, oat, rice or nut milks are good sources of calcium and protein. When buying dairy alternatives, choose calcium fortified versions.

Choose lower fat, unsweetened and lower sugar products where possible like 1% milk, reduced fat cheese or plain low fat yogurt.

If you're a vegetarian...

It's important not to rely on cheese for your protein as it can be high in saturated fat, and you may also miss out on some essential nutrients.

Make sure that you eat a good mix of protein foods - include beans, peas and lentils (for example, in dhal) as they are good low-fat sources of protein and fibre. And balance your meals with a wide variety of fruit, vegetables, unsalted nuts and wholegrain cereals.

Choose unsaturated oils and spreads

- Swap saturated fats like palm oil, coconut oil, ghee, lard or butter with small amounts of healthier unsaturated fats such as olive oil, rapeseed oil or sunflower oil.
- Measure out oil with a spoon or use a spray and try a low-fat spread.
- Remember that all fats are high in calories, so if you're trying to lose weight, reduce your overall intake of fats.

Have less food high in fat and sugar

These foods include chocolate, sweets, cakes, biscuits, puddings pastries, jams, savoury snacks like crisps, creams, ice-cream, mayonnaise and sugary drinks.

Food and drinks high in fat and sugars contain large amounts of calories, especially if the portions are large, which can result in weight gain. These foods are not needed in our diet so they should only be eaten infrequently and in small amounts. Checking food labels can help you choose foods and drinks that are lower in fat, sugar and salt.

Maintaining a healthy weight

I've been told to lose weight. Will eating a healthy diet help?

Maintaining a healthy weight and shape will help with your symptoms and can help prevent other health problems. Controlling how much you eat, as well as what you eat, will help with your weight. It is important to have a healthy diet. Follow the advice on page 42.

Being physically active is a vital part of weight control. Your condition and symptoms may make it difficult for you to be physically active, but you should try to keep as active as you can (see page 50).

Speak to your doctor or nurse about how you can do this. Remember that if you are not as active as you used to be and you are still eating the same amount as before, you may still put on weight. If you are struggling to lose weight, your portion sizes could be the reason why, as even healthy food has calories (see page 42).

I've lost a lot of weight and I can't put it back on

If you think you are underweight, losing weight (without trying to) or not able to put on weight, talk to your doctor or nurse. Your weight may go down because your appetite is poor and you are not eating enough or it may be because your body is not able to absorb nutrients properly. Your doctor will want to investigate the cause of your weight loss and perhaps refer you to a dietician. The dietician will give you some advice on how to increase your weight safely or about supplements you may need to take.

Reducing the amount of salt you eat

Do I need to have salt in my diet?

You need salt to help keep the balance of water in your body. Most of us eat more salt than we need. A diet high in salt can lead to fluid retention in your body causing sudden weight gain and breathlessness. A diet high in salt can also lead to high blood pressure. Eating less salt can help reduce the amount of water your body holds on to.

How much salt should I be eating?

Adults should eat less than 6 grams of salt each day - that's about one teaspoon.

Most of the salt we eat isn't what we add to food – it's already present in foods such as bread, cereals and pre-prepared meals. Check the food labels to keep an eye on your salt intake.

But food tastes awful without salt!

Most people get used to the different taste within a month or two.

Try using herbs and spices to flavour your food instead. Also, look at our tips for reducing salt on page 47.

What about salt substitutes or low salt foods?

Salt substitutes are labelled 'lite', 'low sodium' or 'sodium free'

Some salt substitutes can be very high in potassium and are not recommended if you have heart failure. It would be better just to try and gradually get used to the different taste of your food without salt.

Most supermarkets have low-salt or no-salt versions for many foods. You can check the information on the products, or ask at your supermarket what's available. However, be careful to check whether these products contain salt substitutes.

If a food carries the label 'low salt' it should mean that a serving of the food contains 25% less salt than standard versions of the same product. But beware that if the standard version is very high in salt, the low-salt version could also still be high. A product will be low in salt if it has a green label for salt.

I get 'Meals on Wheels'. How can I make sure I'm not eating too much salt?

Meals on Wheels provide low-salt options for those who need them.

How do I know how much salt is in my food?

About three-quarters of the salt we eat comes from processed foods. Some foods like crisps, cheese and bacon taste salty, but others such as bread, breakfast cereals, cakes, biscuits, soups and baked beans can also add salt to our diets without us realising. So it can be difficult to know exactly how much you are eating.

The easiest way to find out how much salt a food contains is to check the nutrition information labels on packets and cans. This is usually shown as the amount of salt per 100 grams. As a simple guide, try to go for low-salt foods – that is, foods that contain 0.3 grams or less of salt per 100 grams or green on a food label.

You might see salt written as sodium on a food label. Sodium is just another way of talking about the salt content of food. It's measured differently to salt. If you can only see a listing for sodium on a food label, you can work out how much salt is in the product by multiplying the sodium (in grams) by 2.5.

Salt = sodium x 2.5

How much is too much per 100g?

	Low	Medium	High
Salt	0g-0.3g	0.3g-1.5g	More than 1.5g
Sodium	0g-0.1g	0.1g-0.6g	More than 0.6g

Nutrition information on food labels can change so use the following list as a guide alongside reading food labels.

Limit foods high in salt - this includes:

- Tinned meats such as spam, corned beef or chopped pork
- Pre-packed sliced meats such as pre-packed ham, turkey or chicken
- Tinned fish in brine (try to buy fish canned in water, or vacuum-packed - if you can only find fish in brine, rinse the fish thoroughly)
- Bacon, kippers and smoked foods
- Crisps and salted snacks
- Cured, pickled or salted foods such as pickled onions or olives
- Salted butter and margarine
- Cheese
- Instant sauces, stock cubes or yeast extract instant drinks
- Tinned soups and dry soup mixes, instant hot noodles and instant pasta snacks
- Processed meats such as sausages, pies and burgers
- Pre-packed dinners (if you are having these, try to find ones with less than 0.3 grams of salt per 100 grams)
- Bread and rolls with salted tops
- Sauces such as soy sauce, Worcestershire sauce or relishes
- Cereals with a high salt content (porridge and some wholegrain cereals are better - check the food labels)
- Ready-mixed spice blends or seasonings.

Tips for reducing salt

- Don't add salt at the table.
- Use herbs and spices instead of salt to flavour your food.
- Avoid canned foods in brine wherever possible - choose those canned in water instead.
- Read the labels on packaged and canned foods. Wherever possible, choose foods that have a green label for salt.

Download the Change4Life Food Scanner app, which lets you look up the sugar, saturated fat and salt in everyday foods and drinks.

Find out more information by visiting the website: **apps.beta.nhs.uk/change4life-food-scanner/**

Managing your fluid balance

If you have problems with swelling, sudden weight gain and increased shortness of breath, it could be because your body is holding onto too much fluid.

You can usually tell if your weight gain is due to fluid if you put on more than 1.5kg to 2kg (3-4lbs) in two days.

Weight gain due to fluid retention will usually happen over a couple of days rather than weeks. You may also notice more swelling in your ankles, feet or tummy area, and your clothes or shoes might feel tighter. If this is the case then you should tell your doctor or nurse who will be able to advise you on what to do. They may suggest restricting your fluids and/or adjusting your dose of water tablets (diuretics).

If you notice a persistent cough or increased shortness of breath, these may be signs that fluid is building up in your lungs – so you should contact your doctor or nurse immediately. These changes may happen because your heart is struggling to cope with the build-up of water in your body.

To help you manage your fluid balance and control your symptoms:

- Reduce the amount of salt you eat (see page 44).
- Keep a record of your fluid intake and talk to your doctor nurse about whether you need to restrict your fluid.
- Make sure you take your medication properly.
- Weigh yourself every day at the same time - the best time is in the morning, without clothes and after emptying your bladder.
- Use reliable weighing scales - use the same scales in the same place each time and put them on a firm flat surface, preferably not on a carpet.

- Keep a daily weight chart.
- Choose to weigh yourself either in stones and pounds or in kilos and stick to that.
- If you are going to see your doctor or nurse, take your weight chart with you.

Do you know how much fluid you can have in a day? If you're not sure, ask your doctor or nurse.

Tips for watching or restricting your fluids

- Keep a record of your daily fluids.
- Pour an amount of water equivalent to everything you drink in a day into an empty 2-litre bottle (or two 1-litre bottles). Do this for a couple of days. You can then see just how much you are drinking.
- When recording your fluids, remember to include foods that contain a lot of water, such as soups, gravy, sauces, ice cream, jelly, lollies, sorbet, canned fruit, or tinned tomatoes.

When you get thirsty, try some of the following:

- Chew chewing gum or have an occasional boiled sweet.
- Have a bit of frozen fruit such as grapes, orange or lemon.
- Rinse your mouth with water or chilled mouthwash, but don't swallow it.
- Use ice cubes instead of fluids. Ice may satisfy your thirst more than water.
- Add a little lime juice or lemon juice to water. The sour taste will quench your thirst more quickly.

If you take diuretics, have a look at the advice given on page 25.

Controlling your blood pressure

Having high blood pressure can put a strain on your heart. High blood pressure may have contributed to your heart failure. Taking your prescribed medicines will help to control your blood pressure, as will cutting down on salt and alcohol.

Eating healthily, staying a healthy weight and keeping active will also help. Even if you don't have high blood pressure now, these things will help to keep your blood pressure low and reduce the risk of other heart problems. See our booklet 'blood pressure' for more information.

1 unit of alcohol =

a small glass (100ml) of wine (10% ABV, or alcohol by volume)

or

half a pint (about 330ml) of normal-strength lager, cider or beer (for example, 3.5% ABV)

or

a pub measure (25ml) of spirits

Limiting your alcohol

Can alcohol affect my heart?

Drinking more than the recommended limits of alcohol may:

- Cause high blood pressure
- Damage your heart muscle
- Cause arrhythmias (problems with your heart rhythm)
- Change your fluid balance (and increase swelling)
- Lead to weight gain (as it is high in calories)
- Make some symptoms of heart failure worse.

If you are taking warfarin you need to speak to your doctor or anticoagulation clinic about how much alcohol you can drink.

Should I stop drinking alcohol?

Unless your doctor has told you to give up alcohol completely, it is important to keep within the guidelines and avoid binge-drinking:

- Men and women should not drink more than 14 units of alcohol each week
- You should have several alcohol-free days each week.

Stopping smoking

Smoking increases the workload of your heart and decreases the amount of oxygen that can be carried in your blood. Giving up smoking is the single most important thing that you can do to help to protect your heart and improve your symptoms.

But surely the odd cigarette won't make any difference to me now?

