



LIVING BETTER  
WITH HEART  
FAILURE

**sqic**



SOCIÉTÉ QUÉBÉCOISE  
D'INSUFFISANCE  
CARDIAQUE



**Living Better with**

# **Heart Failure**



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## Thank you

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## WARNING STATEMENT

The authors and the Quebec Society of Heart Failure (SQIC) wish to warn all patients and readers that they should not hesitate to consult their doctor for any clinical or therapeutic situation where they do not feel at ease.

The protocols described in this document are general and may not be applicable to individual patients.

All products mentioned in this book must be used in accordance with the information provided by the manufacturer.



***The authors wish to thank all the clinics who partner with the SQIC, whose didactic material has been the inspiration for this document.***

The Quebec Society of Heart Failure (SQIC) is happy to offer patients suffering from heart failure this booklet entitled:

**« Living Better with Heart Failure »**

The purpose of this book is to serve as an invaluable tool for the practitioners and patients who suffer from heart failure as well as for their families. The first editions were undisputedly a success. It is my pleasure, as the president of the SQIC, to present to you the third edition of this handy guide.

You will quickly notice that this guide was improved, revised and updated with the newest information concerning heart failure. Considering the many changes and the great progress in managing patients with heart failure over the past few years, it was important to us to proceed with this update to our guide. Within this book, you will find practical advice, explanations adapted to the needs of patients as well as the answers to many heart failure related questions patients may have.

It is with great pleasure that I present to you this new edition, hoping that it will be received with as much enthusiasm as previous editions.

François Tournoux, M.D.

President

**Quebec Society of Heart Failure**

## **Preface of the 4th edition**

It gives us great pleasure to present to you the new version of “Living Better with Heart Failure”, which is now in its third edition. Healthcare providers, from dietitians to nurses to doctors, working in various Heart Failure clinics throughout Quebec decided to combine their different, complimentary areas of expertise to offer patients and their families a simple and practical reference document. This guide was specifically designed for: You, the reader!

With the constant improvement of treatments, whether via medications or devices, an update seemed necessary. In this book, you will find an overall picture of what heart failure is, how to better manage your symptoms through diet, physical-activity, medications and with certain specialized procedures that may be offered to you. We will also talk about the psychological aspects associated with heart failure.

As this is a book about the management of heart failure in general, it is possible that not everything described is applicable in its entirety to your particular situation. You should not hesitate to talk about your condition directly with your treating medical team, since they are the ones (along with you) who best know your situation. This book is intended to serve as a complement to your regular medical care; it should not, under any circumstances, replace it.

We hope that you will find this information useful.

Enjoy!

Anique Ducharme, M.D., M.Sc.,  
Cardiologist and Editor

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# **SECTION**

## **1**

### **WHAT IS HEART FAILURE?**



## WHAT IS HEART FAILURE?

*The doctor told you that you have*

### **Heart failure?**

**Heart failure is ...**

Being less resistant to physical stress

Having shortness of breath

Not being able to do the same activities as before such as climbing the stairs



### **Heart failure**

also means :

you can develop water retention in your lungs, abdomen or legs.

Heart failure is a serious disease, but it is possible to reduce the symptoms such as fatigue, shortness of breath, abdominal distension or swelling of the legs.

**To control your symptoms,  
it is important to understand the disease.**

This booklet written by health professionals aims to help you take charge of your illness.

**You are the most important person  
in controlling your disease.**

One can learn to live with heart failure and improve their quality of life and their life expectancy.

**You are not alone.**

More than 500 000 people are living with heart failure in Canada and almost 50 000 are diagnosed with this condition every year.

**This book contains information on the following topics:**

What is heart failure?

What causes heart failure?

Why am I having trouble breathing?

Why should I weigh myself every day?

What is the treatment for heart failure?

What tests do I need?

Why all these medications?

Why modify my diet?

Can I do physical activity?

Is it normal that I feel sad or anxious sometimes?

How to prevent infections?

How to avoid recurrent hospitalisation?

Can I travel?

## What is Heart Failure ?

The heart is a very special muscle. It acts like a water pump. Its role is to make blood circulate throughout your body.

A healthy heart pumps enough blood to meet the body's requirements in oxygen and nutrients.

Under normal circumstances, every time the heart beats, it ejects at least half of the blood that it contains. This amount of blood ejected by the heart with every heartbeat is called the «ejection fraction».



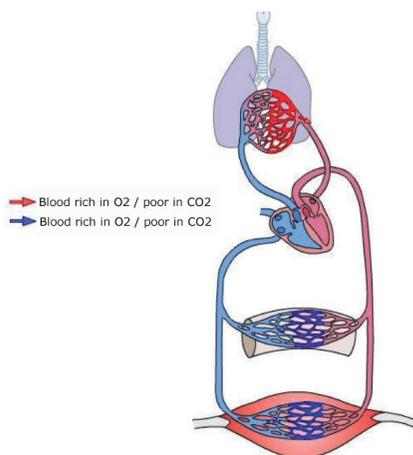
In medical terms, we say that a normal heart has an **ejection fraction** of 50% or more.

LVEF = 50% means: **L**eft **V**entricular **E**jection **F**raction of 50%.

## LIVING BETTER WITH HEART FAILURE

The heart is divided into two pumps which always work together:

- The right heart receives the deoxygenated blood (poor in oxygen) from the rest of the body and sends it to the lungs (in blue on the diagram) so that it can be re-oxygenated (filled with oxygen).
- The left heart receives the oxygenated blood from the lungs and pumps it to the rest of the body supplying the vital organs and muscles (in red on the diagram).



Source: <http://florent.duvernier.free.fr/Cours/Cinquieme/sequence8.htm>

There are also valves in the heart. They are similar to doors and separate the top and bottom heart chambers. They control the direction blood flow throughout the heart.

With certain disease states (e.g. heart attack, arrhythmia), the heart is unable to pump enough blood to meet the vital organs' requirements of oxygen and nutrients. The ejection fraction may be reduced. We refer to this as **systolic dysfunction (systolic heart failure)**.

In other circumstances, the heart muscle is unable to relax enough. It cannot fill up normally and this can lead to water retention in the lungs and/or it can't pump blood efficiently. The ejection fraction remains normal though. We refer to this as **diastolic dysfunction (diastolic heart failure)**.

The flow through the different heart valves can be reduced or increased. This is referred to as **valvular disease**. It can also lead to systolic or diastolic heart failure.

## LIVING BETTER WITH HEART FAILURE

Systolic or diastolic heart failure can lead to water retention in the lungs, abdomen and/or legs. If water accumulates in the lungs, the left side of the heart is failing. If water accumulates in your abdomen and/or legs, the right side of the heart is failing.

Heart failure may develop quickly or over years.

### **Causes of Heart Failure**

Many things may cause heart failure:

- Heart attack (Myocardial infarction);
- High blood pressure (Hypertension);
- Infection of the heart by a virus (Myocarditis);
- Valvular heart diseases;
- Drug or alcohol abuse;
- Side effects of chemotherapy or radiation therapy;
- Certain heart rhythm problems

There are also other causes such as defects present at birth (congenital heart disease) or genetic diseases. There may be patients who develop heart failure for which the cause remains unknown (idiopathic heart failure). All these different circumstances can damage the heart structure. The pump has to eventually pump harder in order to compensate for its weaker parts and it may eventually get tired.

Certain health problems can worsen heart failure. The management of heart failure patients also includes treating the following health problems:

- Diabetes;
- High blood pressure;
- Anemia;
- Renal insufficiency;
- Thyroid disease

Certain behaviours can worsen heart failure such as the following:

- Drinking too much water;
- Eating pre-prepared frozen meals, eating out or adding salt to your meals;
- Not taking your medication properly or stopping your medications;
- Certain medications (e.g. anti-inflammatories such as ibuprofen (Advil));
- Excessive alcohol consumption

### The Evolution of Heart Failure

Heart failure is a chronic condition which can worsen over time. The evolution of heart failure is unpredictable and is different from one person to another. The symptoms may improve and stabilize for months or years.

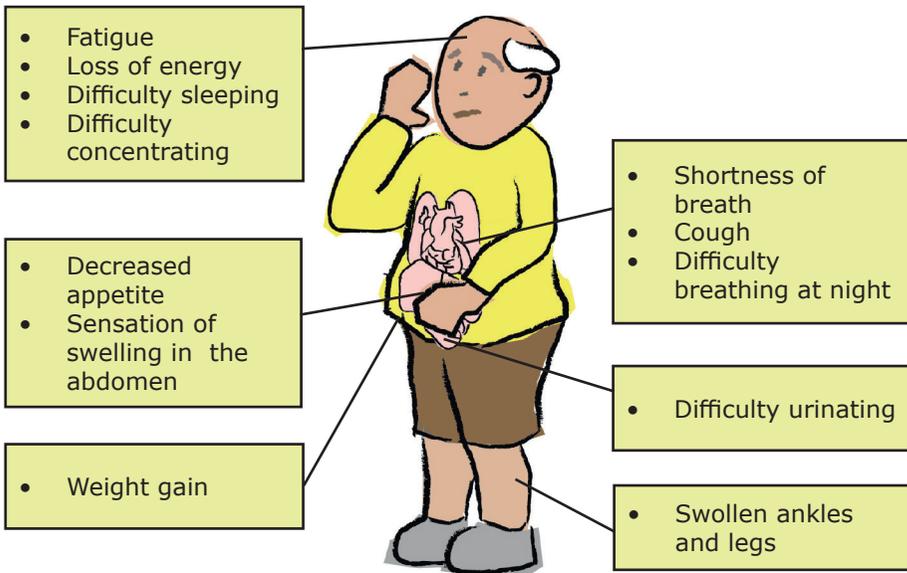
You can slow the progression of heart failure by taking your medication, having a healthy lifestyle and following the recommendations of the interdisciplinary team following you.

### Symptoms of Heart Failure

Symptoms of heart failure appear when the pump is no longer as efficient as it used to be. At every visit, to understand the impact of this chronic condition on your daily activities, your treating team will ask you questions to be able to determine the severity of your symptoms. They will then be able to evaluate if your heart failure is stable or worsening.

- Class I: No limitation during ordinary activities (tolerance to effort is the same as it was before the onset of heart failure).
- Class II: Slight shortness of breath and/or fatigue during moderate exercise (e.g. difficulty following the pace of a healthy person of your own age, walking up a slope or climbing 2 flights of stairs).
- Class III: Shortness of breath and/or tiredness interfering with the activities of daily living (e.g., difficulty climbing one flight of stairs, taking a shower, getting dressed).
- Class IV: Shortness of breath and/or fatigue present even at rest; unable to do any physical activity whatsoever.

## LIVING BETTER WITH HEART FAILURE



### Treatment of Heart Failure

The goals of treating heart failure are to slow the progression of the disease, to control the symptoms and to prolong life expectancy.

There are several ways to treat heart failure. The doctor chooses the treatment that best suits your condition.

## LIVING BETTER WITH HEART FAILURE

### **A good diet**

- You must reduce the amount of fluids and salt you consume.
- A high intake of fluids and/or salt can lead to increased shortness of breath and/or abdominal distension and leg swelling.
- In addition, a good diet helps you maintain a healthy weight and allows you to have more energy.

### **Medications recommended for your type of heart failure**

- Medications help to:
  - Improve cardiac function;
  - Reduce the risk of water retention.

### **Moderate physical activity**

- Regular physical activity can increase the strength of your heart and of your muscles.
- When carried out regularly, it can improve your quality of life.



### **Managing anxiety and stress**

- A healthy mind is as important as a healthy heart.

## LIVING BETTER WITH HEART FAILURE



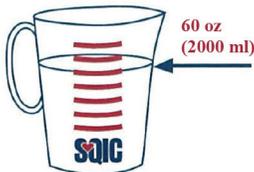
**Here are the actions  
that will help you.**

**Weighing yourself  
every day when  
waking up right after  
urinating and before  
getting dressed...**



**...and documenting  
your weight in your  
diary or in your  
calendar.**

**Call the heart failure clinic if you gain  
3 lbs. (1.5 kg) or more in 3 to 5 days.**



**Control the amount of liquids that  
you ingest**

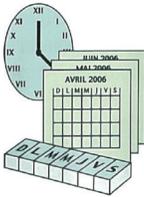
**(Maximum 1.5 - 2.0 L or 50-68 oz  
per day).**

LIVING BETTER WITH HEART FAILURE



**Avoid salting your food, reduce the number of meals eaten at the restaurant and eat less foods that contain a high percentage of salt.**

**Perform physical activity according to your tolerance.**



**Take your medications every day.**

**Take the time to rest and relax.**



**Stop smoking.**



Receive the flu **vaccine** every year as well as one against pneumonia as recommended by your doctor.

## **Tobacco use**

When you smoke, it increases the heart's workload. Your heart already has to work harder because of the heart failure!

### **Tobacco is the Worst Enemy**



#### **Leads to:**

- Higher blood pressure;
- Higher heart rate;
- Lower blood oxygenation levels;
- Increased risk of having a heart attack;
- Increased risk of blood clots.

If you want to quit, there are many effective ways to do so. Talk to your doctor, nurse or pharmacist if you would like to know more about the different options available to you.

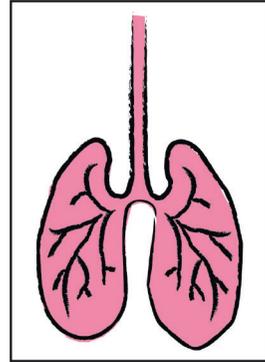


<https://quebecsanstabac.ca/jarrete/>

## Tests and Examinations

### Chest X-Ray or chest radiograph

It is used to evaluate if there is water retention in the lungs and to see if there are other explanations for your shortness of breath (e.g. pneumonia). It is essentially a picture of your lungs and it takes only a few minutes to perform.



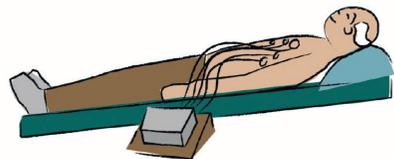
### BLOOD TESTS

They are useful to monitor, among other things, the evolution of the disease, the kidney function in response to the treatments and to screen for health problems which can worsen heart failure (e.g. thyroid gland problems, anemia). You may need to fast for some blood tests. If in doubt, find out before you get the blood tests done.

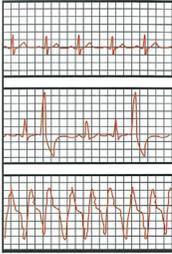
### ELECTROCARDIOGRAM (ECG)

It is helpful to evaluate the state of the electrical activity of the heart. The normal electrical activity can be modified by heart failure or because of the presence of an arrhythmia.

During the electrocardiogram, a technician will put small stickers on different areas of your chest. These stickers are connected to a machine which then reads the electricity of the heart. This test takes only a few minutes.



## LIVING BETTER WITH HEART FAILURE



### **HEART MONITOR (DURING THE STAY AT THE HOSPITAL)**

This resembles an ECG, but that monitors the heart's electrical activity continuously for 24 hours a day.

### **HOLTER MONITOR**

This is a 24-hour continuous recording of your heart's rhythm. You can be asked to keep it for longer (e.g. 72 hours). It can help to detect if there is the presence of an arrhythmia (high or low heart rate).



### **CARDIAC ULTRASOUND**

- This is a test that provides multiple images of the heart as it beats.
- The images are obtained by pressing an ultrasound probe (such as the one used for pregnant women) on the chest at various locations. This test can take 30-45 minutes.
- This examination provides us with the ejection fraction.
- It also allows for the observation of the different valves and of the different sections of the heart muscle.
- Sometimes a pharmacological stress is induced using dobutamine or you may be asked to walk on a treadmill prior to the ultrasound in order to see if your heart responds well to stress (dobutamine or exercise). It can help us to determine if there may be underlying coronary artery disease (presence of cholesterol plaques in the arteries around your heart).



## LIVING BETTER WITH HEART FAILURE

### **STRESS TEST (TREADMILL)**



This is a test that can help determine your fitness level and can also help us evaluate if there is the presence of coronary artery disease. While the patient is walking on the treadmill, we can also see if any electrical problems occur when making an effort. We can also evaluate if your heart rate and blood pressure increase in a normal way during the effort.

We can also have you wear a mask that makes it possible to measure the oxygen that you use during the exercise (VO<sub>2</sub> max). This test can be useful in assessing the severity of your heart failure.



### **TESTS IN NUCLEAR MEDICINE**

We use a small quantity of radioactive material (called tracers) which will be injected intravenously. Different tests can be done in nuclear medicine.

- **ISOTOPIC VENTRICULOGRAPHY**

This test measures the ejection fraction of both ventricles (right and left). It can also evaluate if there is a hole in between two cavities in the heart which is called a shunt.

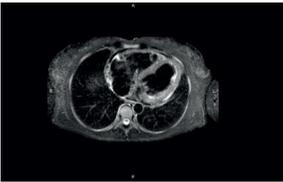
- **MYOCARDIAL PERFUSION**

Also called **SESTAMIBI / MYOVIEV / RUBIDIUM**, this examination is done in two stages. During the first part, we take pictures of the heart at rest and in the second part, we take pictures while under stress (walking on treadmill). The images at rest and during the stress are then compared. It will help us evaluate if parts of your heart receive less blood and therefore, less oxygen. This can help determine if there is coronary artery disease (plaques of cholesterol in the blood vessels that provide oxygen to the heart). If you are unable to walk on a treadmill, you will be given a medication such as **Dipyridamole / Persantin or Dobutamine** which will mimic an effort for your heart.

### **Positron emission tomography scan (PET SCAN)**

This is an exam that allows us to evaluate the heart function and oxygen supply even more precisely. We sometimes use it to help us decide whether an intervention such as stents or surgery are necessary on the coronary arteries. It can also allow us to identify specific causes of heart failure.

### **CARDIAC MAGNETIC RESONANCE (CMR)**



This examination uses magnetic waves to take precise pictures of the body. The examination takes about an hour. Dye is used to visualize with precision the different heart structures and the heart vessels.

It assesses the ejection fraction of both ventricles. It can also detect if there are scars in the heart muscles or if parts of the muscle are swollen (which can be signs of different diseases that cause heart failure).

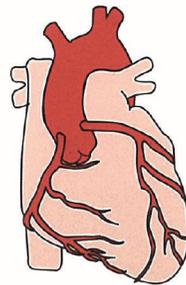
Depending on the findings, it can help us find the cause of the heart failure. This test can detect rare diseases of the heart which can lead to heart failure.

### **CORONARY ANGIOGRAM**

This invasive test will allow us to see if there is the presence of coronary artery disease (plaques of cholesterol in the arteries around your heart).

A guide that is inserted in an artery in your leg or wrist is used to reach the coronary arteries. A dye is injected to view the arteries.

Even though it is an invasive procedure, it will help us guide the treatment if we discover that coronary artery disease is the cause of the heart failure.



## LIVING BETTER WITH HEART FAILURE

Depending on the findings, we can decide to dilate the arteries (with or without stents), perform coronary artery bypass surgery or just treat with medications.

During this exam, we can also do a catheterization which allows for the measurement of pressures in the different chambers of the heart. It provides important information which can help in the adjustment of the medications and to evaluate if you could benefit from a heart transplant.

### **ABPM (AMBULATORY BLOOD PRESSURE MONITOR)**



This is a test that allows us to record the blood pressure for 24 hours. The person has to do their usual daily activities. It will help us determine the average blood pressure during the day and overnight.

We put the cuff on your arm and it is connected to a small recorder attached to your belt or around your neck. The blood pressure will be taken every 30 minutes or every hour.

### **MORE SPECIALIZED PROCEDURES ARE REQUIRED IN SOME CASES. MORE DETAILS IN SECTION 4, PAGE 83, «SPECIAL PROCEDURES».**

In the next pages, you will find important information relating to heart failure. It will help you understand your disease.

## **SECTION**

### **2**

## **HEART FAILURE AND DIETARY RECOMMANDATIONS**



## **HEART FAILURE AND DIETARY RECOMMENDATIONS**

Diet is an important part of living with heart failure. A healthy diet allows you to have more energy and feel better. It's a good way to be an active participant in the management of heart failure.

**The goal is for you to have a balanced diet. By following a diet with low sodium and by watching your fluid intake, you can decrease the risk of developing water retention in your lungs, abdomen and/or legs.**

Meet with a nutritionist (dietician) to help you in making the adequate changes to your diet.

Make sure to involve your spouse or any family member involved in meal preparation at home.

If you live with heart failure, it is important to respect the following:

- Control salt (sodium) intake;
- Control fluid intake;
- Ensure an adequate intake of calories, proteins, iron and other essential nutrients;
- Choose good fats and reduce bad fats such as saturated fats and «trans fats»;
- Increase the consumption of dietary fibers;
- Rest after meals;
- Eat smaller meals and add nutritious snacks throughout the day;
- Maintain a healthy weight and avoid rapid weight loss (and fad diets);
- Lose weight if you suffer from obesity in order to reach a healthy weight depending on your age and height. Don't take on this weight loss by yourself. Please consult with your dietician and doctor who will accompany you all along.

When living with heart failure, knowing that the heart pump works less efficiently, the nutrients might not reach the various tissues as well as they used to. It can result in malnutrition which can make your condition worse.

**Your need for healthy nutrients should be met even if you have any of the following:**

- A decrease in appetite when seeing or smelling food;
- A change in taste;
- Fatigue while preparing your meals.

A multivitamin may be recommended if you cannot meet your nutritional needs with your diet alone. You should discuss this with your dietician, pharmacist or doctor.

**Salt (sodium)**

**Salt intake leads to water retention. It is therefore very important to control your salt intake.**



Limit your sodium intake to 2 grams per day which is equivalent to 5g of salt.

Avoid the use of extra salt while cooking your favourite meals. Some foods already have a high content in salt.

Avoid adding salt to your meals. Do not use the saltshaker.

Make sure to eat the following foods and condiments in moderation: Cheese (**see pages 47 and 48**), salted peanut butter, mustard, ketchup, relish and mayonnaise.

## LIVING BETTER WITH HEART FAILURE

Avoid eating the following foods, vegetables, and condiments:

- Soups, marinades, sauces and bouillons\* (sold as cubes, powder or liquid concentrates).
- Sauces such as chilli, Worcestershire™, HP™, soy, teriyaki, tamari, VH™;
- Sea salt, celery salt, onion salt, garlic salt, monosodium glutamate (Accent™), steak spices, BBQ spices, Herbamare™;
- Olives, pickles, salted marinades, sauerkraut, algae;
- Foods that have sprinkled on them such as chips, pretzels, crackers, nuts and peanuts (choose unsalted nuts);
- Deli meats (ham, salami, bologna and others), sausages, bacon, cretons, pâtés, smoked, salted or canned meats;
- Smoked and salted fish such as dried and salted cod, anchovies, salted herring, sardines;
- Meals from Fast Food restaurants;
- Bottled water containing more than 25 mg/liter of «Na» or «sodium»;
- Mineral water or any soda with more than 200 mg of sodium per liter or parts per million (ppm);
- Frozen meals containing more than 600 mg of sodium per serving.

*\* Reading labels will help you make the best choice (see section: How to read nutrition labels).*

**How can I add Flavour to my Meals  
Without Adding Extra Salt?**

Use:

- Herbs and fresh or dried spices;
- 1 tsp (5 mL) of dried leaf herbs = 1 tbsp (15ml) of fresh herbs;
- 1 tsp (5ml) of onion powder = 1 medium onion;
- 1 tbsp (15 mL) of dried minced onion = 1 small onion;
- Garlic: 1/8 tsp (0.5 mL) of garlic powder = 1 average garlic clove;
- Lemon juice;
- Pepper or ground peppercorns. Several varieties exist which are the following: black, white, green and pink;
- Commercial or homemade broth bases without salt (vegetable, beef or chicken);
- Salt-free seasonings such as Mrs. Dash™, Club House™, Capitaine by Garno™ or McCormick™;
- Try sautéing your vegetables and meats using lemon juice, flavoured vinegars (balsamic, tarragon, etc.), homemade chicken broth without salt, tomato or vegetable juice with reduced salt content.

**Tip to create a dressing low in salt:**

- In an empty bottle, mix the different herbs you can find in your favourite dressings with oil and/or vinegar, but don't add the extra salt!



### Here is your healthy saltshaker!

- **Classic Mix:** Dry mustard, paprika, celery powder and onion powder.
- **Oriental Mix:** Curry, ginger and garlic powder.
- **Provençal Mix:** Basil, oregano, parsley and thyme.

What should I use to season my favourite foods?

- **Vegetables:** Garlic, basil, chili, bay leaves, marjoram, oregano, pepper flakes, savoury, chives, lemon juice, cayenne pepper.
- **Meats:** Garlic, caraway, curry, chervil, clove, bay leaf, marjoram, dry mustard, paprika, rosemary, sage, thyme, garlic powder, onion powder.
- **Poultry:** Garlic, lemon, curry, tarragon, ginger, paprika, oregano, dry mustard, sage.
- **Fish:** Lemon juice, dill, curry, chervil, parsley, thyme, savoury, etc.

**Pay attention to salt substitutes which can contain potassium.**

These substitutes can have «No Salt™» written on the label, etc.

Please inform your dietician, pharmacist or doctor if you take any salt substitutes.

### **Recipes low in sodium**

#### **Homemade chicken broth**

- 2 pounds (1 kg) of a whole chicken or cut in pieces;
- 6 cups (1 1/2 liters) of cold water;
- 1 chopped carrot, 1 chopped onion, 1 chopped celery stalk;
- 1 bay leaf;
- Black pepper to taste;
- A pinch of thyme, basil and dried marjoram.

Place the chicken and the water in a pot. Bring to a boil. Add the remaining ingredients and seasonings.

Simmer uncovered for 2 hours.

Remove the pot from the heat. Strain. Cover and refrigerate the broth until the fat congeals on the surface. Trim the fat.

#### **Herb dressing**

Mix (makes 1 cup):

- 1/2 cup (125 mL) of olive or canola oil
- 1/4 cup (60 mL) flavoured vinegar (raspberry, red wine, balsamic, etc.)
- 1/4 cup (60 mL) water
- 1 tsp (5 mL) dry mustard
- 1 1/2 tsp (7 mL) Provence herbs or basil

#### **Barbecue sauce**

In a small saucepan, combine:

- 1 can (5 1/2 oz. - 156 ml) of unsalted tomato paste
- 3/4 cup (175 mL) water
- 2 tsp (10 mL) cider vinegar, brown sugar and ground Jamaican spice.

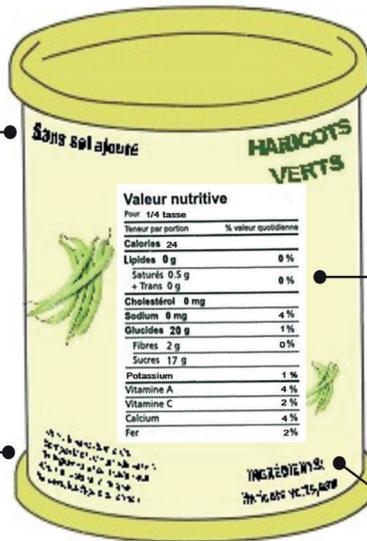
Heat for 3 to 5 minutes on medium heat. Makes 3/4 cup (175 ml).

## How to read the labels on the products I purchase?

The label of a commercial product provides information concerning the calorie count and the percentage of various nutrients it contains. This chapter will give you tips on what to look for when looking at the following:

- The list of ingredients;
- The Nutrition Facts Table;
- The messages printed on the packaging.

**The messages printed on the packaging**  
(see page 38)



**The Nutrition Facts Table**  
(see page 37)

**The list of ingredients**  
(see page 36)

## The list of ingredients

The following words are synonyms for salt:

- Sodium;
- Sulfite or sodium bisulfate;
- Sodium benzoate;
- Sodium bicarbonate, soda or baking soda;
- Monosodium glutamate or monosodium glutamate (MSG);
- Monosodium phosphate/disodium;
- Sea salt;
- Natural salt;
- Garlic salt, onion salt;
- Vegetable salt.

### Warning

The ingredients contained in a product are enumerated by order of quantity in the product itself from highest to lowest. Thus, if you find the word salt at the beginning of the ingredient list, the product has a high content in salt.

Here, for example, the order of presentation of ingredients on a label of soy sauce:

Water;  
**Salt;**  
Caramel;  
Hydrolyzed Soy Protein;  
Corn syrup;  
Glucose-fructose;  
Sodium benzoate.

### The Nutrition Facts Table

Search for the sodium content (Na) of the product. The quantity of sodium is available in milligrams (mg) and as a percentage of the recommended daily nutritional value (% DV).

#### NUTRITION FACTS TABLE FOR SODA CRACKER SPRINKLED WITH SALT

The nutrition facts listed are for the portion size indicated on the label. Careful; if your portion size is larger than that indicated on the label, your salt consumption will also be greater. The salt (sodium) content is indicated in mg.

| Nutrition facts - for 7 cookies (20mg) |              |
|--|--------------|
| Amount per daily portion.              | %daily value |
| Calories 90                            |              |
| Fat 2g                                 | 3%           |
| Saturated 0,59/Trans 0,9               | 3%           |
| Cholestérol 0mg                        | 0%           |
| Sodium 150mg                           | 6%           |
| Carbonhydrate 15g                      | 5%           |
| Fibre 1,9g                             | 4%           |
| Sugars 0,9g                            | 1%           |
| Protein 2 g                            |              |
| Vitamin A                              | 0%           |
| Vitamin C                              | 0%           |
| Calcium                                | 0%           |
| Iron                                   | 6%           |

The percentage of daily value (% DV):  
The higher the percentage, the higher salt content in the product  
5% or less is little  
15% or more is a lot

**To help you make better choices**

| <b>SODIUM CONTENT OF FOOD</b> | <b>RECOMMENDATIONS</b>  |
|-------------------------------|---|
| Less than 200 mg              | Good choice of a product with a low sodium content – Go for it! |
| Between 200-400 mg            | Limit to 3 servings per day or less. Be careful!                |
| More than 400 mg              | Foods with a high sodium content. Please avoid!                 |

**Messages printed on the packaging**

Some labels have a message concerning the amount of salt in the product.

| <b>MESSAGE</b>                                  | <b>SODIUM CONTENT</b>   |
|---|---|
| Without salt<br>Without sodium                  | Contains less than 5 mg of sodium per serving                           |
| No added salt<br>Without added salt<br>Unsalted | No salt was added and none of the ingredients are high in salt          |
| Reduced sodium content<br>Less salt             | Salt content decreased by at least 25% compared to the original product |
| Low sodium content<br>Low sodium                | Contains less than 140 mg of sodium per serving (or 5% DV)              |

**Liquids**

**With heart failure, it is also important to watch your fluid intake**

If your fluid intake is above the recommended/tolerated limit for you, it can lead to water retention in your lungs, abdomen and/or legs.

Limit your fluid intake to 51 ounces (1500 ml) daily. However, you might need a different fluid intake restriction so please check with your dietician and doctor.

**The fluid intake is recommended for you is:**

**51 ounces (1500 ml)**

**OR**

**6 glasses of 8,5 ounces (250 ml)**

**OR**

---

**Enter the recommended amount here**

**Please respect the recommended fluid intake in order to avoid dehydration.**

### How to calculate the daily fluid intake?

Two methods are suggested:

Method 1: Keep a piece of paper and write the quantity of fluid that you consume throughout the day.

Method 2: The pitcher method.

#### STEP 1

Take an empty pitcher which can fit the total amount of fluid you are allowed daily. Mark the pitcher with the amount of liquid that you are allowed.



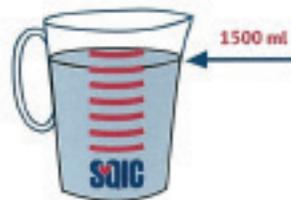
#### STEP 2

Everytime you drink, pour the same amount of water into the pitcher.



#### STEP 3

When the pitcher is full, you have exhausted the amount of fluid allowed for the day.



To help you calculate the amount you consume, make sure you know the quantity of fluid which can fit in the container used. This way, you can keep a close track of the amount throughout the day.

### How to measure my fluid intake?

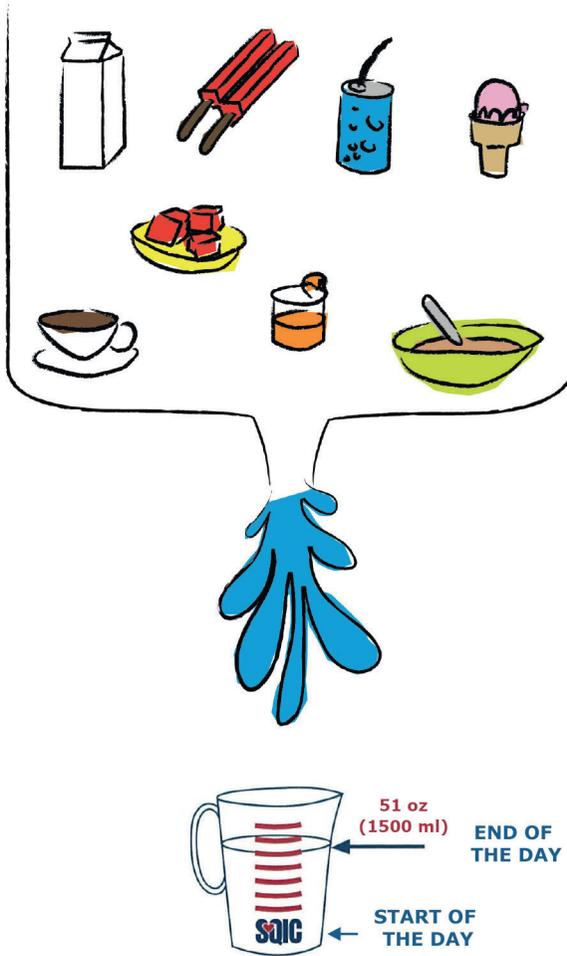
It does require an adaptation at first. Measure and record the contents of your cup/glass using the table below.

| CONTAINER USED       | CONTENT        |                     |
|----------------------|----------------|---------------------|
|                      | in ounces (oz) | in millilitres (ml) |
| Cup of juice         |                |                     |
| Cup of water         |                |                     |
| Cup of coffee or tea |                |                     |
| Bowl of soup         |                |                     |
| Plate of dessert     |                |                     |

The following foods and drinks come into account when measuring your fluid intake:

- Coffee, tea, herbal teas;
- Juices;
- Milk, cream;
- Soups, broths;
- Soft drinks;
- Desserts (which are liquid at room temperature), iced milk, ice cream, frozen yogurt, sherbet/sorbet, Jell-O™, Popsicles™ and ice cubes;
- Milkshakes;
- Liquid nutritional supplements such as Ensure™, Boost™ or other;
- Water (including the water you drink to take your medication), mineral water without salt;
- Alcohol.