Yes it will. Stopping smoking can:

- Reduce your risk of having a heart attack or stroke
- Reduce your risk of lung diseases like cancer
- Increase your energy levels
- Help you to sleep better
- Improve your circulation and the oxygen levels in your blood
- Improve your symptoms
- Help you feel good about yourself.

I want to stop smoking – where can I get help?

It can be hard to give up, but getting the right support will help you to succeed.

- GPs, practice nurses or pharmacists can provide advice, information and tips on how to stop smoking.
- Our booklet Stop smoking offers more information.
- Nicotine replacement therapy – in the form of patches, gum, lozenges and inhalers - and medications such as varenicline (Champix) are available and have been found to improve your chances of quitting successfully.
- If you can access the internet, have a look at **www.nhs.uk/smokefree** They provide support to help you quit.
- Helplines such as Quitline on 0800 00 22 00 can provide advice and encouragement.

Keeping active

Being active can be a challenge if you are limited as to how much you can do. However, physical activity is an excellent way to protect your heart.

Being active can:

- Help reduce some of your symptoms such as shortness of breath and fatigue
- Improve the flow of oxygen around your body
- Raise your energy levels and reduce stress levels and fatigue
- Maintain and improve your fitness and stamina
- Reduce your blood pressure
- Help to increase the protective type of cholesterol in your blood
- Help to control your weight
- Help you sleep
- Keep your joints flexible
- Improve your general wellbeing.

But is it safe?

Unless you have been told by your doctor to rest completely, regular activity and exercise will help strengthen your heart, control your symptoms and make you feel better. Even just getting out of your chair or not lying in bed all day can help to improve your flexibility and mental wellbeing.

If you have not been active for a long while or are new to exercise then talk with your doctor or nurse about how to start.

What type of activity is best?

If you are already quite fit, brisk walking or dancing is good. For some people it might be a more modest activity such as a gentle walk or easy yoga class. Some people may not be able to do these types of activities but will still be helped by strengthening or chair-based exercises.

And physical activity isn't limited to sports, exercise or going to the gym. There are many regular activities we do on a daily basis that involve being active, such as walking the dog, playing with children or grandchildren, washing the car and doing the housework.

What is important is that:

- The activity is regular
- It suits your level of heart failure
- You do some every day.

Is there anything I shouldn't do?

You may be advised to avoid hard physical sports such as squash or weightlifting, and also strenuous activity such as heavy DIY or carrying heavy objects.

You need to take care not to be too competitive (either with others or with yourself) as you might get carried away and end up doing more than is safe and get into the overactivity-rest cycle (see page 53).

I don't feel I can do very much at all

Think about what you already do every day. This includes everyday activities like going to the shops or walking down the street, doing the housework or even preparing a meal or making a cup of tea. Any activity – even just walking around at home – is good for you as long as you do it regularly and every day.

What about when there is bad weather like snow, or when it is windy?

You could work out a walk inside your home that is the same distance as you usually walk outside, and do it at home instead.

What about cardiac rehabilitation?

Talk to your doctor or nurse about being referred to a cardiac rehabilitation course. This is course is for people with heart conditions, to help them live as full a life as possible. It includes tailored supervised exercise sessions and provides information on topics such as healthy eating and managing your medication. Many programmes also include psychological support.

To participate in cardiac rehab, you'll need to have an assessment to make sure it's suitable for you. Your heart failure needs to be stable and your blood pressure under control.

As well as improving your fitness, stamina and symptoms, cardiac rehab can help improve your confidence and wellbeing. It also gives you the chance to talk about any concerns you have, meet others who may be in a similar situation to you. If it's difficult for you to get to a course, you may be able to follow a programme at home or watch a cardiac rehab video, with support from your rehab team.

Alternatively you may want to join a local exercise class to help keep you motivated. Some leisure centres and gyms run classes for people with heart conditions and have specially trained instructors.

But I've been told to rest

It's important to make sure you have regular rest periods throughout the day, but resting all the time is not good for you. If you want to keep fit and active, you need to plan both rest and activity.

How often should I be active?

Ideally it should be every day. It is much easier to get into the habit of doing something on a daily basis. Making activity part of your daily routine also means you are more likely to remember to do it.

What happens if I miss a day?

Not being active for a day or two can mean that you have to build up to your previous level of fitness again. Make sure you start at a level you are comfortable with – this may mean going back a step or two.

Visit

www.cardiac-rehabilitation.net to find your nearest cardiac rehab course.

I have young children and I get exhausted trying to keep up with them

It can be difficult to balance childcare on top of everything else. You may feel discouraged if you struggle to keep up with your children. Talk to your friends and family and encourage them to do activities that you can join in with. When it is time for you to rest, they can increase their level of activity while you watch, rest or do something less strenuous.

Don't be tempted to overstretch yourself and try to keep up with everyone as this can make you feel worse. It can be hard to force yourself to rest, particularly if you are feeling well, but in the long run it will mean that you are able to keep your condition and symptoms under control.

Don't be afraid to ask for help with looking after your family, and accept offers of help so that you are not too tired to enjoy being with the children and doing things they enjoy too. You may also be entitled to help and benefits. See page 78 for more details.

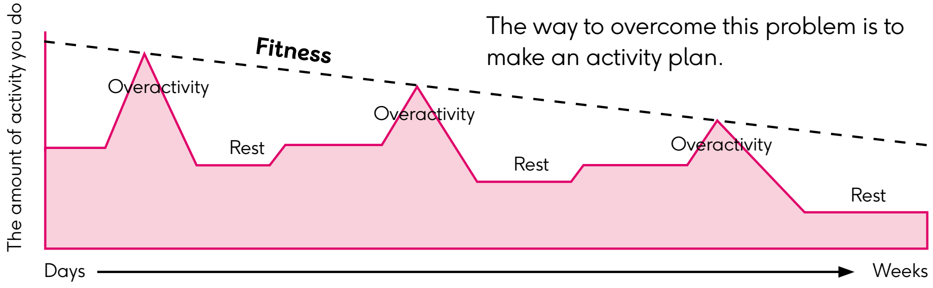
The overactivity-rest cycle

If you push yourself to a point of exhaustion on a regular basis, you may find that you're not balancing your activity and rest effectively. As a result, instead of getting fitter or maintaining your level of fitness, you decrease it. You may be in an overactivity-rest cycle if you find that you have good and bad days of activity levels. On good days you may feel that you can do anything. On these days you may:

- try and do everything at once
- tackle all the gardening, or do all the housework that's been piling up
- walk a bit further than you would do normally.

You may also have bad days where you don't want to get out of bed and feel tired and ill all day. You may be so tired you can't do anything for a few days. Many of us tend to overdo things when we're feeling full of energy, but we suffer for it afterwards. This is known as the overactivity-rest cycle. So even though you work really hard on one day to get fitter, the fact that you have to rest for a couple of days afterwards means that you don't stay fit.

The way to overcome this problem is to make an activity plan.



The dotted line shows how fitness decreases over time

Making an activity plan

If you want to increase your fitness, you have to do it in a planned way and find a balance between doing too much and too little.

Your plan will vary according to your commitments and how well you are. Plan to do what you know you can achieve, rather than continuing because you feel you can. Learn to stick to your plan and stop when you have done what you planned.

1. Make a list of weekly activities

Jot down all the activities that you have to do in a week, and how many times you have to do them. These could include:

- How often you have to do the shopping or gardening
- How often you have to look after your children or grandchildren
- The days when you have a heavy workload, whether that's housework or a manual job
- The hours you spend at work.

List of weekly activities	How many times a week
Daily walk	7
Shopping	3
Gardening	2
Collecting children or grandchildren	1
Going out with friends	1
Yoga	1
Walk to work, bus or train station	5

2. Write down when you need to do your activities

Use a weekly activity plan like the one above. Then plan all the other things you need or want to do in the week, and write them down.

- Set yourself realistic goals so that you don't over-exert yourself.
- Work out how much of each activity you can do fairly easily on each day, and only do that amount in one go.
- Mix activities together so that you don't have too many heavy ones on the same day, and mix ones you enjoy with those that are more tedious.

3. Stick to your plan

Unless you are feeling ill, do what you planned to do that day, even if you don't feel like it. If you have planned to do the shopping on one day and look after the grandchildren the next, stick to that plan. If you don't, you'll end up doing too much in one day, and you'll get over-tired and be back in the overactivity-rest cycle.

- Build up your activity gradually and rest between activities each day. As you get fitter you will be able to do more without getting tired.
- You may find it helpful to do some things more slowly, to start and finish with a less strenuous activity, and reflect on how much you are achieving.

What about the days when I have something special like a birthday celebration or a wedding?

There are some days when you will do more than you usually do – for example, going to or organising a birthday celebration or wedding, or going on a trip. Special events will not affect some people, but for others it may require planning ahead.

If you think such events may affect you, try to reduce the amount of activity you do the day before and the day after, and try to build rest periods into the day. If you are organising a party or celebration, make sure you have enough help before, during and after the event, and that your planning starts early so that you are not doing everything at the last minute. The most important thing is to enjoy such occasions.

What would you like to do more of?

Write a list of the things you would like to do more of, then read on for our tips on setting realistic goals so that you can do more of the things you enjoy.

I would like to be able to:

Setting realistic goals

You might have given up doing certain things because you haven't felt able to do them. Or there may be some things that you want to do more of. Setting yourself realistic goals will help you to plan your activities at a manageable pace and avoid the overactivity-rest cycle.

1. Choose a goal

Look back at the activities you have written in the 'things I would like to be able to do' list. These are your goals. Pick one of those goals to start with – try something straightforward like walking more. Work out what part of your goal you can do fairly easily now. For example, if you chose walking, your goal might be to do a 10-minute walk each day. This is your baseline. It should be a level that you can manage comfortably.

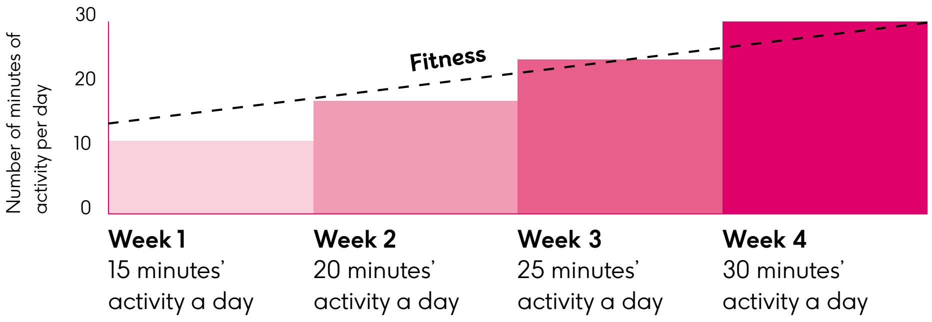
2. Reach the goal

Practise at your baseline. If possible do it every day for a week. If working at this level makes you so tired that you have to rest the next day, your baseline is too high. Try walking every other day instead. Once you have found your baseline and you have managed it for a fixed time, you will have reached your goal.