**FLUID INTAKE**





**The following tips are useful to help you manage your fluid intake as well as the feeling of thirst:**

- Check the size/amount of liquid contained by your glasses, cups and soup bowls;
- Use smaller containers;
- Drain canned foods;
- Rinse your mouth with cold water or mouthwash;
- Brush your teeth often;
- Sucking ice cubes is refreshing! (Do not forget to include them in your liquids count);
- Adding lemon juice to your ice is more refreshing;
- Make small ice cubes with fruit juice;
- Eat frozen fruits (lemon slices, grapes, strawberries, orange wedges);
- Chewing gum or sucking on tart candies (choose sugar-free options if you have diabetes);
- Take your medication with applesauce rather than with water;
- Be sure to control your blood sugar (blood glucose) if you are diabetic. The higher your blood sugar is, the thirstier you will be;
- Use artificial saliva (available in pharmacies);
- Avoid overheating your home and maintain an acceptable humidity level;
- Avoid excess salt and excessively salty foods because they will make you drink more!

If thirst persists, speak about it with the different health care professionals at the Heart Failure Clinic. They will evaluate you, go over your medication and **make sure that you are not dehydrated.**

**EQUIVALENCIES YOU SHOULD KNOW**

| ITEM          | EQUIVALENCY    |                     |
|---------------|----------------|---------------------|
|               | in ounces (oz) | in millilitres (ml) |
| 2 tablespoons | 1              | 30                  |
| ¼ of a cup    | 2              | 60                  |
| ½ a cup       | 4              | 125                 |
| 1 cup         | 8              | 250                 |
| 4 cups        | 32             | 1 000 (1 litre)     |

Some examples :

| ITEM  | MEASURE        |                     |
|---|----------------|---------------------|
|   | in ounces (oz) | in millilitres (ml) |
| 1 ice cube  | ½ to 1         | 15 to 30            |
| ½ Popsicle™   | 2              | 60                  |
| ½ cup of ice cream, frozen yogurt or sorbet/sherbet | 3              | 90                  |
| ½ cup of Jell-O™                                    | 4              | 125                 |
| 1 can of beer or soft drink                         | 11             | 350                 |

**Alcohol**

You are allowed to drink alcohol but **only occasionally**. Limit your alcohol intake to 1 to 2 glasses per day at most and not every day.

**1 drink** = 5 ounces (150 ml) of wine or 11 ounces (350 ml) of beer  
**or** 1 ½ ounce (45 ml) of alcohol (gin, rum, etc.).

In certain circumstances, your doctor or nutritionist will recommend avoiding the consumption alcohol altogether. Please verify with them if you are allowed to drink alcohol.

## HEART FAILURE AND DIETARY RECOMMENDATIONS

### Caffeine

Caffeine can stimulate the heart. It has no nutritional value and, if taken in large quantities, it can harm your overall health.

Caffeine is predominantly found in coffee, tea, soft drinks, as well as in energy drinks (eg.: Red Bull).

If you have any caffeinated drinks, limit your intake to 2 servings of 6 ounces (180 ml) per day.

### Warning

Don't forget that coffee, tea and soft drinks are part of your fluid intake.

If you have a decreased appetite, it is better to drink nutritious beverages rather than alcohol, coffee or soft drinks. The nutritionist will give you different options. (see pages 58-59)

## Potassium

**Medications such as diuretics (er.: furosemide aka lasix) are given to remove excess water. Certain diuretics can cause potassium to exit the body through urine while certain other types of diuretics and other medications used in heart failure treatment can make the potassium levels rise.**

Check with your pharmacist or doctor.

If your diet is not sufficient to replenish your potassium losses, you will be prescribed potassium supplements.

Do not use salt substitutes and do not follow high-potassium diets without consulting your doctor or nutritionist.

There is potassium in milk, meats, vegetables, fruits, nuts and whole grains. Some foods are richer in potassium than others.

If you take certain medications that make you lose potassium in urine, 4 to 5 servings of potassium-rich foods may be sufficient to meet your needs.

LIVING BETTER WITH HEART FAILURE

**FOODS RICH IN POTASSIUM**

**Dairy products**

| ITEM   | ONE SERVING =  |
|--------|----------------|
| Milk   | 1 cup (250 ml) |
| Yogurt | ½ cup (125 ml) |

**Vegetables**

| ITEM                                   | ONE SERVING =  |
|--|----------------|
| Beets                                  | ½ cup (125 ml) |
| Broccoli                               | ½ cup (125 ml) |
| Brussels sprouts                       | 4              |
| Low-sodium vegetable juice             | ½ cup (125 ml) |
| Boiled potato                          | 1 small        |
| Potato puree                           | ½ cup (125 ml) |
| Rutabaga                               | ½ cup (125 ml) |
| Fresh tomato                           | 1 small        |
| Canned tomato without salt             | ½ cup (125 ml) |
| Vegetable soup with tomatoes (no salt) | ½ cup (125 ml) |

**Fruits**

| ITEM                | ONE SERVING =                        |
|---------------------|--------------------------------------|
| Banana              | 1/2                                  |
| Cantaloupe          | 1/6                                  |
| Fresh or dried figs | 2                                    |
| Kiwi                | 1                                    |
| Nectarine           | 1 small                              |
| Watermelon          | 1 cup (250 ml)                       |
| Honeydew melon      | 1 cup (250 ml)                       |
| Fresh orange        | 1 or ½ cup of its juice (125 ml)     |
| Raisins             | 2 tbsp (30 ml)                       |
| Prunes              | 3 or 1/3 cups of their juice (80 ml) |

### Cereals, nuts and grains

| ITEM                      | ONE SERVING =    |
|---------------------------|------------------|
| All Bran™, All Bran Buds™ | 1/2 cup (125 ml) |
| Unsalted peanut butter    | 2 tbsp (30 ml)   |
| Unsalted almonds          | 20               |

### Dietary recommendations

#### Balanced diet

A good diet includes foods from the four following groups of the « Canadian Food Guide » :

- Meats, poultry, fish, eggs, vegetables and other sources of protein;
- Breads, cereals and starches (preferably whole grain);
- Fruits and vegetables;
- Milk and dairy products.

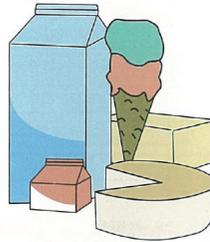
To reduce the load on the heart, it is better to eat several small meals and snacks throughout the day. The dietician will give you tips on creating a variety of healthy snacks and will also recommend healthy recipes.

**Dairy products**



**Recommended consumption:**

**2 to 4 servings per day**



- Good source of vitamin A and D
- Excellent source of calcium and protein
- Choose skim milk or partially skimmed-milk products

**Labels:**  
**Search the percentage of fat.**      **M.F. \_\_\_\_\_**

- Cheese can have a high salt content. Pay attention to the labels.



| PREFERED DAIRY PRODUCTS  | ONE SERVING =  |
|--|----------------|
| Skim milk  | 1 cup (250 ml) |
| Partly skimmed milk 1% or 2% M.F.  |                |
| Milk or reconstituted milk powder  |                |
| Enriched soya drink  |                |
| Canned milk (evaporated)   | ½ cup (125 ml) |
| Buttermilk   | 1 cup (250 ml) |
| Yogurt   | ¾ cup (175 mg) |
| Sour cream with less than 2% M.F.  |                |
| Kefir  |                |
| Cheese with less than 20% fat and less than 200 mg of sodium per serving | 1 ½ oz (45 g)  |
| Partly skimmed milk drink with 2% M.F. E.g. Yop™, Chokéo™                | 1 cup (250 ml) |

## LIVING BETTER WITH HEART FAILURE



However, it may be possible that you were advised to eat dairy products with a higher fat content if you have a decrease in your appetite and/or need to gain weight. Please check with your dietician if this is recommended for you.

Choose cheeses that contain **less than 200 mg** of sodium per serving of 1 ½ ounces (45 g):

- Ricotta;
- Mozzarella;
- Cream cheese;
- Fresh cheese;
- Bocconcini;
- Swiss Cheese;
- Dry grain cottage cheese;
- Gruyere.

Be careful with cheeses containing **200 to 400 mg** of sodium per serving of 1 ½ ounces (45 g):

- Monterrey Jack;
- Brick;
- Cheddar;
- Tilsit;
- Camembert;
- Provolone;
- Part Skim Mozzarella;
- Grated Parmesan (2 tbsp (30 ml) or 15 g);
- Grated Romano (2 tbsp (30 ml) or 15 g).
- Colby;
- Brie;
- Munster;
- Gouda;
- Fontina;



Avoid cheeses containing **400 to 600 mg** of sodium per serving of 1 ½ ounces (45 g):

- Romano;
- 1% to 4.5% M.F. cottage cheese per serving of ½ cup (125 mL);
- Feta;
- Processed spreadable cheese.

Avoid cheeses containing **more than 600 mg** of sodium per serving of 1 ½ ounces (45 g):

- Blue cheese;
- Sliced Swiss or cheddar processed cheese .

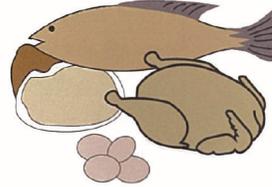
## Meat and meat substitutes



Fish, seafood, poultry and lean meats

### Recommended consumption:

**6 to 8 ounces (180 to 240 grams) per day, divided into several meals**



- Good source of protein, iron and B-complex vitamins;
- Choose lean cuts of meat;
- Remove fat before and after cooking;
- Use low fat cooking methods;
- Reduce your serving size, if necessary.

### Cooking

Broil, braise or bake them in the oven or in a pan without adding fat (such as butter). Avoid frying.

### Substitutes

These foods are a good source of protein and contain no cholesterol and little saturated fat.

| SUBSTITUTES                                      | ONE SERVING =  |
|--|----------------|
| Legumes (lentils, chickpeas, kidney beans, etc.) | 1 cup (250 ml) |
| Tofu   | 1 cup (250 ml) |
| Unsalted peanut butter                           | 2 tbsp (30 ml) |

## LIVING BETTER WITH HEART FAILURE



| MEATS AND PREFERRED SUBSTITUTES   | ONE SERVING =                                |
|-----------------------------------|--|
| Skinless chicken and turkey       | 3 to 4 oz.<br>(90 to 120 g)<br>after cooking |
| Horse, rabbit                     |  |
| Lamb, pork, beef, veal            |  |
| Fish (ideally 2-3 meals per week) |  |
| Shellfish (lobster, mussels)      |  |
| Eggs (maximum 3 per week)         |  |
| Cheese less than 20% M.F.         |  |



### MEATS AND SUBSTITUTES TO AVOID

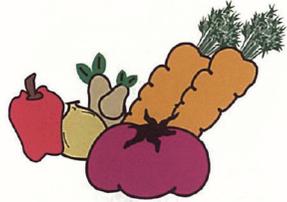
- Meat fat;
- Poultry skin;
- Offal: liver, brain, kidney;
- Breaded/fried meat or fish;
- Sausages, hot dogs, ribs;
- Bacon;
- Deli meat (ham, pâtés, sausages, pressed meats);
- Cretons;
- Duck;
- Goose;
- Oysters;
- Pre-packaged meals with a high content in sodium.

**Fruits and vegetables**



**Recommended consumption:**

**3 to 5 servings of fruits  
AND 4 to 6 servings of  
vegetables per day**



**Why eat fruits and vegetables?**

- An important source of vitamins, minerals and antioxidants;
- Rich in dietary fibers

**Recommended methods of cooking:**

Steam, microwave or cook in the minimum quantity of water required.



| SUBSTITUTES                                 | ONE SERVING =  |
|---|--|
| Fresh or frozen vegetables                  | One serving of fruit, vegetable or their juice is about ½ cup (125 ml) |
| Fruit juices without added sugar            |  |
| Fresh, frozen, canned (well-drained) fruits |  |
| Low-sodium vegetable juice                  |  |



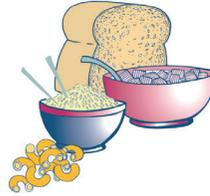
**FRUITS AND VEGETABLES TO AVOID**

- Fried potatoes (such as French fries);
- Canned vegetables;
- Fried vegetables;
- Vegetables served with butter, cream or oily sauce;
- Tomato and clam juice (e.g. Clamato™).
- Battered vegetables;
- Tomato juice;
- Vegetable juice;

**Breads and cereals**

**Recommended consumption:**

**5 to 9 servings per day**



**Eat bread and whole grain cereals every day.**

- Important sources of vitamins, energy and fibre.
- Helps improve your overall health as well as the health of the lower gut



| PREFERRED BREADS AND CEREAL PRODUCTS                                  | ONE SERVING =                         |
|---|---------------------------------------|
| Breads, whole grain breads (wheat, oats, rye, barley), raisin bread   | <b>Example of one serving:</b>        |
| Bagel (1/2 bagel = 45 g)  | <b>Bread</b>                          |
| Flat breads: Pita or tortilla   | 1 slice                               |
| Homemade muffins  | <b>Bagel</b>                          |
| Whole wheat pasta: plain, tomato or spinach                           | 1/2 bagel                             |
| Brown or white rice, bulgur or quinoa cooked (125 ml or 1/2 cup)      | <b>Flat breads</b>                    |
| Pasta or couscous, cooked (1/2 cup or 125 ml)                         | 1/2 pita or 1/2 tortilla              |
| Crackers low in sodium, biscuits, melba toast, unsalted soda crackers | <b>Rice, quinoa or bulgur, cooked</b> |
| Breakfast Cereals: Cold (30 g)<br>Hot (175 mL or 3/4 cup)             | 125ml (1/2 cup)                       |
| Popcorn without butter, without salt                                  | <b>Cereals</b>                        |
| Pancakes, waffles, French toast made with permitted ingredients       | Cold: 30 g<br>Hot: 175ml (3/4 cup)    |
|   | <b>Pasta or couscous, cooked</b>      |
|   | 125ml (1/2 cup)                       |

Choose two to three servings per meal or divide your servings evenly throughout the day (e.g. six small meals).



### **BREADS AND CEREALS TO AVOID**

- Bread with eggs, cheese bread;
- Cheese crackers;
- Egg noodles, fried noodles;
- Fried rice;
- Pancakes and waffles (commercial mixes);
- Donuts, cookies, pies, cakes, pastries, etc.;
- Flaky pie crust;
- Croissants, danishes and other baked goods.

#### **Labels**

Read the labels on the packaging of commercial baked goods carefully.

Avoid products containing:

- Shortening;
- Vegetable fat;
- Coconut oil (copra);
- Hydrogenated palm oil, palm kernel or tropical oil;
- Lard;
- Tallow;
- Butter;
- Cream.

## Fats



**Recommended  
consumption:**

**3 to 5 servings per day**



**Is it true that I have to eliminate all fat in my diet?**

**No! However, it is important to respect the following:**

- Reduce the total amount of fat consumed per day;
- Make a good choice by preferring monounsaturated and polyunsaturated fats (good fats);
- Avoid saturated and «trans fat» (bad fats) in commercial products;
- Avoid fried foods;
- Read the labels carefully.



| <b>GOOD FATS<br/>(SOURCES OF MONO AND<br/>POLYUNSATURATED FATS)</b> | <b>ONE SERVING =</b> |
|---|----------------------|
| Non-hydrogenated soft margarine *                                   | 1 tsp (5 ml)         |
| Olive oil *   |                      |
| Canola oil *  |                      |
| Safflower, sunflower, corn and soy oil                              |                      |
| Mayonnaise  |                      |

Table followed from page 55

| <b>GOOD FATS<br/>(SOURCES OF MONO AND<br/>POLYUNSATURATED FATS)</b>       | <b>ONE SERVING =</b> |
|---|----------------------|
| Low calorie non-hydrogenated margarine *                                  | 1 tsp (5 ml)         |
| Unsalted peanut butter  |                      |
| Light mayonnaise  |                      |
| Light salad dressing  |                      |
| Any other type of dressings made with good fats and low in sodium content |                      |
| Avocado   | 1/6                  |
| Unsalted peanuts  | 10                   |
| Unsalted almonds *  | 6                    |
| Walnuts *   | 3                    |

\* **Best choice.**



**FATS TO AVOID  
SATURATED AND TRANS FAT SOURCES**

- Hydrogenated margarine;
- Hard margarine;
- Coconut (copra), palm oil or palm kernel oil, tropical or exotic oil;
- Butter, lard, tallow, roast fat;
- Shortening;
- Hydrogenated vegetable oil;
- Cream substitute;
- Coffee whitener.

**EXAMPLE OF A DAILY MENU**

**Breakfast**

- ½ banana
- 1 cup (250 ml) of whole grain cereals
- ¾ cup (175 ml) of 2% milk
- ¾ cup (175 ml) of coffee

**Lunch**

- ¾ cup (175 mL) homemade low sodium vegetable soup
- 1 tuna sandwich: whole wheat bread, 60 g (2 oz.) of low sodium canned tuna (low-salt content, lettuce, 2 tsp (10 mL) mayonnaise
- 1 fruit yogurt with 1% M.F. (100 g)
- ¾ cup (175 mL) plain tea

**Snack**

- 2 tbsp (30 mL) plain nuts (unsalted)
- 1 apple

**Supper**

- ½ cup (125 mL) low-sodium vegetable juice
- 1 roasted skinless chicken breast seasoned with herbs
- ½ cup (125 mL) carrots
- ½ cup potato puree
- ½ cup canned fruit salad without juice
- 2 oatmeal cookies
- ¾ cup (175 mL) of tea

## LIVING BETTER WITH HEART FAILURE

### **Snack**

- 4 whole wheat melba toasts
- 1 ½ ounces (45 g) of cheese up to 15% M.F.
- ¾ cup (175 mL) of 2% milk

Total of sodium (Na) from the menu: 2 g

|                                   |                         |
|-----------------------------------|-------------------------|
| Total fluid:                      | 35 oz. (1100 ml)        |
| Water used for taking medication: | 13 oz. (400 ml)         |
| <b>TOTAL :</b>                    | <b>48 oz. (1500 ml)</b> |

### **TIPS ON MANAGING LACK OF APPETITE**

Have several small meals per day.

Set a time for your meals and snacks.

Choose high-protein snacks:

- Yogurt;
- Greek yogurt;
- Dairy desserts (pudding);
- Unsalted nuts;
- Peanut butter with a low sodium content;
- Cheese with low salt content;
- Milkshakes.

### **Homemade smoothies:**

Mix:

- ¾ cup (175 ml) of milk
- ¼ cup (60 ml) of yogurt
- One can of canned fruit

Add ¼ cup (60 mL) milk powder to increase the amount of protein. You can also add vanilla, cinnamon or cocoa powder to add more flavour.

## LIVING BETTER WITH HEART FAILURE

You can use commercial liquid food supplements, bars or puddings such as:

- Ensure™;
- Resource™;
- Glucerna™;
- Boost™;
- Carnation Breakfast Anytime™.

It is best to use them to make a meal more nutritious such as an evening snack or when taking your medication.

**Don't forget to include milkshakes and liquid food supplements in your daily fluid intake limit.**

Avoid the less nutritious liquids such as soups, coffee, tea and soft drinks.

Have homemade frozen meals ready in advance. If possible, ask family members to help you cook healthy meals in advance and freeze them.

**Organizations such as Meals on Wheels, specialized catering services and other organizations can help you for grocery shopping and meal preparation. Check with your CLSC for the available services in your area.**

## At the restaurant

### Can I eat at a restaurant?

Is it possible to eat at a restaurant while respecting the daily fluid limit as well as the salt consumption? Of course!

Here are some helpful tips:

- Plan: Choose a restaurant where the food is cooked on request rather than a fast food or a buffet-style restaurant;
- Eating at the restaurant shouldn't happen more than once a week;
- Saltshaker: Avoid adding salt to the meals served at the restaurant. Instead, use pepper to increase the natural taste of food;
- Avoid adding soy, tamari and other salty sauces;
- Ask your waiter/waitress about how the dishes are prepared. Ask if any changes can be made to the preparation. For example, ask that your meal be prepared without added salt, but with herbs, spices, garlic, lemon juice, etc.
- Several restaurants will honour special requests for meal preparation;
- Look for foods that are grilled, poached, roasted, steamed, stir-fried and without salt. Remove poultry skin and avoid fatty cuts of meat;
- Avoid foods that are fried, au gratin, sprinkled, buttered, casseroled with sauce, stewed or breaded;
- Ask that sauces, seasonings, vinaigrettes and gravies be served separately so that you can control the quantity added to your meal;
- Choose healthy side dishes (e.g. baked potato, plain rice, steamed vegetables and salads instead of fries or onion rings);
- Drinks: Avoid drinks with higher salt content such as tomato or vegetable juice.

## Entrees or appetizers



Choose:

- Raw vegetables;
- Salad: Request that the dressing be served on the side or ask for the dressing to be replaced by oil and/or lemon juice and/or balsamic vinegar.



Avoid:

- Broths, soups and consommés which can be very salty;
- Soda crackers or biscuits sprinkled with salt, as well as garlic bread;
- Green or black olives, pickles and savoury marinades;
- Deli meats.

## Main dish



Choose:

- The salad bar;
- Vegetarian sandwiches;
- Dishes without sauce;
- Grilled meat and fish.



Avoid:

- Deli sandwiches;
- Smoked or salted fish;
- Dishes prepared or accompanied with sauces that are high in salt. Ask for the sauce on the side, so that you can control the amount you eat;
- Dishes prepared with melted cheese preparations, feta, parmesan or blue cheese;
- Sauerkraut;
- Chinese food and smoked meats.

## Desserts

- The best choice of desserts are yogurt and fruit;
- Don't forget that desserts that melt at room temperature count in your fluid intake. This includes the following: Jell-O™, ice cream, frozen yogurt, ice milk and sorbet/sherbet.

## Breakfast



Prefer:

- Whole grain toasts;
- Whole grain cereals;
- Oatmeal;
- Fruit;
- Cheese (except for processed cheese);
- Yogurt;
- Whole grain muffins;
- Poached or boiled eggs;
- Milk;
- English muffins and whole grain bagels.



Avoid:

- Bacon;
- Sausages;
- Cretons;
- Pâtés;
- Processed cheese preparations.

## Fast food restaurant

### **Avoid as much as possible!**

It can be very difficult to make a healthy choice in a fast food restaurant because most items have a very high sodium content.

## LIVING BETTER WITH HEART FAILURE



### Choose:

- A hamburger or grilled chicken sandwich without condiments;
- Fries without added salt;
- Pizzas prepared with less sauce and more vegetable toppings.
- English muffins and whole grain bagels



### Avoid:

- Fries sprinkled with salt, «fry-sauce» or poutine;
- Pizzas prepared with salted meats (pepperoni, sausage) and cheeses (extra cheese, melted parmesan and fondue cheese);
- Condiments rich in salt such as pickles and ketchup.

**Do not force yourself to finish your meal.  
You can bring leftovers home.**

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## **SECTION**

### **3**

# **HOW TO TAKE YOUR MEDICATION PROPERLY**



## **HOW TO USE YOUR MEDICATION PROPERLY**

Medication is key in the treatment of congestive heart failure. In order to get optimal results, it is important to respect the recommendations that your cardiologist and pharmacist give you.

To prevent worsening of your heart failure symptoms, hospital admissions, chest pain (also known as angina) and heart rhythm problems (also known as arrhythmias), it is essential that all medication be taken regularly as prescribed.

The following information will provide you with a better understanding of how your medications work and will instruct you on how to take them properly.

This will allow you to gain the most benefit from your medication and avoid possible undesirable side effects.

All of your medication was specifically chosen for your medical condition and doses have been properly adjusted for your particular needs.

### **General recommendations**

- It is best to always deal with the same pharmacy. Your pharmacist has a list of all the medications you take on file and can help you, if need be.
- Always ask your pharmacist before you buy over-the-counter medications:
  - ◆ Over-the-counter medications could be dangerous for your medical condition;
  - ◆ Over-the-counter medications could interact with other medications you are taking which may have effects on efficacy or cause side effects. This is especially important if you are taking warfarin (Coumadin<sup>MD</sup>).

## LIVING BETTER WITH HEART FAILURE

- Some over-the-counter medications can worsen congestive heart failure:
  - ◆ Avoid all nonsteroidal **anti-inflammatory** drugs (medications that contain ibuprofen such as Advil<sup>MD</sup>, Motrin<sup>MD</sup>; diclofenac such as Voltaren emulgel<sup>MD</sup>; or naproxen such as Aleve<sup>MD</sup>). These drugs can cause fluid retention which will worsen your heart failure symptoms;
  - ◆ If you have pain or fever, you can safely take acetaminophen (Tylenol<sup>MD</sup>, Ataso<sup>MD</sup>)
  - ◆ Avoid all cold or flu remedies containing decongestant products such as pseudoephedrine and phenylephrine.
- Discuss the safety of natural products and potential medication interactions with your pharmacist prior to using said natural products. It is not because a product is said to be “natural” that is necessarily safe.
- No natural product has been proven effective in the treatment of heart failure. Some natural products can interact with your medication and can cause important side effects.
- Some of the medications that are used to treat heart failure are also used to treat high blood pressure (hypertension). **It is important to understand that, with your medical condition, your blood pressure may often be normal or even “low”. You should not stop taking your medication because your “lower than normal” blood pressure is normal for you. However, if you begin to feel light-headed or dizzy, it is important to speak with your physician or pharmacist.**
- Always renew your medication a few days before running out of pills to avoid missing a dose. Please check that you have enough renewals left.
- Do not stop, increase or decrease the dose of any of your medications without speaking to your doctor first. If you have any questions concerning your medication, please talk to your doctor or pharmacist.
- Develop the habit of asking your pharmacist to provide you with a complete, up-to-date list of all your medications that you can keep on you at all times.
- Tell your physician and pharmacist about all the medication that you take, whether it is prescribed or over-the-counter, and about any changes to these medications.

## LIVING BETTER WITH HEART FAILURE

- If you are having trouble taking your medication or if you occasionally forget to take your pill, speak with your pharmacist. He/she could suggest certain solutions/tricks that may help you and may eventually recommend you the use of a pill organizer (“dispill”).

### **Medications that eliminate excess water (diuretics)**

We use diuretics to treat swelling and shortness of breath. They help the kidneys produce more urine, thereby eliminating more water.

It is possible that you will urinate more often or in larger quantities.

Take them regularly, and preferably, at breakfast time. If you must take more than 1 dose per day, take your last pill before 4 pm in order to avoid waking up often at night to urinate.

It is possible to change the time at which you take your diuretics to adjust to certain particular situations (i.e. travel, appointment, activities, etc.). Discuss with your pharmacist or physician to identify the most convenient time of day for you to take your medication.

Diuretics can cause a net loss of potassium. It is possible that your “heart team” will recommend that you eat food that is rich in potassium (ask your pharmacist or dietician) or that your physician will prescribe potassium supplements.

Diuretics can cause dizziness and light-headedness especially at the beginning or with dose increases. Avoid standing up too quickly or changing positions abruptly.

These medications can also increase your skin’s sensitivity to sun. If you expose yourself to the sun, use a sunscreen with a high sun protection factor (at least SPF 30). Avoid tanning salons, as your skin is also very sensitive to this.

## LIVING BETTER WITH HEART FAILURE

Tell your physician or pharmacist if you feel extremely thirsty, if your mouth is dry, if you have cramps or muscle or joint pain.

### DIURETICS

| GENERIC NAME                    | COMMERCIAL NAME   |
|---------------------------------|---|
| Amiloride                       | Midamor <sup>MD</sup>   |
| Bumetanide                      | Burinex <sup>MD</sup>   |
| Furosemide                      | Lasix <sup>MD</sup>   |
| Hydrochlorothiazide             | HydroDiuril <sup>MD</sup>   |
| Hydrochlorothiazide-triamterene | Dyazide <sup>MD</sup> Apo, Nu or Pro-Triazide <sup>MD</sup><br>Novo-Triamzide <sup>MD</sup><br>Riva-Zide <sup>MD</sup><br>Teva-triamterene/Hctz <sup>MD</sup> |
| Indapamide                      | Lozide <sup>MD</sup>  |
| Metolazone                      | Zaroxolyn <sup>MD</sup>   |

### Medications that improve heart function

#### Angiotensin-converting enzyme inhibitors

These medications ease the work of the heart. They block a number of hormones that worsen congestive heart failure.

They can also be used in people with high blood pressure.

These medications improve symptoms of heart failure, reduce your risk of hospitalization and improve survival.

## LIVING BETTER WITH HEART FAILURE

### **Take them regularly, at the same time every day.**

Do not take potassium supplements unless your physician prescribed them to you as these medications may increase blood potassium levels.

These medications can cause dizziness. Avoid standing up too quickly or changing positions abruptly.

These medications can cause a persistent dry cough. If you suffer from this side effect, talk to your physician or pharmacist.

Very rarely, these medications can cause swelling of the tongue, throat or face and may cause difficulty breathing. If this happens, immediately call your "heart team" or go to the emergency room.

In cases of vomiting or diarrhea (i.e. dehydration), you may have to temporarily stop taking these medications. Call your treating team if you have these symptoms.

### **ANGIOTENSIN-CONVERTING ENZYME INHIBITORS**

| <b>GENERIC NAME</b> | <b>COMMERCIAL NAME</b>                          |
|---------------------|---|
| Captopril           | Capoten <sup>MD</sup>                           |
| Cilazapril          | Inhibace <sup>MD</sup>                          |
| Enalapril           | Vasotec <sup>MD</sup>                           |
| Fosinopril          | Monopril <sup>MD</sup>                          |
| Lisinopril          | Prinivil <sup>MD</sup><br>Zestril <sup>MD</sup> |
| Perindopril         | Coversyl <sup>MD</sup>                          |
| Quinapril           | Accupril <sup>MD</sup>                          |
| Ramipril            | Altace <sup>MD</sup>                            |
| Trandolapril        | Mavik <sup>MD</sup>                             |

### Angiotensin receptor blockers

These medications act like the angiotensin-converting enzyme inhibitors and have similar effects but cause less dry cough. We usually use them as second line (i.e. a second choice), when there is intolerance to angiotensin-converting enzyme inhibitors.

#### ANGIOTENSIN RECEPTOR BLOCKERS

| GENERIC NAME | COMMERCIAL NAME        |
|--------------|------------------------|
| Irbesartan   | Avapro <sup>MD</sup>   |
| Losartan     | Cozaar <sup>MD</sup>   |
| Valsartan    | Diovan <sup>MD</sup>   |
| Candesartan  | Atacand <sup>MD</sup>  |
| Eprosartan   | Teveten <sup>MD</sup>  |
| Telmisartan  | Micardis <sup>MD</sup> |
| Olmesartan   | Olmetec <sup>MD</sup>  |

### Beta-blockers

These medications improve the function of the heart by blocking a number of hormones that worsen congestive heart failure.

They improve congestive heart failure symptoms, decrease your risk of requiring hospitalisation and improve survival. These medications are also used to treat angina, high blood pressure and problems with heart rhythm (arrhythmias).

Take your beta-blockers regularly at the same time every day.

A certain period of time/adaptation is necessary before feeling better; this is normal and to be expected. Some people may even feel worse for a few weeks after starting a beta-blocker or after increasing the dose.

**If you experience worsening shortness of breath, if your ankles or feet become more swollen or if you are rapidly putting on weight, promptly call your heart failure clinic or your physician. Do not stop your medication without speaking to your heart team first.**

These medications can cause dizziness, fatigue, insomnia, nightmares, sexual dysfunction and may cause your hands and feet to feel cold. If these side effects occur, contact your physician or pharmacist. **Do not stop** your medication without speaking to your heart team first.

### BETA-BLOCKERS

| GENERIC NAME | COMMERCIAL NAME                               |
|--------------|---|
| Metoprolol   | Lopresor <sup>MD</sup>                        |
| Bisoprolol   | Monacor <sup>MD</sup>                         |
| Carvedilol   | Coreg <sup>MD</sup>                           |
| Atenolol     | Tenormin <sup>MD</sup>                        |
| Acebutolol   | Monitan <sup>MD</sup> ; Sectral <sup>MD</sup> |
| Labetolol    | Trandate <sup>MD</sup>                        |
| Propranolol  | Inderal <sup>MD</sup>                         |
| Nadolol      | Corgard <sup>MD</sup>                         |
| Pindolol     | Visken <sup>MD</sup>                          |

### Aldosterone receptor antagonists

Spironolactone and eplerenone both act by blocking one hormone that can worsen symptoms of congestive heart failure. These medications reduce your risk of hospitalisation and improve survival.

They are also diuretics.

The most common side effects of spironolactone are discomfort and/or increase in breast tissue mass, decrease in libido and metallic taste in the mouth.

## LIVING BETTER WITH HEART FAILURE

Since these medications increase blood potassium levels, it is important to not take potassium supplements unless prescribed by your physician. It is also important to go for the blood tests requested by your medical team.

If you develop a metallic taste in your mouth or loss of appetite, please advise your physician and pharmacist.

### **ALDOSTERONE RECEPTOR ANTAGONISTS**

| <b>GENERIC NAME</b> | <b>COMMERCIAL NAME</b>                                 |
|---------------------|--|
| Spironolactone      | Aldactone <sup>MD</sup><br>Novo-Spiroton <sup>MD</sup> |
| Eplerenone          | Inspra <sup>MD</sup>                                   |

### **Angiotensin receptor blockers and neprilysin inhibitor**

This is a newer medication use to treat congestive heart failure and it is made up of two types of medications. It combines the beneficial effects of angiotensin receptor blockers (valsartan) and sacubitril, a medication that prevents the destruction of hormones that protect your heart. This combined medication replaces the use of angiotensin-converting enzyme inhibitors or angiotensin receptor blockers in some patients. Your physician will decide if it is suitable for you.

This medication improves heart failure symptoms, decreases water retention, reduces your risk of hospitalisation and improves survival.

The main side effects are dizziness or light-headedness following rapid changes in body position and hypotension (low blood pressure). If you experience these symptoms, avoid standing up too quickly or changing positions abruptly. If these side effects worsen, please advise your physician, nurse or pharmacist.

It is possible that your healthcare professional will ask you to do blood tests in order to check potassium levels and kidney function.

| <b>GENERIC NAME</b>  | <b>COMMERCIAL NAME</b> |
|----------------------|------------------------|
| Valsartan-sacubitril | Entresto <sup>MD</sup> |

### **Ivabradine**

Ivabradine is a new medication in the treatment of congestive heart failure. It is used to lower heart rate and therefore decreases the hearts workload. It can reduce your risk of requiring hospitalization and, in certain cases, it can improve survival.