3. Choose a new goal

When this level becomes easy, add the next bit of your goal, or do the activity for longer.

Goal-setting is the safest way for you to get back to doing things. You can set goals for more than one activity – just keep them realistic and don't put yourself under pressure to do too many things at once. The diagram below shows you how you will be able to do more as your fitness increases.



The dotted line shows how fitness improves

How long will it take to get fit?

Levels of fitness vary between different people and are dependent on how well you are generally. It will also depend on how fit you are to begin with. The main thing is that you take things slowly and try to do something to help your fitness levels every day. That way you should begin to notice a difference in a few weeks.

How can I tell if I'm improving?

You should feel stronger, less tired and able to do more things without becoming too breathless. Why not make a note of your progress? Perhaps you could keep a diary and show it to your doctor or nurse. Or make a chart and pin it on your kitchen wall to remind yourself just how well you are doing!

What are the challenges?

You may find that you are getting caught up in the overactivity-rest cycle or that you are unable to meet the goals that you have set yourself. If any of this happens, don't give up. Reduce your baseline so that it's just right for you and then carry on. You'll soon make progress again.

Remember the golden rules:

- Increase your activity gradually
- Do what you planned, and not what you feel like
- Start each activity at a level that's just right for you
- When you start your activity go slowly and build up gently.

Your nurse or cardiac rehabilitation team should be able to help you set a realistic goal to work from as a baseline.

What about times when I'm ill?

If you're ill or recovering from illness, for example with a cold or the flu, you may have to take it easy for a few days. Don't worry if you aren't able to meet your baseline – follow your doctor's or nurse's advice on how much activity you can manage. When you're well enough to start again, remember that you may not be able to start at the same point that you were before you became unwell. Build up your strength slowly. You'll soon get back to where you were before.

What about holidays?

While you're on holiday it is still possible, and advisable, to fit some activity into each day. For instance, you could go on a walk exploring the local area.

Tell your doctor if your symptoms get worse

If you suddenly feel ill and tired for no reason, or if your symptoms get worse or suddenly come on with less effort or more frequently, you must tell your doctor.

If your doctor or nurse has told you not to do certain things it's important you follow their advice. If you are going to change what you are doing, check with your doctor or nurse first. Take this guide with you and show them how you plan to get back to being more active.

How to use goal-setting to work out how much activity you can do

Example: walking

Think about an activity you want to do – for example, walking. Imagine a line from 'too easy' to 'too much'. Ask yourself: "How far could I walk that would be somewhere in the middle like 'just right'?"

1. Choose a goal

Let's say you think that walking for 10 minutes – say down to your local shop or the school gates and back – would be just right. (Don't forget that you've got to come back!) That's your goal.

2. Reach the goal

On day 1, do the walk. Don't do more, even if you feel you should have chosen a longer walk. Do what you planned, not what you feel like. If, before you reach your goal, you feel that you have chosen a walk that was too far, stop and go back.

When you get back from the walk, check on the line. If it was really 'just right', keep to it as your baseline. Or if it was closer to 'too much' or 'too easy', adjust your baseline in the appropriate way. Do the 'just right' walk every day for one week. This gives you time to see if you get the effects of too much exercise – muscle soreness, stiffness and so on – which may only begin after a few days.

3. Choose a new goal

After a week, ask yourself again, "Is this still 'just right'?" If not, ask yourself what would be 'just right' now. Make that your new goal.

Tips on activity

- Check with your doctor or nurse that what you plan to do is safe for you.
- Make sure you warm up first when doing any activity. For example, if you plan to go for a walk, do the first few minutes at a slow pace and then go a little bit faster. It is also important to cool down towards the end of an activity or exercise.
- Start each activity at a level that's just right for you. If you are (or have been) unwell, go back to a lower level of activity until you feel better.
- Build up slowly and gently so it doesn't hurt. If activities hurt, you're not likely to keep them up. A gradual increase works better.
- If you feel any pain, feel unwell, get more breathless than usual or become exhausted, stop.
- Be careful if you are doing activities with other people, as they may go too fast for you.
- Think of different activities, and vary them to keep yourself interested.

4

Living with heart failure

Looking after yourself

Is it all right to keep working?

Most people with heart failure can continue to work as long as they feel well enough. However, you might need to make some adjustments because of your symptoms or the degree of your heart failure. For example, you might need to work shorter hours, or if you have a very physical job, you may need to consider reducing the workload or changing your job.

You may find that certain jobs, such as airline pilots, bus and lorry drivers, or roles within the armed forces have restrictions regarding long-term illnesses.

You may decide that continuing to work is not the best option for you. If you are not sure about what you can do at work or feel unable to continue with your present job, ask your doctor or nurse for advice.

If you have financial concerns see page 77.

Can I still get pregnant and use contraception?

Women with heart failure can have an increased risk of problems during pregnancy and it can make your condition worse. The risk will vary from person to person and it's possible that you may be advised against becoming pregnant. If you are planning a family, it's very important to discuss it with your doctor about what is best for you before becoming pregnant.

Medications that you take can have an effect on your baby and sickness during pregnancy can lead to dehydration, so it's vital that pregnancy is planned.

If you have cardiomyopathy that developed in pregnancy (peripartum cardiomyopathy), and it didn't go away after the delivery, you may be advised that you do not become pregnant again.

Many types of contraception are available to prevent a pregnancy. The type of contraception suitable for you will depend on your condition, the medicines that you are taking and personal preference. Talk to your doctor or nurse to choose the best option for you.

What about menopausal hormone therapy (MHT) or hormone replacement therapy (HRT)?

MHT or HRT is prescribed to treat symptoms of the menopause. Some types of MHT may increase the risk of blood clots, including deep vein thrombosis (DVT) and stroke. DVT occurs when a blood clot forms in one of the veins in your leg. DVT can go on to cause a pulmonary embolism (PE) – where the blood clot moves up to your lungs.

If you have heart failure it's likely that MHT won't be suitable for you, but have a chat with your doctor or nurse to discuss the benefits and risks.

Can I carry children or heavy items?

If you have small children or care for them regularly, physical contact is important and it would be unrealistic to exclude carrying them. But carrying children or other heavy items can be tiring. If your children can walk, encourage them to do so, or use a pushchair.

Around the home, reduce the effort on your part by asking them to climb onto your lap rather than lifting them up. Or ask a partner or friend to pass you a child rather than picking them up yourself, and limit the amount of time you spend carrying them.

If you have heavy shopping or regularly lift heavy items, try to use a shopping trolley with wheels to take your shopping home, or move heavy things. Take someone with you to help transfer the shopping from the trolley to the car.

Pushing or pulling heavy items will also increase the workload of your heart. Try to keep the distance you need to move things to a minimum. While it's important for you to remain independent and get on with your everyday life, remember to watch how much you are doing and avoid getting into the overactivity-rest cycle (see page 53).

Getting out and about

Should I have flu and pneumonia jabs?

It is very important to protect yourself against colds, flu and lung infections because you may be at risk of developing complications related to your heart failure. Protecting yourself includes making sure that any visitors know not to visit you if they are unwell.

If you have heart failure it's important to be immunised against pneumonia and the flu.

You only need one vaccine for pneumonia in your lifetime, but the flu vaccine is different every year so you need to have it annually. This will reduce your risk of getting flu and will also reduce the intensity of the infection.

Many GP surgeries now have regular vaccination dates for people over 65 or with long-term illnesses, and they will send you a reminder when yours is due. Ask to be put on the list at your surgery if you are not already on it.

Can I still drive?

You can drive if you don't have any symptoms or if your symptoms are stable and are not likely to distract you from driving, or affect your ability to drive safely. You also don't need to notify the Driver and Vehicle Licensing Agency (DVLA).

But if you have symptoms at rest you must not drive and you need to tell the DVLA. Once your symptoms are controlled, and your doctor tells you it's safe to drive, you can start driving again. The DVLA will also need to give you clearance.

If you drive a bus or lorry, special rules apply. You must notify the DVLA that you have heart failure. You can drive as long as you don't have symptoms, or if your symptoms are stable, as long as you meet certain other criteria. If you don't meet the criteria or you are experiencing symptoms you must not drive.

To find out more visit the website: **www.gov.uk/heart-failure-and-driving**

DVLA drivers' medical enquiries
Telephone: 0300 790 6806
By post:
Drivers' Medical Enquiries
DVLA
Swansea SA99 1TU

While the DVLA may not always require you to declare your condition to them, you should tell your insurance company separately. If you don't let them know, your car insurance may not be valid.

Can I still go on holiday?

A holiday can give you the chance to unwind and rest. Talk to your doctor about whether it's OK for you to go away and whether it's OK for you to fly. When you go on holiday, you might want to think about staying in accommodation that's easily accessible. Avoid hilly destinations unless you're fit enough for that level of activity. And it's a good idea to avoid very hot or very cold destinations.

If you take diuretics (see page 25) and you're going somewhere hot, talk to your doctor before you go away. Your doctor may advise you that if you get dizzy or faint, you may need to reduce or stop your dose of diuretics to prevent further dehydration.

Make sure you have enough of your medicines to last for the whole holiday. Keep an up-to-date list of all your medicines with you, just in case you lose any of them. Also make sure you have adequate travel insurance.

For more information on finding travel insurance, visit **bhf.org.uk/insurance** or call our Heart Helpline on 0300 330 3311 (similar cost to 01 or 02 numbers).

I'm worried about travelling. Is it safe?

Travelling can be tiring for everyone, so make sure that you plan any journeys carefully and include plenty of breaks. This is particularly important if you are driving. Try and share the driving if possible.

If your journey is for two to three hours in a train or car, try to walk about or plan stops every hour or hour-and-a-half, for at least five or 10 minutes. You can also do ankle and foot exercises while you are sitting to keep the blood flowing around your legs and reduce the risk of a deep vein thrombosis (DVT).

If you want to travel for longer, or by air, it's sensible to talk to your doctor or nurse beforehand. Sitting still for long periods of time (like on a long-haul flight) can increase the risk of a DVT. So again it's important to get up regularly for a short walk, and do ankle and foot exercises while seated.

A flight may also make you breathless and increase the risk of swelling in your ankles.

This is because there is less oxygen on board the aircraft and the cabin pressure is different to the air pressure on land. If your symptoms are severe before you travel, your doctor may advise that you have oxygen available while you are on a flight.