This medication must be taken at the same time every day with food.

This medication can cause visual disturbances such as seeing flashes of light or halos. These symptoms tend to diminish over time and resolve within a few weeks in most cases. Dizziness secondary to changing positions abruptly and fatigue can also occur. Advise your healthcare provider if these symptoms are bothersome or persist.

### **Digoxin**

This medication increases your heart's strength. Digoxin can also improve symptoms of congestive heart failure and reduce your risk of requiring hospitalisation.

It is important to take this medication regularly at the same time every day, ideally at dinnertime. You can take it with or without food.

Digoxin can occasionally cause nausea, vomiting, diarrhea, loss of appetite, confusion and/or visual disturbances. If one of these symptoms occurs, consult your physician immediately or talk to your pharmacist. More often than not, lowering the dose of the medication will solve these problems.

#### **DIGOXIN**

| <b>GENERIC NAME</b> | <b>COMMERCIAL NAME</b>                         |
|---------------------|--|
| Digoxin             | Lanoxin <sup>MD</sup><br>Toloxin <sup>MD</sup> |

## Potassium supplements

This medication is often prescribed when taking diuretics.

In order to avoid upset stomach, take it with food.

Take it regularly as prescribed without overdosing.

A high potassium level is as dangerous as a low potassium level.

### COMMERCIAL NAME

K-Dur<sup>MD</sup>  
Micro-K<sup>MD</sup>  
Slow-K<sup>MD</sup>  
Slo-Pot<sup>MD</sup>  
Pro\*-K<sup>MD</sup>

\* This word changes according to the company making the pill. (i.e.: Apo, Euro, Jamp, Odan, Riva, etc...)

Potassium supplements can cause diarrhea, upset stomach, nausea and vomiting. If these symptoms occur and are bothersome, advise your physician or pharmacist.

Avoid salt substitutes (i.e.: No-Salt<sup>MD</sup>) without asking your physician or dietician as these products can contain a lot of potassium.

K-Dur<sup>MD</sup> is a large pill that may be difficult to swallow for some. To make it easier, you can cut the tablet, or you can dissolve it in water. Avoid chewing it.

If you take Micro-K<sup>MD</sup>, Slow-K<sup>MD</sup>, Slo-Pot<sup>MD</sup> or Pro\*-K<sup>MD</sup>:

- Swallow the pill whole without chewing or eating it;
- Do not lie down right away after taking your pill. Wait for at least 30 minutes.

## Amiodarone

Amiodarone is used to normalise heart rate in people with certain arrhythmias.

This medication is usually taken once a day with meals, except for the first few weeks where it may be prescribed up to three times per day.

| COMMERCIAL NAME         |
|-------------------------|
| Cordarone <sup>MD</sup> |

Amiodarone can cause nausea, vomiting and/or tremors, especially at the beginning. If these symptoms occur and persist, advise your physician or pharmacist.

Amiodarone can cause your skin to be more sensitive to the sun and can sometimes, although rarely, result in a grey-bluish skin discolouration.

It can also provoke thyroid gland dysfunction, worsening of shortness of breath and other side effects that will be followed by your physician.

In order to protect your skin, it is important to use a sunscreen with a high sun protection factor (SPF 30 or more).

## Medications to reduce cholesterol levels

Heart failure can be due to coronary artery disease. This is caused by deposition of cholesterol in the blood vessels (coronary arteries) that supply blood to your heart.

It is important to reduce your cholesterol levels to prevent you from suffering from coronary artery disease or a heart attack.

## LIVING BETTER WITH HEART FAILURE

- Follow the advice given to you by your dietician. Medications will be more effective when combined with a healthy diet.
- Advise your physician or pharmacist if you have muscular pain, fatigue or severe weakness.
- Niacin can cause hot flashes, redness, itchiness, dizziness and headaches. Avoid hot beverage and alcohol around the time you are taking niacin.

| <b>Statins</b> | <b>GENERIC NAME</b> | <b>COMMERCIAL NAME</b>  |
|----------------|---------------------|-------------------------|
|                | Atorvastatin        | Lipitor <sup>MD</sup>   |
|                | Lovastatin          | Mevacor <sup>MD</sup>   |
|                | Fluvastatin         | Lescol <sup>MD</sup>    |
|                | Pravastatin         | Pravachol <sup>MD</sup> |
|                | Rosuvastatin        | Crestor <sup>MD</sup>   |
|                | Simvastatin         | Zocor <sup>MD</sup>     |

| <b>Fibrates</b> | <b>GENERIC NAME</b> | <b>COMMERCIAL NAME</b>   |
|-----------------|---------------------|--|
|                 | Bezafibrate         | Bezalip <sup>MD</sup>  |
|                 | Fenofibrate         | Lipidil Micro <sup>MD</sup> ,<br>Supra <sup>MD</sup> or EZ <sup>MD</sup><br>Apo*-Feno-micro<br>Pro*-Feno-Super |
|                 | Gemfibrozil         | Lopid <sup>MD</sup>  |

\* This word changes according to the company making the pill (i.e.: Apo, Mylan, Novo, Nu, Pms, Pro, Ratio, Riva, Sandoz, Teva, etc...)

| <b>Autres</b> | <b>GENERIC NAME</b> | <b>COMMERCIAL NAME</b> |
|---------------|---------------------|------------------------|
|               | Niacin              | Niaspan <sup>MD</sup>  |
|               | Ezetimibe           | Ezetrol <sup>MD</sup>  |
|               | Evolocumab          | Repatha <sup>MD</sup>  |
|               | Alirocumab          | Praluent <sup>MD</sup> |

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**Medications that decrease anxiety and insomnia**

- Only use them for a limited amount of time. You could get used to them.
- Do not exceed daily limit.
- Before taking these medications, try a sleep routine and other non-pharmacological therapies to help you sleep.
- Side effects include drowsiness and impaired reflexes. Be careful if you have to perform activities that require sustained attention like driving
- Avoid combining alcohol with these medications.

**BENZODIAZEPINES**

| GENERIC NAME | COMMERCIAL NAME        |
|--------------|------------------------|
| Lorazepam    | Ativan <sup>MD</sup>   |
| Flurazepam   | Dalmane <sup>MD</sup>  |
| Zopiclone    | Imovane <sup>MD</sup>  |
| Zolpidem     | Sublinox <sup>MD</sup> |
| Bromazepam   | Lectopam <sup>MD</sup> |
| Temazepam    | Restoril <sup>MD</sup> |
| Clonazepam   | Rivotril <sup>MD</sup> |
| Oxazepam     | Serax <sup>MD</sup>    |
| Clorazepate  | Tranxene <sup>MD</sup> |
| Diazepam     | Valium <sup>MD</sup>   |
| Alprazolam   | Xanax <sup>MD</sup>    |

### Medications used to treat erectile dysfunction

Congestive heart failure and its treatment can cause erectile dysfunction in certain patients.

Medications used to treat erectile dysfunctions are not contraindicated when suffering from congestive heart failure.

However, certain comorbid medical conditions and the use of certain medications may limit or contraindicate the use of medications used to treat erectile dysfunction.

**Never use nitrates (nitroglycerin under the tongue, nitropatch, Imdur<sup>MD</sup>) at the same time as taking erectile dysfunction treatment.**

Talk to your cardiologist prior to taking medications for erectile dysfunction to make sure it is safe for you.

#### 5- $\alpha$ REDUCTASE INHIBITORS

| GENERIC NAME | COMMERCIAL NAME                              |
|--------------|--|
| Sildenafil   | Viagra <sup>MD</sup>                         |
| Tadalafil    | Cialis <sup>MD</sup>                         |
| Vardenafil   | Levitra <sup>MD</sup> , Staxyn <sup>MD</sup> |

**OVER-THE-COUNTER MEDICATIONS AND NATURAL HEALTH PRODUCTS TO AVOID\***

| <b>Medications / Natural Products</b>   | <b>Reasons to avoid them</b>  |
|---|---|
| <p>Nonsteroidal anti-inflammatory drugs (NSAIDs)</p> <p>Examples: Ibuprofen (Advil<sup>MD</sup>, Motrin<sup>MD</sup>) Naproxen (Aleve<sup>MD</sup>)</p> | <ul style="list-style-type: none"> <li>• Can cause water and salt retention</li> <li>• Can cause kidney failure</li> </ul>  |
| <p>Decongestant products</p> <p>Examples: Pseudoephedrine, Phenylephrine</p> <p>Can be in cold/flu/allergy remedies.</p>                                | <p>Can increase heart rate and heart's workload</p>   |
| <p>Natural products containing licorice</p>   | <ul style="list-style-type: none"> <li>• Can cause water retention</li> <li>• Can increase blood pressure</li> <li>• Can decrease blood potassium levels</li> <li>• Interacts with digoxin</li> </ul> |
| <p>Aloe taken orally</p>  | <ul style="list-style-type: none"> <li>• Can decrease blood potassium levels</li> <li>• Interacts strongly with digoxin</li> </ul>  |
| <p>Grapefruit (juice and fruit)</p>   | <p>Can increase side effects of some medications</p> <p><i>Ask your pharmacist if grapefruit is safe for you</i></p>  |
| <p>St John's Wort</p>   | <p>Can decrease the efficacy of certain medications</p> <p><i>Ask your pharmacist if St John's Wort is safe for you</i></p>   |

**\* Always check with your pharmacist prior to buying over-the-counter medications.**



# **SECTION**

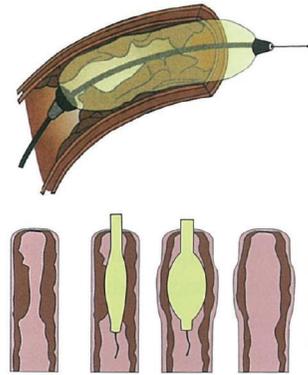
## **4**

# **SPECIALIZED INTERVENTIONS**



## Angioplasty of Coronary Arteries (dilatation and stenting of the cardiac arteries)

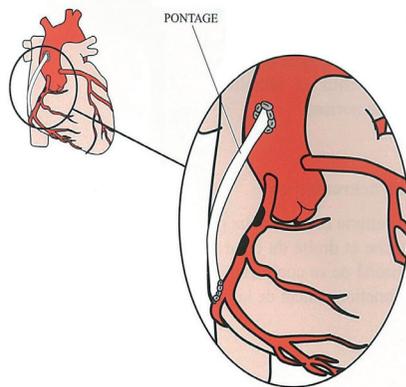
This is a procedure that is performed in people who suffer from coronary artery disease. A small balloon is used to open up the artery. It reaches the coronary arteries by traveling on a guidewire inserted with a catheter through the radial artery (wrist) or through the femoral artery (groin). You will not need to be asleep during the procedure, but you will be given medications to make you calm and to avoid feeling any discomfort.



If a stent is placed in a coronary artery, unblocking it, more blood will flow through the artery and the heart muscle will receive more blood and oxygen. The heart muscle will have more strength. The stent will remain in the coronary artery forever. You will need to take certain medications to prevent the artery and stent from blocking again.

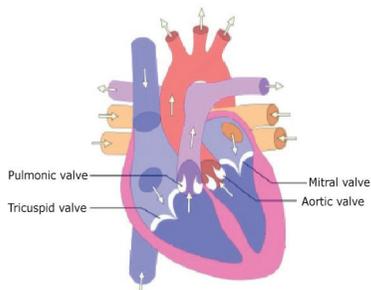
## Coronary Artery Bypass Graft

It is an open-heart surgery which is performed under general anesthesia. We take arteries in your chest or veins in your legs to create a bridge (i.e. a bypass or «pontage» in french as shown in the diagram) over the blocked part of the coronary arteries. This allows the blood flow to reach beyond the area where there are cholesterol plaques in your arteries. The heart muscle will then receive more blood flow and therefore more oxygen. It can now function with more strength.



### Valve Surgery

This surgery allows for the replacement of diseased heart valves. A “stenotic valve” refers to a valve that is stiff and harder to open. It does not allow the blood to go through it easily. On the other hand, a “regurgitant valve” refers to a valve that lets blood pass through it when it shouldn’t and in the wrong direction.



We replace the diseased valves with a mechanical (metal) or biological (bovine tissue) valve. The choice of valve depends on different factors including age. If you must have such a surgery, the choice of the valve will be discussed with the surgeon or the interventional cardiologist. Depending on the valve that needs to be replaced or the risk of undergoing open-heart surgery, a valve can be repaired instead of being replaced.

There are also different approaches to valve interventions. Some require open heart surgery, while other may be done by using a small incision on the side of the chest or by going through the femoral artery (near the groin). After the surgery to repair or replace the diseased valve, the new valve will function properly. Blood will flow through it normally, in the correct direction.

### Percutaneous Valvular Procedures

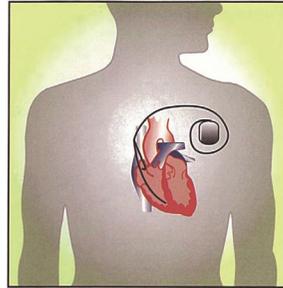
As mentioned earlier, in some cases, the replacement or repair of diseased valves can be done using the veins or arteries of the groin or through a small incision on the chest. This type of procedures includes TAVI or TAVR (Transcatheter Aortic Valve Implantation/Replacement). In some cases, a clothespin-like device is used (MitraClip™) in order to reduce the blood flow through a regurgitant mitral valve.

### Cardiac Pacemaker

The pacemaker is a device which includes a generator box which is placed in the chest wall and one to two electrodes that will be placed within the right sided heart cavities (chambers). There are different reasons why a pacemaker has to be implanted. The pacemaker monitors the electrical activity of the heart. If the heart rate goes below a specific rate (too slow), the pacemaker can generate electrical impulses which will be delivered through the electrodes and will make the heart beat faster. It will increase the heart rate to make sure a patient has a normal heart rate.

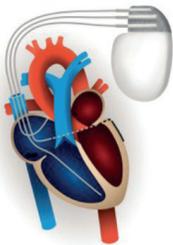
### **Implantable Cardioverter-Defibrillator**

This type of pacemaker is implanted for different reasons than a cardiac pacemaker. It is a little larger in size than a standard pacemaker. In addition to being able to increase the heart rate if needed, this type of pacemaker can also protect you from heart rates that are too fast. It does this by performing anti-tachycardia pacing (special technique to stop a rapid and potentially life-threatening arrhythmia) or by providing a defibrillation (large electrical shock) if the heart continues beating with an abnormally rapid and life-threatening rhythm. These techniques will ultimately lead to the restoration of a normal rhythm.



For more information, visit the following website: [www.defibami.org](http://www.defibami.org)

### **Cardiac Resynchronization Therapy**



This is another type of pacemaker which shares similarities with the previous two described but also has unique features. This device has a third electrode that goes to the left side of the heart. This type of therapy allows for both the right and left sides of the heart to have an electrical activity that is more synchronised. It will restore the ability of the right and left sides of the heart to contract together and make the heart pump work more efficiently. Depending on your ejection fraction with optimal medication and certain features found on your electrocardiogram (ECG), you might be a candidate for this type therapy.

### **Left Ventricular Assist Device (LVAD)**

This device acts as a pump which will support the function of the left side of the heart when heart failure is very severe. It will help maintain adequate blood circulation to all the vital organs. It can be used as a bridge to heart transplant or, in rarer cases, as a long-term treatment.



## **Heart Transplant**

It is an open-heart surgery where the diseased heart will be replaced with a healthier donor heart. The recipient and the donor have to be “a match” based upon certain characteristics. This will allow the recipient’s body to accept the donor’s heart.

It is for patients with severe heart failure. We consider a heart transplant when medications and other treatments are no longer effective.

If your doctor thinks you need a transplant or ventricular assist device, they will discuss this with you. You will have to go through many tests in order to assess your general condition and whether you are a candidate for these types of advanced therapies.

**SECTION  
5**

**PHYSICAL ACTIVITY**



## **PHYSICAL ACTIVITY IN THE TREATMENT OF HEART FAILURE**

Your doctor will recommend that you perform physical activity. You likely have several questions:

- Is it really good for me?
- What physical activities could suit me?
- At what intensity should I be exercising?
- How should I start and progress?
- What are the basic rules to follow?
- During physical activity, what symptoms are normal and which ones are not?
- How can I stay motivated?
- Can I do weight training exercises?
- Should I do flexibility and balance exercises?
- Can I perform physical activity if I'm a diabetic, have angina or if I have a pacemaker or defibrillator?
- Can I enroll in a group class?
- Can I continue to be sexually active?



*The objective of this section is to answer these questions. If some of your questions remain unanswered, you should consult with a physical activity specialist.*

## Is it really good for me?

### Regular physical activity:

- Is part of the treatment of heart failure;
- Improves quality of life;
- Helps to slow the progression of heart disease;
- Improves physical and emotional health;
- **Facilitates the execution of daily tasks with less fatigue and less shortness of breath.**



## What physical activities could suit me?

Most physical activities can bring health benefits: DIY projects, housework, bowling, light walking, etc.

### Create opportunities to move!

To increase your endurance, choose activities that exercise many different muscles, such as brisk walking, cycling, dancing, aerobics, etc.

- Choose an activity that you like or that you have already enjoyed.
- Whatever activity you choose, start slowly.
- Gradually increase the duration and intensity.