Leave plenty of time to organise your travel plans so that everything is ready for your journey and you don't have to rush. Make sure there is someone to help you lift any heavy luggage at the check-in. Remember that departure gates at airports can be a long walk from the security gate. It may be better to organise transport to your departure gate or ask to use a wheelchair so that you are not rushing to get to the aeroplane.

If you travel away from home, take details of your medical history, a recent clinic letter if you have one and a list of medications. It's very useful to have this information if you become unwell while away.

Will air pollution affect my health?

Being exposed to high levels of air pollution can make your heart failure worse. It's best to avoid spending time in places where there are high levels of air pollution such as areas of busy traffic, and go out at times when there won't be as much traffic.

It's a good idea to regularly monitor the air pollution level around where you live. The government's UK-AIR website **(uk-air.defra.gov.uk)** has a daily pollution forecast. You can search for your postcode and see whether pollution levels are low, moderate, high or very high in your area. It also gives health advice for each level. You can also follow the government's Twitter feed **@DefraUKAir,** or call their helpline on 0800 55 66 77.

For most people, the benefits of being active outdoors outweigh the potential risk of breathing in polluted air. However if you have heart failure, and the air pollution level is 'moderate' or higher, it's best to reduce strenuous activity, particularly outdoors and particularly if you have symptoms. But it's still important to be active indoors, if it's not possible to exercise outside.

Dealing with stress, worry and anxiety

We all experience stress and anxiety from time to time and what is stressful for one person may be a positive challenge for someone else. However, any situation that leaves you feeling unwell or unable to cope may be defined as stressful. For example, worrying about getting something done on time, or worrying about money or your children.

Stress is the opposite of relaxation and it is a natural part of life. We need both in order to live a full and active life. Without some stress you would lose energy and feel demotivated. It is when you have more stress than you feel able to cope with that problems occur.

Anxiety is a feeling of uncertainty, fear and worry. It is normal for people with a long-term illness to be worried about their condition. The term heart failure sounds frightening, and some of the symptoms feel frightening. When you are worried, your heart rate increases and you become short of breath, which in turn can increase your level of anxiety.

Understanding your condition and knowing how to control your symptoms will help to relieve some of the stress and anxiety that you feel. Knowing what triggers your stress and anxiety can also help, as it means you can address the problem. Then you can start to relax.

What are the symptoms of stress and anxiety?

When you are under stress or are anxious, the hormone adrenaline is released into the blood. Adrenaline helps to prepare our bodies for the 'fight or flight' response when we are challenged or in a position of danger. You will feel your heart rate increase and some people become very aware of their heart beat (palpitations). You may find that you are breathing more heavily or become breathless.

You may also experience other physical and emotional symptoms such as:

- headaches
- tense shoulders and jaw
- indigestion
- butterflies in the stomach
- difficulty concentrating
- dry mouth
- sweating
- difficulty thinking clearly
- trouble sleeping
- restlessness
- low spirits
- feeling tired.

You may find that you develop unhealthy habits to help you deal with these feelings, like:

- smoking
- drinking more alcohol
- eating more unhealthy foods, or eating very little
- being less active.

It is important to understand how you cope with feelings of stress and anxiety. Poor lifestyle choices can make your symptoms worse and increase your risk of developing other heart problems.

Being told I have heart failure was a terrible shock

Many people say that it was a terrible shock to be told that they had heart failure. The words themselves can be frightening. They bring with them a feeling that life will be short or difficult, or that it will have to change dramatically.

You may experience many different emotions such as anger and sadness. You will have lots of questions about how you will cope physically, mentally and financially. Will you be able to work? What about your family or children? Who will look after you? You may feel that your whole world has turned upside down.

These are all common feelings and fears. But understanding your condition and being in control of it will help you to live as normal a life as possible. Some people may find that their life changes very little, while others may have more severe symptoms and need to adjust more.

I'm afraid of doing anything in case I get worse

Some people are scared of being active and do as little as possible in case it makes their symptoms worse. However, your heart is a muscle, and like all muscles in your body, it needs exercise to keep it healthy. Your physical ability or tolerance levels may have changed, but you should still follow a plan that fits your lifestyle and symptoms (see page 54). This will help your heart to remain in the best condition possible.

Being afraid to do anything for fear of making your symptoms worse can make you feel isolated, stressed or depressed. Talk to your doctor or nurse about what you should be doing to keep your heart as fit as possible.

I can't cope with my symptoms. I get really frightened

Most people find that being out of breath is one of the most frightening symptoms of heart failure. But by learning to recognise the onset of symptoms that can cause shortness of breath, such as a build-up of fluid, you can spot the problem early and treat it before it happens. See page 47 on managing your fluid balance.

Being out of breath isn't always a sign that something is wrong. You may find that you breathe more quickly when you are worried or frightened. Try the relaxation techniques on page 69 if you feel a sense of panic or fear. Relaxing will help to calm you, reduce your heart rate and the workload of your heart.

People are driving me mad. They won't let me do anything

People who love you may be as upset and confused by your diagnosis as you are.

They will want to protect you and in some cases it can feel that you are being smothered or wrapped in cotton wool. They are only trying to do what they think is best for you.

Tell your family and friends that you appreciate their concern, but going out and doing the things you enjoy – within the limits of what you find comfortable – will help you to keep stress and depression at bay.

It will help to share this guide with them so that they understand your condition better. Talk to them honestly about how you feel and what you are doing to manage your symptoms. Explain that you need to stay active to help keep your heart as healthy as possible.

If there are things they can help you with, such as looking after children, lifting heavy things or carrying shopping, let them help so that you feel well enough to do the things you want or need to do. Being honest about the things you need help with, and accepting the help that's offered, will allow you to be in control and prevent you from feeling smothered.

I'm so frustrated because I'm too weak to do things, and other people have to help me all the time

If your symptoms are severe, you might find it more difficult to do what you think are simple tasks. You might find it easier to break jobs down into smaller steps and take a rest between each one. For example, you don't have to do all the washing up at once. Do a bit, have a rest, read the paper, and then do a bit more. It may take longer that way, but if it means that you are still able to do the things you want to, then you will feel in control. It may help to save energy if you do some activities while sitting down – like preparing the vegetables, or washing and drying yourself.

If you are very ill, you may have to accept help from others so that you are not overwhelmed by your symptoms. Allowing them to do things for you may also help them cope with their own anxiety.

Accepting help from friends and family will help you to conserve energy, remain in control and allow you to do some other things that you'd like to do.

I have to get my carer to do things I normally do. It's embarrassing

There may be some everyday tasks that you find difficult - such has bathing and getting to and from the toilet - but you may not want to ask your carer for help with these things. The best way to cope with this is to ask how your carer feels about it and tell them how you feel. Speak to your doctor or nurse who may be able to suggest how you can get someone else's help without upsetting your carer.

How can I reduce my levels of stress and anxiety?

When your body detects stress, it reacts by producing hormones including adrenaline. This helps you to deal with the pressure you are facing.

Your adrenaline levels change depending on how stressed, worried or anxious you are. If you are panicking and feel really anxious your body will produce more adrenaline than if you feel calm and relaxed.

Have a look at the emotions in the graphic on the right. Where do you think you are right now?

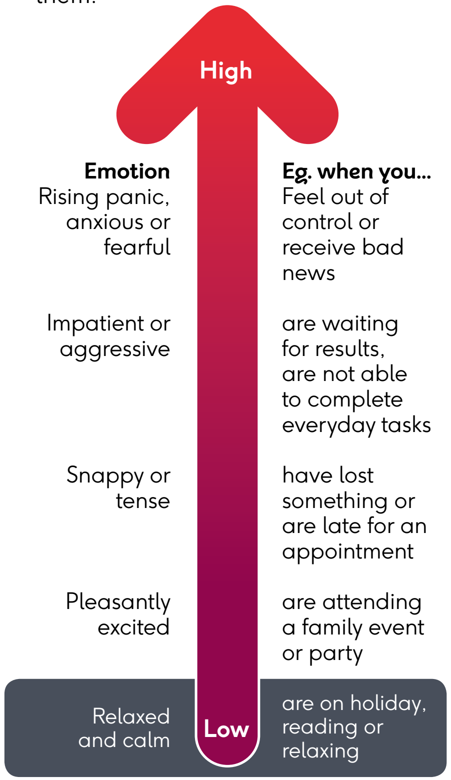
See if you can find a way to get your feelings back to the relaxed and calm level. Can you think of something that will help you get there? What about:

- listening to some favourite music
- reading
- sharing a quiet time with children or grandchildren
- having a warm bath and daydreaming
- sitting in your garden
- stroking your cat or dog.

You won't always be able to avoid feeling stressed and anxious, but by knowing what triggers these feelings, you can control how they affect you.

The following things should help you avoid getting too stressed:

- being organised and prepared for events such as weddings and celebrations
- knowing what makes your symptoms worse, and how to control them
- talking to someone. Trying to cope on your own can make matters worse, but another person can help you put your concerns and worries into perspective or help you to deal with them.



Emotion	Eg. when you...
Rising panic, anxious or fearful	Feel out of control or receive bad news
Impatient or aggressive	are waiting for results, are not able to complete everyday tasks
Snappy or tense	have lost something or are late for an appointment
Pleasantly excited	are attending a family event or party
Relaxed and calm	are on holiday, reading or relaxing

Adrenaline level

Attending classes in relaxation, meditation or yoga can help to relieve stress and anxiety. Find out if there are any in your area, or watch an online video on YouTube at home. You can also see what's available at your local bookshop or library.

Breathing exercise for stress

This breathing technique only takes a few minutes and can help you cope with feelings of stress and anxiety. It can be done anywhere, and it will work better if you do it regularly as part of your daily routine. You can do it standing up, sitting in a chair that supports your back, or lying on a bed or yoga mat on the floor. Make yourself as comfortable as you can, and loosen any clothes that may restrict your breathing.

- Let your breath flow as deep down into your belly as is comfortable, without forcing it.
- Try breathing in through your nose and out through your mouth.
- Breathe in gently and regularly. Some people find it helpful to count steadily from one to five. You may not be able to reach five at first.
- Then, without pausing or holding your breath, let it flow out gently, counting from one to five again, if you find this helpful.
- Keep doing this for three to five minutes.

In time you will notice that you are becoming more relaxed and the symptoms of stress trouble you less and less. When you get good at this technique, you can use it whenever you need to get some peace and relief.

You can find this exercise and others on the Moodzone section of the NHS website: **www.nhs.uk/conditions/stress-anxiety-depression/**

Other things you can do to address your stress

Be active - being active can help to relieve your stress symptoms. Going for a walk, or getting out and about can help to clear your thoughts and deal with your worries.