#### HERE'S WHAT TO DO:

**Perform** 20 to 60 minutes of physical activity a day,  
from mild to moderate intensity

3 to 5 days per week, ideally every day

Try to do 10 minutes or more at a time

- To get maximal benefits from low-intensity physical activity, you must do it for longer periods of time (e.g.: gardening or walking slowly for 45 minutes).
- Achieving the same benefits from physical activity of moderate intensity, requires less time (e.g.: walking briskly for 30 minutes).

**At what intensity should I do my exercising?**

The **Scale of Perceived Exertion** can guide you in practicing your activities.

|  | Perceived Exertion           |
|--|------------------------------|
|   | <b>0 NOTHING</b>             |
|  | <b>0,5 VERY VERY EASY</b>    |
|  | <b>1 VERY EASY</b>           |
|   | <b>2 EASY</b>                |
|  | <b>3 MEDIUM</b>              |
|  | <b>4 A LITTLE DIFFICULT</b>  |
|   | <b>5 DIFFICULT</b>           |
|  | <b>6 QUITE DIFFICULT</b>     |
|  | <b>7 VERY DIFFICULT</b>      |
|  | <b>8</b>                     |
|  | <b>9 VERY VERY DIFFICULT</b> |
|  | <b>10 MAXIMUM</b>            |

First, perform your activities at a medium level of effort, that is to say: **3 out of 10**.

Gradually increase the intensity as your exercise **tolerance improves**.

Thereafter, an intensity of **3 or 4 out of 10** (average to a bit hard) while exercising is adequate to improve your fitness.

- It is normal to be a little out of breath during the performance of physical activity.
- It is normal to be warm and to sweat.
- You should be able to talk while you perform your physical activity. If you can't speak, you are probably working too hard.

### How to Start and Progress?

A little walk is all the exercise you need to start. At first, it is highly likely that you will feel tired.

- Take time to rest after an activity that required a physical effort.
- Alternate the most difficult tasks with easier ones.
- Exercise when you have more energy such as in the morning or after a nap.

### Progression example

Here is an example concerning progression that will guide you through resuming your activities. *See page 96.*

- Start at the level that appears to be suited to your current physical condition.
- If you just got discharged from the hospital or if you have been inactive for several years, start at level 1.
- If you are already active, start at a higher level.
- When a level seems easy, advance to the next one.
- If you experience a significant or persistent fatigue after an activity, do not repeat it the next day.

LIVING BETTER WITH HEART FAILURE

|  |   |   |
|--|---|---|
| <p style="text-align: center;"><b>LEVEL<br/>1</b><br/>15 MINUTES PER<br/>DAY</p>           | <p style="text-align: center;"><b>DURATION:</b><br/>5 MINUTES<br/><b>FREQUENCY:</b><br/>3 times per day</p>           | <p><b>MORNING:</b><br/>Walk in the house</p>  |
|  |   | <p><b>MIDDAY:</b><br/>Walk outdoors</p>   |
|  |   | <p><b>EVENING:</b><br/>Walk in the hallway</p>  |
| <p style="text-align: center;"><b>LEVEL<br/>2</b><br/>30 MINUTES PER<br/>DAY</p>           | <p style="text-align: center;"><b>DURATION:</b><br/>10 MINUTES<br/><b>FREQUENCY:</b><br/>3 times per day</p>          | <p><b>MORNING:</b><br/>Walk the dog</p>   |
|  |   | <p><b>MIDDAY:</b><br/>Do some gardening</p>   |
|  |   | <p><b>EVENING:</b><br/>Stationary cycling without<br/>any resistance</p>  |
| <p style="text-align: center;"><b>LEVEL<br/>3</b><br/>30 MINUTES PER<br/>DAY</p>           | <p style="text-align: center;"><b>DURATION:</b><br/>15 minutes<br/><b>FREQUENCY:</b><br/>2 times per day</p>          | <p><b>MORNING:</b><br/>Go and get the newspaper<br/>at the corner store</p>   |
|  |   | <p><b>AFTERNOON:</b><br/>Mow the lawn (electric<br/>lawnmower)</p>  |
| <p style="text-align: center;"><b>LEVEL<br/>4</b><br/>30 TO 45<br/>MINUTES PER<br/>DAY</p> | <p style="text-align: center;"><b>DURATION:</b><br/>15 minutes<br/><b>FREQUENCY:</b><br/>2 to 3 times per<br/>day</p> | <p><b>MORNING:</b><br/>Walk to the mall</p>   |
|  |   | <p><b>MIDDAY:</b><br/>Go to the bank by foot</p>  |
|  |   | <p><b>EVENING:</b><br/>Dance with your spouse</p>   |
| <p style="text-align: center;"><b>LEVEL<br/>5</b><br/>30 TO 60<br/>MINUTES PER<br/>DAY</p> | <p style="text-align: center;"><b>DURATION:</b><br/>30 to 60 minutes<br/><b>FREQUENCY:</b><br/>1 time per day</p>     | <p>Walking, stationary or<br/>regular cycling, dancing,<br/>skating, skiing, water<br/>aerobics and bowling are<br/>many of the possibilities<br/>available to you.</p> |

## LIVING BETTER WITH HEART FAILURE

If you prefer to move continuously for 20 to 60 minutes, go ahead! But keep in mind that three 10-minute walks are as effective as a 30-minute walk. Go at it according to your preference and tolerance.

**Walking is a simple and effective physical activity, but other possibilities are also available to you.**

| <b>PHYSICAL ACTIVITIES</b>   |  |   |
|--|--|---|
| <b>LOW INTENSITY</b>   | <b>MODERATE INTENSITY</b>  | <b>HIGH INTENSITY</b>   |
| <ul style="list-style-type: none"> <li>• Housework;</li> <li>• Light gardening;</li> <li>• Making meals;</li> <li>• Self-care;</li> <li>• Walk slowly on flat surfaces;</li> <li>• Stationary bicycle (at <b>10 km/h</b>);</li> <li>• Lawn bowling;</li> <li>• Game of horseshoes;</li> <li>• Bowling;</li> <li>• Stretching exercises;</li> <li>• Slow dancing</li> </ul> | <ul style="list-style-type: none"> <li>• Mow the lawn by foot;</li> <li>• Rake leaves;</li> <li>• Sexual activities;</li> <li>• Climb stairs;</li> <li>• Walk fast or slow on flat surfaces or in the mountains;</li> <li>• Stationary cycling or on the road, at moderate speeds (at <b>20 km/h or less</b>);</li> <li>• Non-competitive volley ball;</li> <li>• Doubles tennis;</li> <li>• Slow skating;</li> <li>• Cross-country ski (at <b>8 km/h or less on flat surfaces</b>);</li> <li>• Tai Chi;</li> <li>• Line, disco or folk dancing;</li> <li>• Swimming - moderate level of effort;</li> <li>• Aqua fitness.</li> </ul> | <ul style="list-style-type: none"> <li>• Chop Wood;</li> <li>• Racquetball;</li> <li>• Singles tennis ;</li> <li>• Climb the stairs with groceries;</li> <li>• Walking in a mountain;</li> <li>• Cycling - Stationary or on the road at high speed (at <b>20 km/h or more</b>);</li> <li>• Skating at high speed;</li> <li>• Swimming – high level of effort;</li> <li>• Rapid cross-country Ski (at <b>8km/h and more on flat surfaces</b>);</li> <li>• Aerobic fitness (i.e. stepping workout).</li> </ul> <p style="text-align: center;"><b>Talk with your doctor before choosing these activities</b></p> |

## LIVING BETTER WITH HEART FAILURE



### To Do:

- Start and finish your activity slowly (warm-up and cool-down). Your perceived effort should be easy (2 on the scale).
- Take your medication as usual, at the regular time, regardless of when you practice your activity.
- Bring your nitro with you, if required.
- Cover your face if there is wind and cold weather.
- Are you dressed appropriately and according to the temperature? In cold weather, wear several layers of clothing.
- Buy comfortable shoes, non-slippery and shock-absorbent.
- Enter your activities in your agenda: It's your appointment with your health!



- Unusual or too sudden an effort, competitive sports and transporting heavy loads.
- Performing your physical activity after a meal. Wait at least 60 minutes before undertaking an activity. The heavier your meal is, the more you have to be patient.
- Do not undertake your activity in extreme temperatures (cold weather, high humidity and high temperatures ...). Choose indoor activities when the outside temperature is over 25° C or is below -15° C.
- Do not drink too much water. The amount of water taken during your activity counts as part of your daily fluid restriction.
- Do not exceed your limits.

**During physical activity, what symptoms are normal and which aren't?**

You started a new activity and you feel uncomfortable?

**Rest assured, this is quite normal! Your body has to adapt to this new activity.**

Your muscles will take some time to adjust. It is important to recognize the symptoms that are normal and those that are not during your activity.

**Normal symptoms:**

- Faster and deeper breathing;
- Shortness of breath;
- Sweating;
- Tiredness or burning sensation in the legs;
- Joint stiffness.

**Abnormal symptoms:**

**The following symptoms indicate the need to reduce or cease the activity and talk with your doctor or medical team.**

- Chest pain (angina) or in other nearby areas (shoulders, jaws ...);
- Dizziness during exercising;
- Unusual palpitations;
- Severe and prolonged shortness of breath (3-5 minutes);
- Nausea;
- Muscle pain that persists for more than a week after exercising.

## How Can I stay Motivated?

Being active takes discipline. Sometimes we can feel less motivated to move. You must play an active role in your treatment. Here are some tips to stay motivated:

- Choose an activity that pleases you;
- Accept that an activity may be difficult and annoying at first. It will become easier and more pleasant with time as you become more fit;
- Seek the support of your spouse and family;
- Recruit your friends for your activity;
- Seek the support and advice of healthcare professionals in your approach;
- Keep a diary of your activities and reward yourself based on the goals achieved;
- Vary your activities (e.g.: Monday = walking, Tuesday = outdoor cycling, etc.);
- Find alternatives depending on the weather (e.g.: Walking in a shopping center rather than outside during rainy weather).

**Consistency and continuity are the keys to your success!**

### The PEDOMETER, Motivating and Stimulating!



Purchase a pedometer. The pedometer counts the number of steps you take! This little device is as light as a pencil and is worn on a belt. Many watches also include this feature.

This is an exciting way to see how many steps you take in a day. **It strengthens your walking behaviour.** You can record the number of steps you take each day.

## LIVING BETTER WITH HEART FAILURE

As such, you can see your progress. Then you can set your personal goals.

**For example: Monday = 525 steps, Tuesday = 625 steps and so on...**

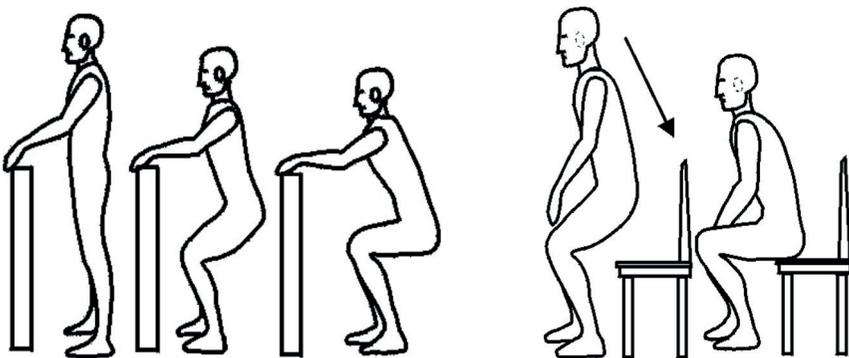
Gradually increase your number of steps each day! Every step counts and gives you benefits towards your health!

### **On Your Mark, Get Set, Walk!**

#### **Can I do weight training exercises?**

A comprehensive exercise program includes a part of muscle strength exercises. You may consult a specialist in physical activity in order to choose the strength exercises that suit you best. **It is recommended to have a series of 10 to 15 repetitions of the same exercise 2-3 times per week. You can do 8 to 10 different exercises.**

Here are 2 examples of simple exercises to strengthen your legs:



## LIVING BETTER WITH HEART FAILURE

This type of exercise will help you to:

- Have more strength and endurance for your activities of daily life;
- Prevent muscle loss;
- Help your muscles to use oxygen more efficiently;
- Facilitate movement with less fatigue.

### **Should I do Flexibility and Balance Exercises?**

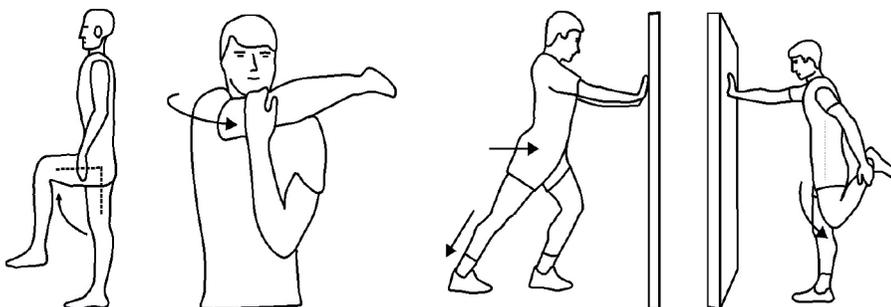
#### **Yoga, Stretching, Pilates, Tai Chi: Is it good for me?**

With age, you lose flexibility and balance. By doing yoga, stretching exercises, pilates, tai chi 2-3 times a week, you can improve it greatly.

Flexibility and balance exercises will allow you to do the following :

- Increase your range of motion;
- Prevent falls and injuries;
- Relax.

Here is an example of a simple exercise for balance (maintaining balance on one leg for a few seconds with or without support) and stretching (hold for 20-30 sec, without pain):



Ask a specialist in physical activity (kinesiologist) for a stretching and balance exercise program that you could perform at home or in a gym. This will be beneficial for you.

**Can I do physical activity if I'm a diabetic, if I have angina or if I have a pacemaker or defibrillator?**

**Diabetes**

Physical activity is very important to include in your routine when diagnosed with diabetes.

However, there are some extra precautions to ensure that your blood sugar remains as stable as possible. During physical activity of low to moderate intensity, your blood sugar may decrease.

**People treated with insulin and those treated with drugs that increase insulin production are at greater risk of hypoglycemia (low blood sugar). Watch out for the symptoms.**

Here are some specific precautions to prevent this from happening \*:

- Measure your blood glucose (sugar) before and after (and sometimes during) all physical activity;
- If your blood glucose is less than or equal to 5.5 mmol/L before a short duration and low intensity exercise (less than 30 min), have a snack that includes 15 grams of carbohydrates (e.g.: 1/2 cup (125 ml) of fruit juice). If blood glucose is more than 5.5 mmol/L, it is not necessary to have a snack before physical activity;

\* Ref.: "Know Your Diabetes to Live Better" by the Hôtel Dieu, CHUM Hospital, 2013 edition. (Reproduced with permission)

## LIVING BETTER WITH HEART FAILURE

- If your blood glucose is below 5.5 mmol/L before an exercise of medium duration and intensity (30 to 60 minutes) have a snack that includes 30 to 45 grams of carbohydrates (e.g.: a banana, a granola bar and a fruit, ¼ cup of dried fruit);
- If your exercise last between 60 and 90 minutes, plan to have a little snack (e.g.: a fruit);
- After exercising, if your blood glucose is < 4 mmol/L, have a snack with 15 grams of carbohydrates (e.g. 1/2 cup (125 ml) of juice); wait 15 minutes and retake your blood sugar. If the blood sugar is still below 4 mmol/L, have a snack that includes 15 grams of carbohydrates and have a meal in the next hour. If the next meal is more than an hour away, have a snack that includes 15 grams of carbohydrates + protein (e.g.: a fruit and cheese or a slice of bread with cheese);
- Always have a snack with you (fruit paste, small juice, etc.) in case of hypoglycaemia.

**If your blood sugar levels drop too often,  
contact your medical team.**

**It is sometimes necessary to reduce the dose  
of medication that stimulates the production  
of insulin during physical activity as to avoid  
hypoglycaemia.**

**Your medications may need to be adjusted or  
replaced.**

For your safety and to limit your risk of injury, here are some other tips:

- Inspect your feet before and after your activity. Make sure they have no injuries or redness;
- Wear comfortable, well-fitting shoes;
- Preferably wear pants and underwear with a mixture of cotton and synthetic fibres;

## LIVING BETTER WITH HEART FAILURE

- Keep the same routine at the beginning; this will help you know and predict changes in sugar levels for the same activity;
- Practice your activity with a partner, especially at the beginning;
- Wearing a Medic-Alert bracelet is recommended, especially for the practice of outdoor activities.

### **Angina**

Many heart failure patients suffer from angina. Physical activity is advisable for people with stable angina if your attending physician allows it. This is the type of angina that is controllable and predictable presenting under the same conditions.

Before starting an exercise program, you should be able to:

- Recognize your angina symptoms;
- Determine with your cardiologist physical activity specialist what is the level of intensity that triggers your angina.

Perform your activities without reaching the point where you have angina. If prescribed, have your nitroglycerine on you. **Gradually increase and decrease the intensity of the physical activity.**

The presence of a pacemaker should not prevent you from practicing your favourite activities, even those requiring the use of your arms.

If you have a defibrillator, do not practice sudden intense physical activities such as brisk running, tennis and hockey without first talking to your cardiologist. This could significantly increase your heartrate and sometimes risk triggering certain defibrillator models. Ask your cardiologist for advice.

### Can I Enroll in a Group Class?

For a class such as aerobics, aqua fitness, yoga, Pilates, step, etc.? Wondering if it's right for you? The most important aspect is the choice of your course. The course should not be too intensive. It should be appropriate for your level of fitness.

**Always refer to the scale of perceived effort during your exercise in order to better gauge the intensity of the effort made.**

Here are some tips that will help you:

- Choose a beginners group (for seniors) without jumping;
- Start with a free trial. You will be able to figure out the group's level;
- Go to the back of the class to be free to slow down your movements (at least at the beginning);
- Ask the specialist in physical activity about different movement options to replace those that you find too difficult;
- If the group progresses faster than you, remember to go to at your own pace;
- Look for fitness centers recommended by your medical team.

### Can I Continue to be Sexually Active?

Resuming your sex life once heart failure is diagnosed can worry you. Rest assured! The work load on your heart for sexual intercourse is the same as for activities such as brisk walking or climbing two flights of stairs.

Having heart problems is considered low risk when it comes to having sexual intercourse. In other words, it safe for you to engage in sexual activities.

## **SECTION**

### **6**

# **PSYCHOLOGICAL ADJUSTMENT TO LIVING WITH HEART FAILURE**



## PSYCHOLOGICAL ADJUSTMENT TO HEART FAILURE

Heart failure brings new stressors for you and your loved ones.

Priorities may change. You have to adjust to your body which does not have as much energy as before. This takes time, courage, determination and support.

Your doctor and other healthcare professionals can help you by informing you about your illness and the necessary treatments. This information is essential for adjusting to your illness. Several other people suffer from heart failure and manage to cope well to these changes and find happiness.

### The Story of Mr. B.

Mr. B. is 56 years old. He was formerly known as a «very active and busy man». Over the past 20 years, he suffered two heart attacks. For the last two years, he has been suffering from heart failure.

He had to leave his job because of his heart problems. He had to make the following lifestyle changes: change his diet, quit smoking and increase his level of physical activity.

It was not easy! He did not accept the physical limitations imposed upon him by heart failure. The loss of his job was very hard to live with, as he had always loved working. In addition, he was frustrated and felt angry because well-meaning family members kept him from doing chores around the house for which he was responsible before the onset of his illness.



## LIVING BETTER WITH HEART FAILURE

Mr. B. has lived through a difficult time, but with the help of his medical team and his entourage, he has been able to adapt to his new living conditions.

He started to visit his friends again and even enrolled in a cooking class. He spends more time with his wife, and his relationship with her brings him great satisfaction. Finally, he devotes much of his time to different hobbies which gives him a sense of purpose. Despite his current limitations, he adjusted quite well to his heart failure condition and has rediscovered the pleasures of living.

### **How do you learn how to cope with heart failure?**

Your emotions, your feelings and attitude influence your health.

Mr B realized it was better to focus on what he could control and do rather than being frustrated when realizing he wouldn't be able to do certain things anymore. He searched for all that could presently bring him satisfaction. It's his attitude that made all the difference and helps him remain positive to this day.

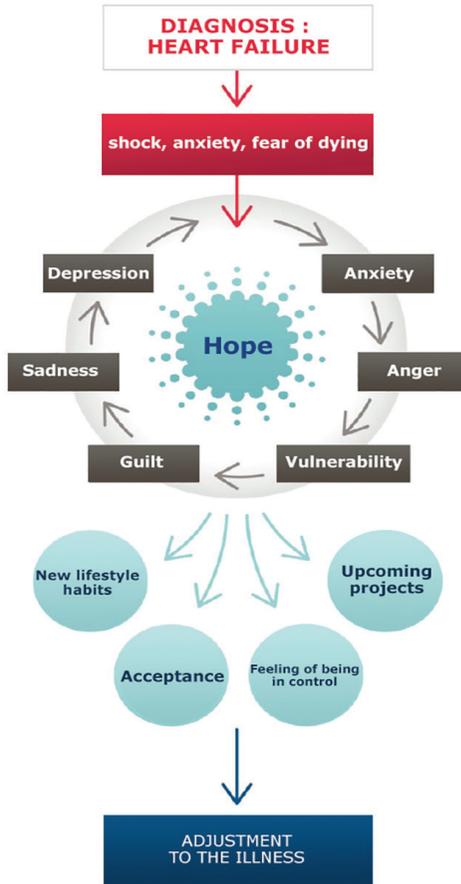
Discouragement, guilt, sadness, feelings of depression and dismay can affect your motivation for the medical follow-up and prevent you from following medical recommendations. Anxiety, stress and anger can in turn cause an elevated blood pressure and pulse rate. If poorly managed, these emotions can affect your heart's health.

### **Psychological Adjustment to Living with Heart Failure**

Lifestyle habits and body image change profoundly. These changes are comparable to wounds. Overtime, they can heal. However, your body and mind will change. Your lifestyle, your financial security and your relationships with others may not be the same.

## LIVING BETTER WITH HEART FAILURE

This period of adjustment to the illness is like a bereavement. When you lose someone or something valuable (e.g.: your health), it takes time to adjust and accept.



Several psychological reactions may happen when you first are diagnosed with heart failure.

Here are the most common emotional reactions that precede acceptance of the disease are the following: vulnerability, anxiety, anger, guilt, sadness and depression.

## **Vulnerability**



You can become vulnerable when you are suffering from a disease that changes your ability to function in everyday life. You may feel shame, weakness or fear of not being able to do certain tasks you used to do. You might also fear the need to rely on others and losing your independence.

## **What you must do**

Despite the illness, you remain the person you once were. You can do the following :

- Make a list of what you are no longer able to do;
- Make a list of what you can still do and compare the two;
- Stay as active as you can;
- Do not try to do too much at a time in order to not tire yourself out;
- Do not compare yourself based only on your performance. Learn to value yourself for your qualities and involvement in your relationships with your loved ones.

## **Anxiety**



Anxiety is a common reaction when suffering from a chronic and serious disease.

You may think about your own death. You may also wonder if your family will abandon you and reject you and if you will find yourself alone. You might feel insecure about the future of your health.

Anxiety can manifest in the following ways:

- Major agitation;
- The sense of being at the end of one's limits and overly agitated;
- Muscle tension, insomnia or restless sleep;
- Excessive worries in different areas of one's life (e.g.: finances, relationships with loved ones, health).

### **What you must do**

Recognize and acknowledge your fears. Talk about it with your loved ones. Perhaps they also share some of these fears.

If your anxiety prevents you from functioning well or makes you suffer too much, promptly consult your doctor or psychologist who can assist you.

### **Anger and revolt**



Suffering from heart failure and seeing your health status change can provoke a sense of deep injustice and revolt.

It is possible that you may develop anger, irritability, impatience and resentment against members of your family, your entourage and against life itself.

The following questions might arise : Why are you faced with this disease? Why can't the members of your medical team heal you? Why does your entourage not understand you? Why you?

### **What one can do**

It is normal to feel angry when we lose something as important as our health. Do not let anger consume you.

## LIVING BETTER WITH HEART FAILURE

This feeling of anger means you are gradually becoming aware of the reality related to your disease and the limitations it may impose. Do not repress it. We must identify, write and verbalize what is wrong.

Express your anger and frustrations without hurting others and without hurting yourself. Remember, mismanaged anger has a negative impact on your heart.

### **The following tips can help you better manage your anger:**

- Recognize when you are feeling angry and learn to accept it without blaming yourself;
- Express your dissatisfaction and your disappointment in order to avoid build-up of feelings of resentment and their subsequent outbursts. Use «I» when speaking so that others may better accept what you have to say;
- Express your emotions, allow yourself to cry;
- Do physical activity on a regular basis;
- Learn to assert yourself.

### **How to better assert yourself:**

- Say what you think and feel, dare to speak;
- Look your interlocutors in the eyes;
- Dare to ask, dare to refuse;
- Dare to express yourself, even if what you have to say will not always please;
- Avoid blaming or generalizing;
- Express your emotions calmly. Avoid yelling, rebuking, lecturing or interrupting;
- Clearly express your needs, make specific suggestions;
- Be open to hearing criticism from others;
- Seek contacts, relationships and discussions with others;
- Accept disagreements and confrontation;
- Learn to accept yourself;
- Speak articulately and loudly enough to be heard and understood.

## Guilt



You may blame yourself or feel guilty for not taking better care of your health in the past. Maybe you tell yourself that if you had eaten better, had done more physical activity and had quit smoking, you would not have developed heart failure.

## What one can do?

It is normal to try to understand the causes of your condition and try to understand why this has happened. It is an attempt to regain control. But there is no point in pursuing it all the time. This will make you feel even more helpless and depressed. It will do nothing to change the current situation. Nobody can change the past. Focus instead on what you can do in the here-and-now to regain control of your life and to take good care of yourself and your heart.

## Sadness



You might feel sad and discouraged about experiencing such a change in your health status. You might tend to live in the past. You may experience lack of energy, feel guilty or feel that your life will never be life before. You might also decrease your social interactions and have difficulty paying attention and concentrating.

These feelings should not be confused with depression. This is a **normal and transient reaction**.

You are gradually becoming aware of the disease, your limits, your own mortality and your responsibility for your treatment and the changes in your lifestyle.

### **What you can do**

The sadness is a normal feeling.

Do not deny your feelings. Talk about your feelings with someone you trust. Cry if you feel like it.

Grieving for the change in your health status may take time. Give yourself some time.

Seek the support of your loved ones and talk about with your feelings with health care professionals.

You will gradually adjust to this new reality.

### **Depression**



Depression is common in people who have heart failure.

Depression can reduce your ability to take good care of your health.

In fact, it may lead to the following:

- Increase your risk of dying;
- Increase your number of hospital admissions;
- Increase the intensity and duration of your physical symptoms;
- Undermine your ability to take your medication and to change your lifestyle as recommended by your medical team;
- Damage your relationship with your family and your entourage;
- Cause psychological suffering and affect your quality of life.

Hence, the paramount importance of properly identifying and treating depression cannot be understated.

What are the symptoms of depression?

The symptoms are the following:

- Sadness, despair, discouragement and feelings of pronounced ongoing helplessness;
- Loss of interest and pleasure for nearly all activities;
- Loss or increased appetite and weight gain or loss (which are not secondary to your health problems);
- Sleep problems (too much or not enough);
- Agitation, slowed movements and/or speech;
- Lack of energy, general feeling of fatigue;
- Major feelings of worthlessness and guilt;
- Problems of attention, concentration or memory, difficulty in making decisions;
- Recurring thoughts of death, suicidal thoughts.

**What one can do?**

You must ask for help if you have more than one of these signs and/or symptoms for more than two weeks, including sadness and loss of pleasure in activities or if your quality of life is affected along with your ability to perform your daily activities.

***It is important to talk to your cardiologist or family doctor as soon as possible.*** They will be able, if necessary, to refer you to a psychologist or psychiatrist. It is difficult to do it on your own, but with the help of mental health professionals, family and friends, it is quite possible to find hope and to heal.

If you have suicidal thoughts, be sure to immediately consult by telephone the suicide prevention center at 1-866-CALLS or consult the hospital emergency department in your area or just call 911.

**The suffering caused by depression can be relieved. Currently, you may not be able to see how, but someone can help you.**

Depression can be treated effectively by following psychotherapy and taking antidepressants if necessary.

Adjusting your lifestyle (e.g. by practicing physical activity regularly) and continuing to engage in activities with your loved ones can also help fight depression.

Do not blame yourself if you suffer from depression, it is a medical condition and it did not affect you because you were weak or lacking in willpower.

### **Acceptance**



One must eventually learn to accept living with heart failure. This will allow you to be more involved in your medical care and to better organize your personal, family, and social life.

It then becomes possible to regain control of your health while feeling less overwhelmed by your heart failure and your fear of death.

You must accept the limits imposed by your condition and the losses related to your disease. You can have a daily routine that suits your new reality.

It can also be useful to make your will, determine your mandate in case of incapacity and to write your final wishes in order to be at peace. This can primarily reassure you and also make you more available to invest yourself in life projects and relationship that are important to you. Death is a reality that every human faces. Thinking about the end of your life and planning your last wishes has no effect on the length of your life!

**Accepting the disease is learning to make plans for the future and allowing life to be reborn anew.**

### The New Rules Of The Game

Many things have changed since your diagnosis of heart failure such as your energy level, lifestyle, diet, income, the need to take medication and perhaps some of your relationships. This is an important life transition.

The roles may change within the family. The division of tasks and responsibilities might be reorganized differently.

It is important for your health, your self-esteem and your morale to plan activities and assign responsibilities by taking into account your abilities and your limitations.

Maintain your daily routine as close to normal as possible. Communicate and make compromises with your family members when it comes the time to share the responsibilities.

Here are some tips that can help you:

- Be realistic, but do get involved;
- Continue to make plans to see your family and friends;
- Do not let others overprotect you. It is normal for your family to worry about you, but they should not do everything for you. Talk to them;
- Seek help in a clear and direct manner;

## LIVING BETTER WITH HEART FAILURE

- Do not hesitate to ask for help for yourself and your family. In doing this, it will be easier to manage the impact of your illness on your life and that of your family;
- Learn to openly talk about the disease's effects on your life, the frustrations and disappointments associated with it;
- Never forget to take care of yourself. You're the priority!

### **The importance of following the advice of your medical team**

Do you find that it is difficult and tiring to follow the advice of your medical team? If you have difficulty taking your medication effectively and changing your lifestyle, you are not alone!

In fact, having difficulty following advice is very common among people who suffer from heart failure.

Not following the advice of your medical team is the main cause of worsening symptoms of heart failure which may lead to hospital re-admission and increase the risk of mortality.

### **How to help you to better follow the advice of your medical team:**

- Be as informed as possible about heart failure and its treatment;
- Do not hesitate to ask your medical team any question. People who understand the role of their medication and the reasons to change their habits are more likely to be successful in controlling their heart failure. Make a list of your questions to prepare for your meetings with your doctor;

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- Find a physical activity that you enjoy. It will be much easier and enjoyable to practice it regularly;
- Use memory aids, pill boxes (Doseett™, Dispill™) and alarms in order to remind you to take your medication;
- Do not hesitate to ask for support from your family and friends to accompany you to your appointments, in reminding you to take your medications and in changing your lifestyle;
- Prioritize! If you do not prioritize changing your lifestyle and taking your medication, you will have more difficulty in following your treatment plan;
- Form a partnership with your medical team; do not hesitate to communicate your fears and your difficulties in following medical recommendations; ask for help!
- Be optimistic about your ability to manage your heart failure. People who see the future positively adjust better to their disease, regardless of their physical limitations. They become more actively involved in their own lives.

### Stress Management

High stress levels are in and of themselves a risk factor in the development of heart disease.

But what is stress? It is a normal reaction to an external stressor.

Stress can be in response to a positive stressor (e.g.: a new job, a wedding) or negative (e.g.: heart failure diagnosis, separation).



## LIVING BETTER WITH HEART FAILURE

It is how you respond to stress that matters. When stress becomes excessive, it is experienced either steadily unabated or it exceeds your ability to cope. This can have a bad impact on your heart.

### **If poorly managed, stress can lead to the following:**

- Cause or aggravate high blood pressure;
- Cause discomfort in the chest that can mimic cardiac pain;
- Cause palpitations or heart rhythm problems;
- Decrease your quality of life.

### **In order to better manage your stress, you can do the following:**

- **Identify how your stress manifests itself**
  - ◆ Physical symptoms and non physical events;
  - ◆ Digestive problems, headaches, heart palpitations, muscle tension, high blood pressure;
  - ◆ Psychological symptoms and non psychological events;
  - ◆ Anxiety, insomnia, excessive sleeping, restlessness, irritability, pessimism;
  - ◆ Behavioral manifestation;
  - ◆ Change in appetite, smoking, use of alcohol or drugs, difficulty taking your medication as prescribed.
- **Getting involved in the management of your health**
  - ◆ Learn about heart failure and its treatments:
    - ◇ We have more power over a situation that we understand and that is familiar.
  - ◆ Follow the treatment plan recommended by your medical team; you will avoid unnecessary hospital visits.
  - ◆ Have a healthy routine and healthy behaviours.

## LIVING BETTER WITH HEART FAILURE

- ◆ Adopt an active role in your healthcare: Participate directly in the decision-making process. You are the patient and deserve to get the answers to your questions. Ask these questions to the doctor and the other health professionals involved in your follow-up. If you cannot understand terms or the goal of certain diagnostic tests, you can ask them for clarification.

See your doctor regularly. Cancelling the appointment with the doctor or postponing it can increase the risk of hospitalization.

### ● **Improve your sleep**

- ◆ Adopt a regular routine in terms of hours of sleep and of habits before going to bed. Go to bed and get up at a regular time.
- ◆ Avoid naps during the day.
- ◆ Do not force yourself to fall asleep. If you do not sleep after 20-30 minutes, get up, go into another room and engage in a relaxing activity (e.g.: watch a television show, listen to a relaxation audio recording or read). Avoid computers because it may have the opposite effect. Go back to bed only when you feel tired.
- ◆ Avoid or decrease your consumption of coffee, tea, and soft drinks. If you drink these beverages, do so before the start of the afternoon to limit the effect on the quality of your sleep.
- ◆ Avoid alcohol and heavy meals in the evening.
- ◆ Do physical activity during the day and not before bedtime.
- ◆ Make your bedroom a quiet, dark and cool room with temperatures between 60 and 70° F (16 and 21° C). Use this space only for sleeping, resting and sexual intercourse.
- ◆ Do not let yourself be intimidated or frightened by insomnia. Try to not become anxious when it happens. You can still get through the day even if you sleep fewer hours. By applying these different interventions, you can overcome insomnia.