Avoid unhealthy habits - don't rely on alcohol, smoking and caffeine as your ways of coping. In the long run it's best to tackle the cause of your stress.

Have some 'me time' - we often don't spend enough time doing the things we enjoy. Try setting aside an evening, or a few hours in the day for some quality 'me time'.

Join a support group

You may find it helpful to join a heart support group, they are open to anyone with a heart condition and their family and friends. They offer the chance to meet others, and share experiences in a friendly supportive environment, which can really help to relieve worries and concerns. They may also provide activities such as exercise sessions, walking groups, relaxation classes, guest speakers, coffee mornings and other social events (see page 97).

Try these stress-busting apps:

iPrescribe Exercise - creates a 12-week exercise plan based on health information entered by the user.

Pzizz - this app helps you quickly quiet your mind, fall asleep fast, stay asleep, and wake up refreshed.

SilverCloud - an online course to help people manage stress, anxiety and depression.

Stress & Anxiety Companion - helps you handle stress and anxiety on-the-go.

Catch it - learn how to manage feelings like anxiety and depression.

Big White Wall - an online community for people who are stressed, anxious or feeling low.

All these apps have been approved and tested by the NHS - to find out more visit the website: **apps.beta.nhs.uk**

The 'Worry list' method

One of the effects of worry is feeling constantly anxious. Some people have found that the 'Worry list' method helps. Make a list on a piece of paper of every possible thing you feel worried about. Just write a word or two to remind you what you mean. Fill as many bits of paper as you need to, until you have written down everything you are worrying about.

Next, go through the list, crossing out all the things you can't do anything about. Tell yourself, "There's no point in worrying about something I can't do anything about." If ever that thing comes into your mind, say in your head, "Stop. I will not worry pointlessly." Each time you say "Stop" to one of these thoughts it will get easier and the thought will come back less often.

Go through the list again, this time crossing out all the things you can't do anything about today. Tell yourself, "I promise I will start worrying about them again tomorrow morning at 9 o'clock. It is quite safe to leave all these things until tomorrow." If they come back into your mind, tell them to "Stop until tomorrow".

Then look at what is left on your list. This should only be things you can do something about today. Count them and then give them all a number, starting with 1 for the most important. Now you have a plan. You know what you have to do and the order in which you have to do them. Work through the items on your list in a calm and controlled way.

For the 'Worry list' method to work, you need to write the things down. Do this each day and you will soon start to gain control and become good at stopping worries in their tracks.

Dealing with negative thoughts

Each time you have a negative thought, give yourself a 'reality check' by asking yourself: Is there any evidence for that gloomy thought?

For instance, if you find yourself...	Ask yourself:
Jumping to conclusions Something happens. You interpret the situation in negative way **Example:** You ask your carer to do something for you and he says, "I'll do it later. I'm busy." You think: "He's sick of me. I'm getting him down. He can't be bothered with me now I'm ill. He doesn't love me anymore."	Is my carer busy? Yes. Does he usually say "Later" and then help me in his own time? Yes. So nothing new there then. I'll ask him how he feels.
Over-generalising One person does something. You apply it to everyone. **Example:** Someone you used to work with passes you in the street without speaking to you. You think: "He doesn't want to speak to me anymore. He's avoiding me. I've really upset him. He doesn't like me. No-one likes me."	Did that person just not see me when we passed in the street? Yes. So is it true that he is avoiding me? No. Have I upset him? No. Is it true he doesn't like me? No. Does everyone ignore me? No. There you go then!
Exaggerating the negative A setback happens. You imagine a disaster. **Example:** You see the nurse and she says, "Your blood pressure has gone up a bit." You think: "That's it. None of these medications are working. If my blood pressure goes up, it means I'll have a heart attack. I won't survive that."	Has my blood pressure been up before? Yes. Did it go back down again? Yes. Well then, maybe it will this time.

Finding the correct information will help you to separate the fears from the facts. It will help to put your negative thoughts into proper perspective. You might even find that things are better or more manageable than you thought.

Depression

If you have constant negative thoughts, you feel continually sad or you are tearful a lot of the time, you may be depressed.

What is depression?

Depression is not just feeling unhappy or low for a few days. When you're depressed you feel persistently sad for weeks or months, have constant negative thoughts, and are often tearful.

Depression is common and affects many of us at some point in our lives. It can happen as a result of serious illness or life stresses such as a bereavement, job loss or money worries. Or it can happen unexpectedly for no apparent reason.

I just keep thinking there's no point

It can be difficult to recognise if you are depressed. It is often a slow process that affects the way you see your life and everything around you. You might feel worthless and believe that you don't deserve help, or that getting help is pointless.

You may also feel that you should 'pull yourself together' or 'snap out of it', but depression is an illness with real symptoms.

What can help?

Depression is treatable. If you think that you might be depressed, or if someone suggests that you might benefit from getting help, speak to your doctor or nurse who will know the best way to help you.

If you'd like to take a self-assessment to see if you might be suffering from depression, visit **www.nhs.uk/Tools/Pages/depression.aspx**

I can't enjoy things any more. Even watching TV seems pointless

We all have times when we feel worried and down. It is natural to feel angry, sorry for yourself and lonely at times. Find someone you can talk to - they may help you to put your feelings into perspective. Try to think about the positive things that you have done and what you will try the next day, but don't be too ambitious.

But if you feel like this all the time, you may be depressed and need to speak to your doctor or nurse. They will talk to you about why you might be feeling like this.

If necessary they will be able to arrange for you to have some counselling or therapy and discuss the possibility of medication.

The good news is that with the right treatment and support, most people with depression make a full recovery.

I've always enjoyed company but now I can't be bothered. I just want people to leave me alone.

It is a natural part of being ill to withdraw from others. When you are fed up or have a problem, it can be painful to be with people who seem to be happy and have no difficulties. Time on your own can be very helpful but, in the longer run, being alone and giving up company can leave you feeling isolated and deprived of moral support.

What can help?

- Plan something to look forward to every day.
- Even if you don't feel like doing something, often it's worth a try, you may surprise yourself and enjoy it.
- Talk to your carer, relative, friend or doctor or nurse about how you are feeling. It can be helpful to talk and they may be able to suggest things to help you feel better.

I've had to stop work and I feel that my life is over

If you have had to stop work on your doctor's advice, it can have a huge impact on your life. You may even feel that you've lost your purpose in life.

It may help to discuss other types of employment that you might be able to do instead of your current job. If this is not possible, you may be entitled to benefits to help you cope (see page 78). You could also try finding a new purpose or hobby, or join a group - this may bring back a sense of fulfilment and enjoyment.

Managing changing relationships

You may find that your relationships with your family, friends or colleagues have changed. Your own role at home or at work may have changed too. All this can be frustrating. To manage the changing relationships, it helps to be honest and realistic in your expectations - both of others, and yourself.

First understand any limitations or changes you are experiencing due to your condition. This will help you to look realistically at your everyday life and responsibilities. What can you continue to do and what do you need help with? You need to lay down the ground rules and manage people's expectations, so that they can understand what you need from them in terms of physical help or emotional support.

Why not use the goal-setting or activity plan methods (page 57) with your family, friends or carer, and together work out the best way of carrying out your responsibilities and activities?

You may feel guilty that you can't do as much as you used to, or because you have to rely on others to do things for you. It is perfectly normal to feel this way, but it is important to accept the physical limitations of your condition. If you force yourself to 'soldier on' you may end up in an ever-increasing cycle of exhaustion. It's better to set realistic goals for what you can achieve.

You might feel that your condition has made you a burden on your family and friends. You may not be able to do the same work or the same number of hours, which may affect you financially. Or you may not be able to do the same jobs around the home. If you've been a person who has particular responsibilities, this can be very difficult to accept and can lead to a feeling of worthlessness.

Talk to your family about how you can take on different responsibilities to ensure you still play a part. This will help you to feel valued and will boost your self-esteem. Remember, balancing what you do while accepting help from family and friends will help you to conserve energy, remain in control and help you to do the things you like. Keep the lines of communication open and honest. You need to know what your partner, carer and family are feeling and they need to know what you are feeling.

I often get annoyed with my partner

You may sometimes feel angry and frustrated if your partner has to do more for you than they used to, or if you feel that your partner is 'fussing over you' or being over-protective. It may be that they just want to care for you and feel that they are doing something helpful. Confusion and frustration often arise because each of you is unclear about what you need help with. Take time to talk to each other about your roles.

If you feel that your relationship with your partner is suffering, it may help to ask for some relationship counselling. Talk to your doctor or nurse about referring you for some counselling, or phone the organisation Relate (see page 94).

I feel frustrated that I can't play with my children or grandchildren as much as I used to

Although you may not be able to play games like football or tennis with your children or grandchildren, there are a lot of other games and activities that don't require as much physical effort. For example, arts and crafts, board games, reading stories or even taking them with you on your daily walk, are all activities that young children enjoy. Some children may enjoy watching a film with you or playing cards.

Children also need to know what your condition means, so talk to them about it and explain why you may not always be able to do everything with them, even if you'd like to. They will enjoy the attention you give them and appreciate the time that you do spend with them.

Being honest with them about your condition, and giving older children responsibilities in the home, will help reassure them that they are still very much involved in your life and that their support makes a difference.

Focus on the positive

By focusing on the positive aspects of your life, you can begin to accept the changes that happen:

- if you are no longer able to work, you may be able to spend more time with your partner or carer, friends, children or grandchildren
- your family may appreciate you more and you may see more of them
- your relationship with your partner or carer may become stronger
- it might mean you are able to pursue other activities/hobbies.

Although you may be frustrated about the changes caused by your symptoms at first, once you have identified a routine for your treatment and everyday life, you will be able to enjoy the time that you spend with your partner, family and friends. You might find that your different relationships are strengthened and that you have a different perspective on life.

Tips to help you cope with the changing relationships:

- Recognise and accept that you may not be able to do everything that you want to, and focus on what you can do rather than what you can't.
- Learn to adapt and modify your activities so that you can still take part in fulfilling activities with your family or friends.
- Learn as much as possible about your condition and take an active role in your treatment. This will help you to take some control of your situation.
- Make sure your carer knows what your needs are and is able to work with you.
- Discuss how you feel with your carer and family, and listen to them when they tell you how they feel.
- If you feel you need to talk to others in the same situation, join a support group. For information on how to find one locally, see page 97.

Sex and relationships

My partner and I never seem to get round to having sex anymore

You or your partner may be frightened that having sex may be harmful. This is common in couples where one partner has a heart problem. The good news is that most people with heart failure can enjoy sexual relations if your symptoms are managed well.

Having sex makes you feel good and brings you closer physically and emotionally to your partner.

Talk to your partner about your concerns and feelings. Listen to what you both need and try different ways of showing your feelings. There are plenty of ways of being physically close and sharing intimacy that don't involve sexual intercourse.

If you have an ICD (implantable cardioverter defibrillator) you may be worried that sexual activity will initiate a shock. It is safe to have sex if you have an ICD. For further information see our booklet ICDs.

I just don't have any desire for it any more

There may be many reasons why your desire for sexual activity becomes affected. These include:

- side effects caused by the medication you're taking - in particular, beta blockers may cause problems with erections (impotence)
- tiredness and lack of energy
- fear of overexerting yourself
- worry, anxiety and feeling low are natural when you have heart failure, and can often cause a loss of interest in sex.

I'm having problems with my erection / reaching orgasm

If you have heart failure, it's common to have physical problems with sex such as erectile problems (impotence), or being unable to reach orgasm.

You may be anxious about your heart, but the cause of the problem could also be worrying about it.

Poor blood supply can cause difficulties with erections. Your erection is caused by large blood vessels in the penis filling with blood. This is what makes the penis hard. In heart failure there may be a reduced supply of blood to all parts of your body.

Some types of medication can also cause problems with erections, such as diuretics, beta blockers and anti-arrhythmic drugs. Your doctor may be able to change these which may help.

One clue that can help you decide whether the problem is caused by the medication or a reduced blood supply or a result of anxiety is if you still have morning erections. If you have morning erections but have problems when you want to have sexual intercourse, then it is more likely to be anxiety causing the problem, rather than the blood supply or the medication.

Men have a rush of hormones in the early morning. You may find it easier to get and keep an erection in the morning, so this may be a good time to have sex, instead of at night.

Have a chat with your doctor or nurse if you have any concerns and they will be able to advise you on possible treatments

Can I use PDE-5 inhibitors such as Viagra?

Be sure to discuss it with your doctor first before you take this medicine as it may not be safe for you to take it with your other medication. Viagra is also available over the counter in a pharmacy without a prescription. But it's best not to buy it over the counter and instead chat with your doctor who will decide if it's safe for you to take, and will then prescribe it for you.

Financial worries

I am worried about how I am going to cope financially

If you have had to reduce your working hours, change your job or give up work altogether because of your health, and you are facing financial problems, it can be very distressing. You may be concerned about paying a mortgage. But there are a number of benefits that can help to support you.

What if I need to take time off work?

If your health means you need to take time off work, you may be entitled to a weekly payment of Statutory Sick Pay from your employer. You can talk to your employer about this, or contact the Citizens Advice Bureau (see page 95) for more information.

Help with prescription charges

Medical prescriptions are free of charge in Scotland, Wales and Northern Ireland. They are also free for people in England who meet certain criteria, such as those aged over 60.

If you live in England and you are not entitled to free NHS prescriptions for your medicines, you may be able to save money by purchasing prescription prepayment certificates (PPCs).

You can purchase PPCs with fixed monthly payments which allow you to obtain all of the prescriptions you need, instead of paying for each prescription individually.

To find out of these may help you with the cost of prescriptions, or if you are eligible for free prescriptions, see page 95 for details of how to find out more.

What state benefits are available?

The benefits system can be very complicated, so you should get advice about what you are entitled to. Your entitlement may include Universal Credit, which is a regular benefit payment that can help with your living costs if you're on a low income or out of work.

You may also be entitled to:

- Personal Independence Payment or Attendance Allowance (benefits for people with disabilities or health conditions)
- Child Benefit, and
- Carer's Allowance (see page 86).

You can contact the following places for information on benefits:

- your local Jobcentre Plus **www.gov.uk/contact-jobcentre-plus**
- your local Citizens Advice Bureau **www.citizensadvice.org.uk**
- the UK Government's Department for Work and Pensions in England and Wales **www.gov.uk**
- in Scotland **www.mygov.scot/benefits**
- in Northern Ireland **www.nidirect.gov.uk/information-and-services/money-tax-and-benefits**

These places will be able to advise you about benefits directly, or put you in touch with relevant services. Turn to the 'Financial help' section on page 95 for further contact details for these services, including telephone numbers.

Facing severe illness

You may find that there are times when your symptoms become severe, because you have caught a cold or become unwell for another reason. When this happens, it's important to see your doctor so that your condition can be assessed to make sure that your heart failure is under control.

Your doctor may tell you that where you had, say, class 2 heart failure, you now have class 3 (see page 6). When you recover from your period of being unwell, you may find that you return to the class of heart failure that you had before.

Heart failure is, however, a progressive disease and there may be a time when your condition gets worse despite your treatment. You may believe, or you may have been told, that you are approaching the end of your life.

Coping with the effects of advanced heart failure can be difficult. If you are unable to get about and do things, you may find that you are dwelling on things and worrying more. Try to focus on what you can do rather than what you can no longer do.

If you can, talk to someone about your feelings. Although it might feel difficult to start with, talking does help. Chat to your family or friends, or to your doctor or nurse. If you prefer to talk to someone else ask your doctor or nurse about being referred to a counsellor or therapist. Remember that you don't have to manage alone. Here we explain how you can get support with the issues that may arise when your condition is advanced.

I can't manage at home. How can I get help?

Talk to your doctor or nurse, or contact your local social care services department at your local authority. They will be able to advise on a range of services available in your area, including home care, housing issues, and offering help to support anyone who already cares for you.

A **'health and social care assessment'** may be required to identify which services you need with your condition – your local authority can provide more information on this.

You can find contact details for your local authority by visiting **www.gov.uk/find-local-council**, or you can find their phone number in your local phone book under the name of your local authority.

What about Meals on Wheels?

If you have difficulty preparing meals for yourself or you find it hard to shop for food, you can have meals delivered to your home. This service is sometimes known as 'Meals on Wheels'.

To find out if your local authority offers this service, visit **www.gov.uk/meals-home** (England and Wales) or **www.nidirect.gov.uk/articles/meals-home-services** (Northern Ireland).

I'm scared of being on my own in case something happens

Talking this through with family, friends or carers helps. Decide on a plan for contacting someone if you feel you need help.

If you live on your own, talk to your doctor or nurse about home care services. You might not want or need assistance at home on a regular basis but it can be reassuring to have contact details for emergencies. Ask about community alarm services which can be arranged in case you should ever need help urgently.

My symptoms are so bad that I can't get out of the house

If it is no longer possible for you to get out and about on your own, here are some suggestions that may help:

- use a wheelchair so that you can still get out with your family and friends
- if you are very breathless, talk to your doctor or nurse about getting a prescription for oxygen
- have plenty of rest periods in the day.

Planning for the future

When facing long-term or severe illness, it's natural to look at the future. You might ask yourself questions like "what if my condition worsens and I am too unwell to let people know my wishes?" or "what will happen to my family if I'm not around to care for them?"

Although it can seem difficult at first, making plans for the future and sorting out practical matters such as your will, finances and sources of support can be a very positive thing to do. It can address some of the worries or questions that may have and can give you peace of mind. Then you get on with living as well as you can for as long as you can. Your family or friends will also be more confident in knowing exactly what you do and don't want to happen.

It's a good idea to start thinking about the situations that might arise as soon as you feel comfortable. By having these conversations and making decisions while you are relatively well, you can help make sure that your wishes are honoured.

What if I don't want any more treatment?

It is very important that you have control over your treatment. Discuss the treatment you want or when you want to stop it with your doctor or nurse. Chat about your wishes with your family and friends so that they can help you in the future. Try and have these conversations when you're feeling well, as it can be difficult to make decisions when you feel unwell. Sharing difficult decisions will help your relationships and understanding of each other.

What is palliative and end of life care?

Palliative care is the holistic care of people with an advanced illness which cannot be cured. By 'holistic' we mean it deals with the 'whole' person rather than just one aspect of care. It includes the management of physical symptoms such as breathlessness and discomfort, as well as emotional, spiritual and social support. Its goal is to help you and your family achieve the best quality of life possible.

End of life care is support for people who are approaching death. It helps them to live as well as possible until they die, and to die with dignity. It also includes support for their family and carers.

Your doctor and nurse, as well as professionals working in palliative care, can help you think about, discuss and plan for the last months, weeks and days of life. This helps make sure your wishes are met and that you receive the care you'd like and the treatments you want to avoid. It helps make your family and friends aware of your preferences and offers them support too. Ask your doctor or nurse any questions you have about palliative and end of life care and the services available in your area.

For more information, see page 97.

5

Caring for someone with heart failure

Caring and support

When someone is diagnosed with heart failure, it affects everyone in the family and those involved in the care of that person. Expectations and relationships will change and it can be hard to know what to do for the best. Whether you are the partner, relative, friend or carer of the person who has been diagnosed, this chapter has been written to help you.

Understanding heart failure

Understanding the condition and how it affects your partner or the person you are caring for, will help you to deal with the inevitable ups and downs that you may face.

This guide has been designed to help the person with heart failure manage their symptoms and have a good quality of life. If you have time, we recommend that you have a look at the rest of the guide. It will help you to understand how they cope and what you can do to support them.

You will find more information in our booklet 'Living with heart failure' (see page 98). Read this if you'd like a greater understanding of the condition.

Striking the right balance

The person you are caring for may need different levels of care and support at different times. There will be good and bad days for them – and for you too. You need to be able to let them manage their condition, but also tell you when they need help. Of course there will be times when they are trying to do too much and you might have to intervene. Knowing how to do this without taking away their independence can be tricky.

I am worried that I am going to be overprotective

It is natural to want to help the person with heart failure as much as possible, but being overprotective may frustrate them or encourage them to be too dependent on you.

The key is to make sure that you talk to each other about how you feel and what boundaries need to be set. Finding the right balance to live as normal a life as possible will mean that both they and you will feel happier and more in control of your lives. Remember that you have a life and other responsibilities too.

Ask them what they feel they can do and if there are any areas that they particularly need help with. It may mean organising a few people on a rota basis to do the shopping, organise meals, collect the children or stay with them while the person is resting. Let them talk to you about what they want to do.

If you think that they are doing too much, talk it over and suggest other things that they can do that aren't so tiring. If you still have concerns, discuss them with the nurse or doctor. They will be able to let you know if you are being overprotective.

While the nurse or doctor may be happy to give you tips and advice, they are not able to share information about the patient unless they have permission from them to do so.

Making sure that the person you are caring for is in control of their life and condition can:

- help them to feel positive about their situation
- reduce their feelings of being a burden or dependent on you
- allow you to do something else while they are managing themselves.

What if they don't seem to want to do anything for themselves?