## LIVING BETTER WITH HEART FAILURE

- ◆ You should fall asleep thinking about positive and pleasant things. Avoid ruminating and overthinking when lying in bed.
- ◆ Inform your doctor about any sleep problems that persist and affect many aspects of your life including your quality of life, ability to take good care of your health, daily activities and projects. Do not hesitate to consult a psychologist. Depression and anxiety often cause insomnia.
- ◆ You should also tell your doctor if you are experiencing the following:
  - ◇ Loud snoring;
  - ◇ Significant fatigue or sleepiness during the day;
  - ◇ Difficulty with driving or concentrating;
  - ◇ Respiratory pauses/arrests in breathing during sleep (as observed by your bed partner);
  - ◇ Impatience or tingling in the legs (the inability to keep the legs at rest while your sleep).

These symptoms could indicate the presence of sleep apnea or restless legs syndrome. Both can be treated.

### ● **Manage psychological stress**

- ◆ Express your feelings and needs clearly and share your feelings with someone you trust.
  - ◇ If you are alone or if no one in your entourage can listen to you, consult a healthcare professional. It is not good to suppress your frustrations, fears, grief or anger.

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- ◆ Set dedicated time aside for relaxing every day. Severe stress can cause a lot of harm to your health. Different ways to relax include the following:
  - ◇ Rest;
  - ◇ Soft music;
  - ◇ Holidays;
  - ◇ Activities that you enjoy (e.g.: reading, painting);
  - ◇ Visualization. Picture an environment or place you enjoy and where you would feel relaxed (e.g.: lying on the sand at the beach, under the warm sun);
  - ◇ Physical activity (those recommended to you and that you enjoy);
  - ◇ Massage, meditation, yoga;
  - ◇ Breathing and relaxation techniques. Audio recordings are available from your nearest music store, bookstore or online.  
You can also ask to be referred to a relaxation clinic;
- ◆ Try to plan your activities and to undertake them one at a time.
- ◆ Keep a broad perspective on life and take a step back when being faced with difficult challenges and life events.
- ◆ Be optimistic as often as possible. Laugh and use humour if it can help you accept a situation.
- ◆ Learn to let go of things you have no control over.
- ◆ Don't put too much pressure on yourself and others.
- ◆ Accept the times of uncertainty.
- ◆ Make choices for fun and not just to please others.
- ◆ You can go to the movies, the theater, the municipal library, etc.
- ◆ Avoid or reduce caffeinated beverages (e.g.: coffee, tea, soft drinks, energy drinks). In addition to making your heart beat faster, they can increase your symptoms of stress and anxiety and affect the quality of your sleep.
- ◆ Never forget to take care of yourself!

**Relaxation exercise to be performed on a daily basis**

- You sit in a comfortable chair with your feet touching the floor and the palm of your hands resting on your legs. Close your eyes.
- Try to imagine yourself in a peaceful and quiet place. You may visualize a walk in the mountains or in a forest, lying on a beach, floating on the water or on the clouds. Keep this image in mind. You can also think of someone you love and that you feel gratitude towards. Think about all the great things this person has brought to you.
- Practice abdominal breathing. Breathe in by filling up your stomach and take the time to exhale. A peaceful and relaxed feeling will settle in. Continue to breathe slowly for ten minutes or more.

• **Managing the stress originating from exterior sources**

- ◆ Identify and reduce possible sources of stress (e.g.: distance yourself from noise, change your schedule).
- ◆ Set priorities and make changes in your work schedule if you feel overwhelmed.
- ◆ Learn to assert your needs, to say no and to delegate.
- ◆ Make sure you are well surrounded by positive and cheerful people. You can also join groups of people sharing common interests (e.g.: book discussion club).

**Social Support**



Your ability to create close and intimate friendships has a beneficial effect on your overall health.

When trying to modify life habits, it can be very helpful to get support from the people who are close to you.

**Social support can help with the following:**

- Reducing negative effects of stress;
- Being in good spirits and reducing anxiety;
- Giving meaning to your life;
- Better respecting the advice of your medical team;

**The people part of your social support group can help you with the following:**

- Emotionally (e.g.: encouragement, listening, etc.);
- For your day-to-day chores (e.g.: lawn mowing, snow removal, grocery shopping, etc.);
- Spiritually (e.g.: religious activity, reading or discussion groups).

**YOUR SOCIAL SUPPORT CAN COME FROM THE FOLLOWING PEOPLE:**

- Family members;
- Friends;
- Neighbours;
- Community organizations (e.g.: social clubs);
- Support groups or those who share the same interests or values as you;
- Hospitals and medical clinics;
- Health professionals (doctor, nurse, nutritionist, pharmacist, psychologist, psychiatrist, social worker, kinesiologist, physiotherapist, etc.).

**How to improve your social support network?**

- Investing quality time with your family and friends;
- Reconnecting with friends you had lost contact with or forgotten;
- Join a group that shares the same interests as you (e.g. walking, chess club, writing course or yoga);
- Attend a support or self-help group;
- Volunteer or join a community group that shares the same values as you.

## Sexuality

You might have concerns about your sex life since learning you have heart failure. It is quite normal to have concerns about resuming a healthy sex life when having to live with heart failure.

You might wonder if you will have the energy to have sexual intercourse and if you are at risk of having a heart attack while engaging in sexual activity.

There is a very low risk of having heart problems during sexual intercourse.

If you reach an advanced stage of your heart failure, you might feel a decline in your physical strength. Other forms of sexual activities that require less effort can then be considered (e.g.: caresses, massages, less demanding sexual positions, etc.).

You may develop problems with sexual desire, which can happen in people living with a chronic illness. They can become sexually inactive because of the fears associated with the safety of sex or because of body image issues.

Depression, fatigue, stress, anxiety, anger, resentment and pain can also play a role in affecting your sex life. These difficulties can lead to you or your partner avoiding having sex.

It is therefore important to communicate with your partner when you can see your chronic disease is affecting your sex life. Intimacy and a healthy sex life are basic human needs that should not be overlooked. This can have an impact on your self-esteem and mood as well as your relationship.

**A healthy sex life can be achieved with the following:**

- Healthy lifestyle habits:
  - ◆ Develop a healthy daily routine concerning your diet, exercise, rest and stress management;
  - ◆ Perform physical activity regularly. This will have a positive effect on your body image, your mood, your self-esteem and your health;
  - ◆ Avoid smoking;
  - ◆ Limit your consumption of alcohol;
  - ◆ Allow at least two hours between your meals and sexual activity to give yourself time to digest and to avoid added stress on your heart.
  
- Medication:
  - ◆ Discuss with your cardiologist any medication that could affect your sex life;
  - ◆ If you or your loved ones see changes in your mood, go see a psychologist because different mental states can negatively affect your libido;
  - ◆ Do not stop taking your heart medication because you experience side effects on your sex life such as erectile dysfunction. Talk with your cardiologist to see if they can change/modify your medication or the dose of certain pills in order to help with the unwanted side effects.
  
- Choose an environment promoting intimacy:
  - ◆ Choose a quiet place where you will not be disturbed;
  - ◆ Plan your sexual encounter when you are rested, relaxed and at a time of day when your energy level is at its best;
  - ◆ Maximize your physical comfort (e.g.: choice of positions, use of pillows);
  - ◆ Make sure the room temperature is not too hot.

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- Taking the time need:
  - ◆ Respect your rhythm, avoid rushing things;
  - ◆ Adjust and change your views about sex. Some people only think sex happens when penetration occurs. Avoid thinking this way; sex can take on many different forms;
  - ◆ Discuss your views on sex with your partner. By communicating, you can both reach an agreement about how you will adapt your sex life;
  - ◆ Use caresses, massages, gentle words;
  - ◆ Be clear about what you like, what you don't like and ask about what your partner wants and needs. This will improve the quality of your sex life and will allow you to avoid conflicts;
  - ◆ Do not hesitate to seek professional help if you are concerned about your sex life. You can talk to a psychologist or sexologist. This can be done individually or as a couple.

### **You should seek psychological help if you experience the following:**

- Help is needed if you have trouble accepting your heart failure diagnosis as well as the limitations imposed by it and the grief associated with it.
- If you have trouble following the recommendations of your medical team (e.g.: to take your medication as prescribed, to respect your fluids restriction and daily salt restriction and changing your lifestyle).
- If you have difficulty adapting following the implantation of a defibrillator (e.g.: fear of shock, panic attacks, body image issues).
- If you have a fear of death that affects your quality of life and your ability to perform your daily tasks. It is also important to seek help if you have difficulty in dealing with the evolution of heart failure.

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- If you have depression or anxiety symptoms that persist on most days, for several weeks and that make you suffer and affect your quality of life.
- If you have sleep disturbances.
- If you have trouble controlling your alcohol or drug use.
- If you have trouble managing or expressing your anger.
- If you are experiencing marital, relational or sexual difficulties.
- If you feel isolated.
- If you simply feel the need to talk!

**Above all, do not hesitate to talk to your doctor or healthcare professionals who can refer you to the appropriate mental health services.**

**Asking for help is not a sign of weakness. It is indeed a sign of courage!**

The following resources may be helpful:

- Crisis Line 1-866-APPELLE (1-866-277-3553)
- Suicide action (514) 723-4000 [www.suicideactionmontreal.org](http://www.suicideactionmontreal.org)
- Tel-aide (514) 935-1101 [www.telaide.org](http://www.telaide.org)
- The mental health team of the CLSC in your area. Info-santé (811) can help you determine your area.
- Psychiatric services in your area. Info-santé (811) can help you determine your area.
- Psychologists and psychiatrists offering follow-ups for cardiac patients and who have offices in the same hospital as the heart failure clinics. A medical referral from your cardiologist is required for you to get this kind of follow-up.

**The following are some other useful resources:**

- Referral for psychological counselling in private practice:
  - ◆ Ordre des psychologues du Québec (514) 738-1881  
[www.ordrepsy.qc.ca](http://www.ordrepsy.qc.ca)
  
- Drug and alcohol abuse problems:
  - ◆ Centre Dollard-Cormier (514) 385-0046  
[www.centredollardcormier.qc.ca](http://www.centredollardcormier.qc.ca)
  - ◆ Maison Jean-Lapointe (514) 288-2611  
[www.maisonjeanlapointe.com](http://www.maisonjeanlapointe.com)
  - ◆ Drogue aide et référence (514) 527-2626 or 1-800-265-2626  
[www.drogue-aidereference.qc.ca](http://www.drogue-aidereference.qc.ca)
  - ◆ Alcoholics Anonymous of Quebec (514) 376-9230 or 1-800-463-6155 [www.aa-quebec.org](http://www.aa-quebec.org)
  - ◆ Narcotics Anonymous of Quebec (514) 249-0555 or 1-800-879-0333 [www.naquebec.org](http://www.naquebec.org)
  
- Grief and palliative care:
  - ◆ Maison Monbourquette (514) 523-3596  
[www.maisonmonbourquette.com](http://www.maisonmonbourquette.com)
  - ◆ Association québécoise de soins palliatifs: [www.aqsp.org](http://www.aqsp.org)
  - ◆ Canadian Virtual Hospice: [www.portailpalliatif.ca](http://www.portailpalliatif.ca)

**SECTION**

**7**

**PRACTICAL MATTERS**



## **Safety**

Heart failure can cause fatigue and lack of energy. Some of the medications may also slow your heart rate and lower your blood pressure. It is possible that you feel dizzy or light-headed, especially when changing positions.

To avoid incidents, here are some useful tips:

- Always get up slowly from a chair or a bed;
- Slowly walk down the stairs while holding the railing;
- Place furniture as to avoid tripping;
- Put non-slip mats in the bathtub and at entrances;
- Wear comfortable, non-slip shoes;
- Put night lights in the corridors;
- Use walking aids (cane, quadriporter, walker, ...). They can help you move safely; talk to your doctor or nurse;
- Don't rush to perform your daily activities.

## **Infections**

Blood circulation in your body is less efficient. You are therefore more vulnerable to infections.

There may be injuries to the skin caused by swelling in the feet and legs. Recovering from infections may also take more time.

To prevent skin infections:

- Use a mild soap to wash yourself;
- Pat the skin dry gently and avoid rubbing when bathing or showering;
- Regularly apply unscented moisturizer;
- Avoid sun exposure;
- Use sunscreen with a high sun protection factor (SPF).

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To avoid lung infections:

- Avoid contact with people who have colds or the flu;
- Wash your hands regularly;

Ask your family doctor or your health care team for the following:

- The **flu vaccine** every year;
- The **vaccine against pneumonia** as directed by your doctor.

### Transportation/Getting around

- It is possible that your doctor has recommended that you not drive your car for a certain period of time. Follow these instructions since it is for your safety and also that of other people on the road, including your loved ones;
- Do not drive your car if you do not feel well. Ask someone to take you to the hospital or call a taxi or an ambulance.

If you need help getting around, you should do the following:

- Ask a friend, a neighbour or a family member;
- Check whether a volunteer or adapted-transport is offered through community services, associations or your local support organizations;
- See the social services of your hospital or the nurse at the heart failure clinic to find out about other available resources for your transportation;
- Check with your insurance company to see if you are eligible for coverage if a medical emergency occurs outside of the country;
- You may be eligible for a parking permit for the disabled. Ask your doctor, nurse or occupational therapist to help you complete the application form.

## Vacations and traveling

Here are some tips to help you fully enjoy your holidays and travel in a safe and pleasant manner.

### Preparation:

- Check with your insurance company if you can get a coverage if a medical emergency happens outside of the country;
- Talk to your doctor about your plans. Depending on your condition, it is possible that the flight is risky for your health and might be contraindicated. Your doctor may also prescribe oxygen for the flight if necessary;
- Choose your destination according to your level of energy;
- Favor short trips;
- Rest upon arrival and prior to activities;
- Avoid going to high altitude mountains or areas;
- Avoid exertions such as:
  - ◆ Carrying or lifting heavy luggage (generally 20 to 30 lbs is the maximum recommended weight);
  - ◆ Pushing a heavy cart.

### Medications:

- Bring enough medication. You should bring your medication for a few extra days in case you experience delays on your way back;
- Always keep your medicine with you, in the cabin, during all flights;
- Bring a list of your medications with you;
- Bring a summary of your medical chart. This can be provided to you by your heart failure clinic or doctor;
- Ask your doctor or pharmacist for advice on what to do in case of gastroenteritis;
- Ask your doctor or pharmacist for medication for nausea or diarrhea as needed;
- Ask your doctor if you need vaccination or consult a Travel Health Clinic.

## LIVING BETTER WITH HEART FAILURE

### **Climate:**

- Stay in the shade or indoors if the weather is very hot, humid or very windy.

### **Protection from the sun:**

- Do not directly place yourself under the sun especially during the warmest hours;
- Wear something light, loose-fitting and not dark-coloured;
- Use sunscreen (minimum SPF 30).



### **Nutrition:**

- Drink only bottled water;
- Respect the daily allowed fluid intake;
- If you choose to drink alcohol, make sure to include your drinks in your daily fluid intake;
- Avoid foods that have a high content in salt and fat.

### **Monitoring your heart failure:**

- Continue to monitor for symptoms of decompensated heart failure such as fatigue, shortness of breath, leg swelling and rapid weight gain. Unfortunately, the disease doesn't take time off!;
- Weigh yourself in the morning after urinating. Try to have a scale in your room as many hotels can make it available;
- Call your healthcare team if necessary, even while on vacation.

### The SQIC Website

**TO LEARN MORE, CONSULT THE SQIC WEBSITE**

[www.sqic.org](http://www.sqic.org)

### The SQIC Website

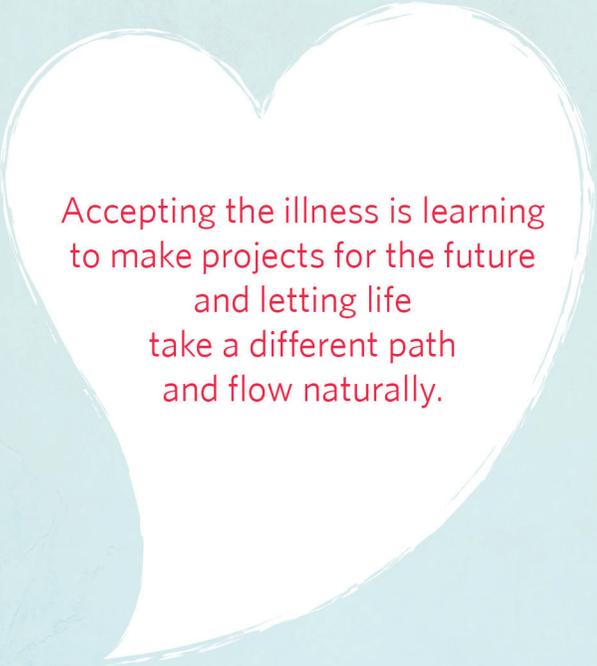
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Heart failure is a chronic illness which requires patients to change their lifestyle and can have an impact on every family member.

This booklet has been written by different health care professionals who are members of the Quebec Heart Failure Society. The authors work with heart failure patients on a daily basis and this booklet is for these patients and their loved ones.



Accepting the illness is learning  
to make projects for the future  
and letting life  
take a different path  
and flow naturally.