It may be that the person you are caring for has lost their self-confidence. Perhaps they have been unwell recently or their symptoms have changed. Give them time and space to adjust and get back on their feet. Gently encourage them to do things for themselves and for you. Sometimes people are more encouraged if you ask them to do jobs for you or other people.

Try to focus on what is important and not on the little things. If they are neglecting themselves, try inviting someone around or suggesting an outing – this can motivate them to make an effort with their appearance. We all have good and bad days and like things to look forward to.

There are times, however, when you may be concerned that they are depressed. Depression can be a serious condition, but once diagnosed it can be treated. If you are worried, talk to the doctor or nurse for support and advice. (See page 72 for more information on depression.)

Coping with stress

Why do I feel stressed?

You will probably be worried about the health of the person you're caring for, and about the future. You may also be overwhelmed about the amount of information you have to deal with. All these factors can lead to you feeling anxious and stressed.

What can I do about it?

There are many things that you can do to cope with stress:

- Recognise that you can't do everything. If you have to ask for help it doesn't mean that you aren't coping.
- Try and anticipate when you might need to ask for more help – for example, if you have other responsibilities like looking after children or going to work.
- Change your expectations for yourself. For example, let the housework go more than you would like to.
- Look after yourself. Try to eat healthily and take regular exercise.
- Do some relaxation exercises. Try the ones on page 69, or you might like to try going to local classes.
- Make sure you have time for yourself.
- Speak to the person you are caring for about what you need to do and how you can best allocate your time.
- Join a support group for carers. You might find this very helpful as it enables you to meet other carers who may be in a similar situation, which can very supportive. You can talk about your experiences and pick up practical tips.

  You can find out more through your local authority or one of the caring organisations on page 94.

Having a social life

I feel isolated

Looking after yourself is as important as caring for your partner or relative. Feeling isolated is a common feeling. You may feel that, although there is support and help for the person who is unwell, no-one seems to understand how you feel. You may have become so focused on your carer responsibilities that your friends and hobbies have been ignored.

Talk to your friends and family about your feelings and ask them for help. Don't try and do everything yourself. If you overdo things, you may make yourself ill, which won't help in the long run. You need a break and time to yourself.

You might find it helpful to join a carers support group or get in touch with other carers. You can find out more through your local authority or one of the caring organisations on page 94.

If you need to go out but the person you are caring for needs someone with them, ask a friend or relative to call round or be available on the phone. Or contact an organisation called Carers Trust 4all (see page 94) which may be able to provide someone to sit in for you.

If you are unable to leave your partner or relative on his or her own for long, you may be able to arrange respite care where they will be looked after by someone else so that you can have a break or holiday. Talk to the doctor or nurse about arranging this.

I feel guilty about wanting to have a social life

For your own wellbeing, you need to have a life outside of caring. By taking a break you will feel more relaxed and better able to cope with the demands of caring.

What can I do to help the person I'm caring for manage their symptoms?

The information in this guide will help you do what's best for the person you're caring for. There is plenty of practical advice on:

- recognising and managing symptoms
- managing medications
- eating healthily
- getting the right amount of exercise.

Read through the guide together and work out how you could help with putting this advice into practice. For example, you could shop for healthy ingredients and help to prepare meals.

Are there any warning signs that I should look out for?

If the person you're caring for is ever in distress, is unable to breathe properly, experiencing chest pain or collapses, **dial 999 for an ambulance immediately.** Read the section 'What to do in an emergency' on page 90 now so that you know what to do.

If the person you are caring for develops the following new symptoms, or their symptoms get worse, tell your doctor or nurse as soon as possible:

- swelling of the feet, ankles or abdomen
- sudden weight gain
- breathlessness, wheezing or coughing
- light-headedness or dizziness
- fatigue (feeling unusually tired and weak)
- palpitation
- memory problems or problems concentrating.

If they're very bad, or if the person feels very unwell, call 999.

Help with caring

There are benefits and services to help you look after someone with a long-term illness. These may be in the form of financial or practical assistance. We discuss some of them below.

What is carer's allowance?

Carer's allowance is a taxable benefit available for informal carers. An informal carer is someone who provides care to another person and is not paid to do it. This could be a spouse, a friend or a relative.

How can I find out if I'm eligible for carer's allowance?

There are quite a few conditions attached to receiving carer's allowance. It may be available for you if you meet the criteria, which include:

- the person (or people) that you care for receives certain benefits
- you spend more than a certain number of hours caring per week
- you earn less than a certain amount of money per week.

The rules for claiming carer's allowance in Northern Ireland are different from England, Scotland and Wales. Use the contact details below to find out more:

- in England, Scotland and Wales, contact the Carer's Allowance Unit on 0800 731 0297 or visit the website **gov.uk/carers-allowance**
- in Northern Ireland, call the Benefits Enquiry Line on 0800 220 674 or visit the website **nidirect.gov.uk/articles/introduction-carers-allowance.**

What is a carer's assessment?

A carer's assessment aims to find out your needs as a carer. If you look after a friend or relative who cannot manage without your help, you may qualify for a carer's assessment. In Scotland, it is called an Adult Carer Support Plan.

The assessment looks at:

- what help you need with caring
- what help you need to maintain your own health
- other commitments that you have.

How do I get a carer's assessment?

You can ask your local social care services department for a carer's assessment. Your doctor or nurse can contact them on your behalf, or you can contact them directly - you can find their phone number in your local phone book under the name of your local authority. Or you can visit the website **gov.uk/find-local-council** and search for your postcode.

What happens in a carer's assessment?

A social worker will ask you to provide as much information as possible about what your role as a carer involves. This helps them work out what assistance you may be eligible for.

For a week or so before the assessment, it might be a good idea to keep a diary about what your role as a carer involves.

For example:

- How many hours a week do you spend caring, including at night time? Are you able to leave the house?
- Do you have any time for yourself?
- How is your health, and how is it affected by being a carer?
- Does your role as a carer impact on any other areas in your life – for example your job, other relationships, your hobbies, or your sleep?

What happens after my assessment?

After your assessment, your social care services department will develop a 'care plan' based on the results, as well as the needs of the person you care for.

This could include various information, support and services that you may need for your situation, such as helping you to take breaks from caring. You should be involved in any decisions taken as part of the 'care plan' before they are finalised.

Tips for carers

Heart failure cannot be cured, but the symptoms can be controlled to help prevent it from getting worse and allow the person to have a good quality of life. You and the person you're caring for can work together to do this. Talk to each other about the things you both need as individuals.

- Work out with the person you're caring for the everyday jobs that they can do and plan your weekly chores around each other's needs.
- Make time for yourself. Don't be afraid to ask for help. And, when people offer help, accept the offer and suggest specific things that they can do.
- Recognise that it takes time to get used to change. Both you, and the person you're caring for, may experience changes to daily life and to habits you've had for years. The person with heart failure will need plenty of support and encouragement. Don't be too hard on yourself either – try to accept that change will involve some stress, especially at the beginning.
- Participate in any hospital, doctor and nurse appointments or visits, but don't dominate the appointment. Work out beforehand with the person you're caring for the main issues you would like to be covered, and write down the answers to any questions that are asked.
- Learn about heart failure and how the condition is managed. Read through this plan with the person you are caring for so that you can identify the things that most concern you and plan how to deal with them.
- If you have any questions or concerns, see page 94 or speak to the doctor or nurse.

6

Getting help and information

Talking to your doctor or nurse

I would like more information

Information about your heart failure is essential if you are to understand how to manage your symptoms and treatment. If there's something you don't understand, ask your doctor or nurse. Before you go for your appointment, write down a list of questions about all the things you want to know about. If you think you won't remember the answers, make notes of the answers or ask your doctor to write things down for you.

You may receive a written care plan about how your condition will be managed. This will include your prescribed medicines, details about your care, rehabilitation, contact details for your doctor or nurse and also where you can find more information. Talk to your doctor or nurse about this and if you'd like to be involved.

I don't always understand what I've been told

It is very important to understand what your doctor or nurse is telling you. Medical information can be complicated, so if there's anything you don't understand, don't be shy to ask them to repeat it or to explain it in 'layman's terms'.

There never seems to be enough time to talk about things

Many people with heart failure say that this is a very big problem.

There never seems to be enough time to talk about all the things that concern you. There are certain things that you can do to make the most of your time with your doctor or nurse.

Before you visit your doctor or nurse, think about why you are going to see them and what you would like to talk about.

- Make notes on how you are feeling for about a week before your appointment.
- Write down all of your concerns. If you end up with a long list, be realistic and decide which ones are the most pressing, and tell your doctor or nurse about these right at the beginning of your visit.
- Let them know that there are other things you want to talk about and arrange when to discuss these.
- It's not unusual for us to forget what we're told, so take someone with you and ask them to write things down. This can be particularly useful if you have trouble hearing, or if you get nervous.
- If you think there is a lot to talk about, have a chat with the receptionist about booking a longer appointment.

What to do if you get chest pain

If you've not already been diagnosed with angina or coronary heart disease and you get chest pain, call 999 immediately as you could be having a heart attack.

The following information is for people who already have coronary heart disease and who are taking GTN (glyceryl trinitrate) spray or tablets for their angina symptoms.

If you already have coronary heart disease you may get chest discomfort from time to time. Sometimes this will be angina, which you will be able to manage at home with your GTN. But it could also be a symptom of a heart attack.

If you get chest pain:

1. Stop what you are doing
2. Sit down and rest
3. Use your GTN spray or tablets, as your doctor or nurse has told you. The pain should go away within five minutes. If it doesn't, take your GTN again
4. If the pain has not gone away within five minutes of taking the second dose of GTN, call 999 immediately
5. Chew an adult aspirin tablet (300mg) if there is one easily available, unless you are allergic to aspirin or have been told not to take it. If you don't have an aspirin next to you or if you don't know if you're allergic to it, just stay resting until the ambulance arrives.

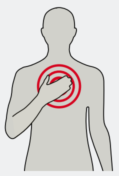
If you have symptoms that do not match the ones we have described but you think you are having a heart attack, call 999 immediately.

What to do in an emergency

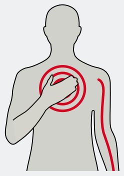
What to do if you think you may be having a heart attack

A heart attack is when a part of the heart muscle suddenly loses its blood supply. This is usually due to coronary heart disease.

The symptoms of a heart attack

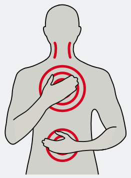


Pain or discomfort in the chest that doesn't go away



The pain my spread to the left or right arm…

… or may spread to the neck and jaw



You may feel sick or short of breath

Think quick.. act fast. Call 999 immediately

Act fast…

What to do if you think someone is having a heart attack

1. Send someone to call 999 for an ambulance immediately. If you are alone, go and call 999 immediately and then come straight back to the person.
2. Get the person to sit in a comfortable position, stay with them and keep them calm.
3. Give the person an adult aspirin tablet (300mg) to chew if one is easily available, unless they're allergic to aspirin or they've been told not to take it. If you don't have an aspirin next to you, or if you don't know if the person is allergic to aspirin, just get them to stay resting until the ambulance arrives.

What to do if you think someone has had a cardiac arrest

A cardiac arrest is when a person's heart stops pumping blood round their body and they become unconscious and stop breathing or stop breathing normally.

A person who is having a cardiac arrest may develop a dangerously fast heart rhythm which can be fatal. It is sometimes possible to shock the heart back into a normal heart rhythm by giving defibrillation. This means giving the heart an electrical shock using a defibrillator.

There are now public access defibrillators - or PADs for short - in many workplaces, shopping centres, train stations, leisure centres and village halls. It's very easy to use a PAD. The machine gives clear, spoken instructions and you don't need training to use one.

Once switched on, the PAD will instruct you on how to attach the pads, whether or not a shock is needed and how to deliver it. Find out where the PADs in your local area are.

For more information, go to **bhf.org.uk/defibs**

Important:

The most important thing you can do to help save a person's life is **CPR – cardiopulmonary resuscitation,** or **Call Push Rescue.** This, along with defibrillation, can double someone's chance of survival in some cases.

CALL PUSH RESCUE

If someone has had a cardiac arrest, they will be unconscious, and either not breathing or not breathing normally. The person needs immediate help or they will die within minutes.

First check that it is safe to approach the person.

To find out if the person is conscious, gently shake him or her, and shout loudly, **'Are you all right?'** If there is no response, the person is unconscious.

You will need to assess the person's airway and breathing.

Open the person's airway by tilting their head back and lifting their chin.

Look, listen and feel for signs of normal breathing. Only do this for up to ten seconds. Don't confuse gasps with normal breathing. If you're not sure if their breathing is normal, act as if it is not normal.

Now remember:
Call Push Rescue

CALL... 9 9 9

Call for help.

If the person is unconscious and is either not breathing or not breathing normally, they are in cardiac arrest. Call 999 immediately.

- Send someone else to call 999 for an ambulance while you start CPR.
- Or, if you are alone with the person, call 999 before you start CPR.

PUSH...

Push hard and fast on the centre of the chest.

Start chest compressions.

- Place the heel of one hand in the centre of the person's chest.
- Place the heel of your other hand on top of your first hand and interlock your fingers.
- Press down firmly and smoothly on the chest 30 times, so that the chest is pressed down between five and six centimetres each time. Do this at a rate of about 100 to 120 times a minute. That's about two each second.

RESCUE...

Give rescue breaths

After 30 compressions, open the airway again by tilting the head back and lifting the chin, and give two of your own breaths to the person.

These are called rescue breaths. To do this, pinch the soft parts of the person's nose closed. Take a normal breath, make a seal around their mouth with your mouth, and then breathe out steadily.

The person's chest should rise and fall with each breath. It should take no more than five seconds to give the two rescue breaths.

Then give another 30 chest compressions and then two rescue breaths. Keep doing the 30 chest compressions followed by two rescue breaths until:

- the ambulance crew arrives and takes over, or
- the person starts to show signs of regaining consciousness, such as coughing, opening their eyes, speaking, or moving purposefully and starts to breathe normally, or
- you become exhausted.

If you prefer not to give rescue breaths

If you'd rather not give rescue breaths, call 999 and then deliver hands-only CPR. Keep doing the chest compressions - at a rate of about 100 to 120 times a minute.

For more on this, see **bhf.org.uk/handsonly**

Support services

Carers

Carers UK

0808 808 7777
(helpline open Mon and Tues 10am - 4pm)
info@carersuk.org
www.carersuk.org

Offers advice for carers and can put carers in touch with one another.

Carers Trust

0300 772 9600
info@carers.org
www.carers.org

Provides information about the support available for unpaid carers.

Carers Trust 4all

www.carerstrust4all.org.uk

Provides practical support to carers in the home across the UK.

Counselling services

Samaritans

116 123 (UK)
116 123 (ROI)
jo@samaritans.org (UK)
jo@samaritans.ie (ROI)
www.samaritans.org
Freepost RSRB-KKBY-CYJK
PO Box 9090
Stirling
FK8 2SA

Provides confidential non-judgemental emotional support for people who are experiencing feelings of distress or despair across the UK.

Relate

0300 100 1234
www.relate.org.uk

Offers relationship counselling and support across the UK.

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

babcp@babcp.com
www.cbtregisteruk.com
(search for a therapist in your area.)
www.babcp.com

Provides information on how to find a therapist in your area.

British Association for Counselling and Psychotherapy (BACP)

01455 883 300
bacp@bacp.co.uk
www.bacp.co.uk

Has directories of individual counsellors and counselling organisations throughout the UK.

Financial help

Citizens Advice Bureau

03444 111 444 (England)
03444 77 20 20 (Wales)
03454 04 05 06 (Scotland)
028 9023 1120 (Northern Ireland)
www.citizensadvice.org.uk
(England and Wales)
www.cas.org.uk (Scotland)
www.citizensadvice.co.uk
(Northern Ireland)

For information on all aspects of financial management, benefits and support. Your local Citizens Advice Bureau is listed in the phone directory and online.

Department for Work and Pensions - benefits information

www.gov.uk/browse/benefits
https://www.mygov.scot/benefits/
(Scotland)
www.nidirect.gov.uk/information-and-services/money-tax-and-benefits
(Northern Ireland)

For information on a range of benefits, including Universal Credit and benefits for carers.

Turn2Us

0808 802 2000
(helpline open 9am - 5.30pm, Mon-Fri)
www.turn2us.org.uk
info@turn2us.org.uk

A charity that helps people in financial need to access welfare benefits, charitable grants and other financial help.

NHS Prescriptions Services

0300 330 1349 (England only)
Calls cost the same as 01 and 02 numbers
www.gov.uk/get-a-ppc

For information about prescription prepayment certificates (PPCs), if you live in England and need financial support with your medical prescription payments.

Personal Independence Payment (PIP) information

0800 121 4433
(England, Scotland and Wales)
0800 012 1573
(Northern Ireland)
Calls are free of charge
www.gov.uk/pip
(England, Scotland and Wales)
www.nidirect.gov.uk/articles/personal-independence-payment
(Northern Ireland)

For information on the main disability or ill health-related benefit for people of working age.

Help for the older person

Age UK

www.ageuk.org.uk
0800 055 6112
(free to call 8am - 7pm)

For information on a range of services alongside advice on health and wellbeing, care and support.

FirstStop

0800 377 7070
www.firststopcareadvice.org.uk

An impartial service offering advice and information to older people, their families and carers about housing and care options for later life.

Independent Age

0800 319 6789
www.independentage.org

Provides information on care and support, benefits and mobility for older people, their families and carers.

The Silver Line

0800 470 8090
www.thesilverline.org.uk

A free, confidential helpline providing information, friendship and advice to older people.

Sexual problems

Institute of Psychosexual Medicine

020 7580 0631
admin@ipm.org.uk
www.ipm.org.uk

Provides help and advice about sexual problems.

The Sexual Advice Association

www.sexualadviceassociation.co.uk

Provides advice and resources on sexual problems.

Support groups and services

Heart support groups

0300 330 3311
heartsupportgroups@bhf.org.uk

Find your nearest group by visiting the website:
bhf.org.uk/supportgroups

The BHF has hundreds of heart support groups across England and Wales that offer the chance to meet people and share experiences – they are open to anyone with any kind of heart condition, as well as their partners and families.

Heart Voices

0207 554 0426
heartvoices@bhf.org.uk
bhf.org.uk/heartvoices

Heart Voices is a platform for you to share your experiences of heart and circulatory disease. It also provides a wide range of opportunities for you to help improve the work that the BHF does.

British Cardiac Patients Association

01223 846 845
(helpline open 9am- 7pm Mon - Sat)
admin@BCPA.eu
www.bcpa.uk

Provides support, reassurance and advice to cardiac patients, their families and carers.

End of life care

Compassion in Dying

0800 999 2434
(free information line)
info@compassionindying.org.uk
www.compassionindying.org.uk

Supports people to make Advance Decisions ('Living Wills') and talk about their goals and priorities when living with a life-changing illness.

Dying Matters

www.dyingmatters.org

Helps people talk more openly about dying, death and bereavement.

For more information

Order or download our Living with heart failure booklet, or visit the following websites:

- BHF website - bhf.org.uk
- Heart Failure Matters - www.heartfailurematters.org
- Pumping marvellous - www.pumpingmarvellous.org

How to order or download our booklets:

We produce a number of booklets on various heart and circulatory conditions, tests and treatments. To order your free booklet, visit www.bhf.org.uk/publications. You can also download our booklets online by visiting the BHF website.

Our services

Heart Helpline

0300 330 3311
(a similar cost to 01 or 02 numbers)

For information and support about your heart and circulatory condition.

Genetic information service

0300 456 8383
(a similar cost to 01 or 02 numbers)

For information and support on inherited heart conditions.

Nation of lifesavers – CPR training courses for community groups, schools and workplaces

To find a training course near you, visit: bhf.org.uk/heartstart

Watch our videos on how to do CPR: bhf.org.uk/cprfilms

Keep up-to-date

Twitter

@TheBHF

Get our latest news and views directly into your Twitter feed.

Online community

bhf.org.uk/community

Share your experiences, stories, tips and ideas with other people like you in our online community.

Facebook

Facebook.com/bhf

Join the conversation and get our latest news and updates on Facebook.

Index

bhf.org.uk

Heart transplants. Clot busting drugs. Pacemakers. Breakthroughs born from visionary medical research. Research you fund with your donations.

Heart and circulatory diseases kill 1 in 4 people in the UK. They cause heartbreak on every street. But if research can invent machines to restart hearts, fix arteries in newborn babies, build tiny devices to correct heartbeats, and give someone a heart they weren't born with - imagine what's next.

We fund research into all heart and circulatory diseases and their risk factors. Heart attacks, heart failure, stroke, vascular dementia, diabetes and many more. All connected, all under our microscope. Our research is the promise of future prevention, cures and treatments.

The promise to protect the people we love. Our children. Our parents. Our brothers. Our sisters. Our grandparents. Our closest friends.

You and the British Heart Foundation.
Together, we will beat heartbreak forever.

Beat heartbreak forever.

Beat heartbreak from heart diseases stroke vascular dementia diabetes