

# Can GP's and patients do more in the management of chronic HF

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# Heart Failure, definitions

- Clinical syndrome
  - Due to cardiac structural or functional impairment
    - Most commonly related to impairment of myocardial function
    - also valvular, arrhythmogenic, pericardial, endocardial, (etc) causes
  - Characterised by dyspnoea, fatigue, fluid retention
    - Symptoms may vary over time and within individuals

# Heart failure staging

Stage A	Stage B	Stage C	Stage D
High risk for HF without structural heart disease or symptoms	Structural heart disease without symptoms or signs of HF	Structural heart disease with prior or current symptoms of HF	Refractory HF requiring specialised interventions
Risk factors Cardiotoxic meds, Family hx of CM	Previous MI, LV remodeling, asymptomatic valvular disease	Structural heart disease + SOB, fatigue, reduced exercise tolerance	Marked symptoms at rest despite maximal medical therapy
Treat risk factors ACEi or ARB in appropriate patients	As for Stage A + ACEi or ARB $\beta$ B ICD if appropriate	As for A and B + Salt restriction Diuretics, ACEi, $\beta$ B $\pm$ SPL, Dig CRT/ICD	As for A, B, C + Care planning -end of life -transplant

# Importance of making an accurate HF diagnosis

- Is the clinical syndrome present
  - Symptoms and signs of HF
  - Evidence of structural heart disease
    - May have been a Stage A or B HF patient previously
    - Echocardiography may be required
  - Why now?
    - Identify precipitating factors
  - NT-proBNP may be helpful in ruling out HF as a cause of breathlessness

# Breathlessness is not a diagnosis-think of a differential

- Breathlessness
  - Asthma/COPD/pulmonary fibrosis
  - Myocardial ischaemia
  - Obesity/deconditioning
  - Pulmonary arterial hypertension
- Fatigue
  - Sleep apnoea
  - Depression
  - Deconditioning
- Peripheral oedema
  - Venous thrombosis/insufficiency
  - Medication side effects (calcium channel blockers etc)
  - Nephrotic syndrome
  - Renal failure

# Consider the aetiology and treat

- Arrhythmia
- Infection
- Myocardial ischaemia
- Anaemia
- Hypo/hyperthyroidism
- Valvular abnormalities
- Alcohol...

# HF self management

- Spectrum of behaviors
  - Adherence to medication, exercise and diet recommendations (self care maintenance)
  - Recognition of early warning signs and self adjustment of home care regimen (self care management)
- Tools to help are available
  - <http://www.heartfoundation.org.nz/programmes-resources/health-professionals/heart-failure-tool/information-for-patients/>

# STAYING WELL with heart failure



## Staying well with heart failure

### Introduction

Many people think that heart failure sounds final and that it's too late to do anything about it. **This is not true.** There are lots of things that you, your family and your health care team can do to help you feel better and stay well for as long as possible.

This booklet has been written to help you and your family/whānau find out more about the important things you can do to stay well. Ask your doctor or nurse to go through this booklet with you and if there is anything that you do not understand, they can answer your questions. You can also find more information by visiting: [www.heartfoundation.org.nz](http://www.heartfoundation.org.nz) or [www.healthnavigator.org.nz/health-topics/heart-failure](http://www.healthnavigator.org.nz/health-topics/heart-failure).

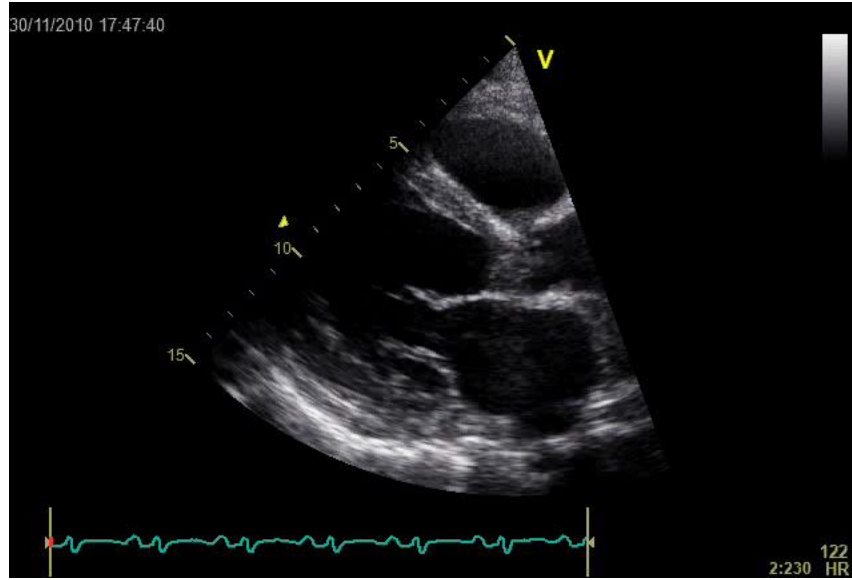
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# Treat with evidence based medications

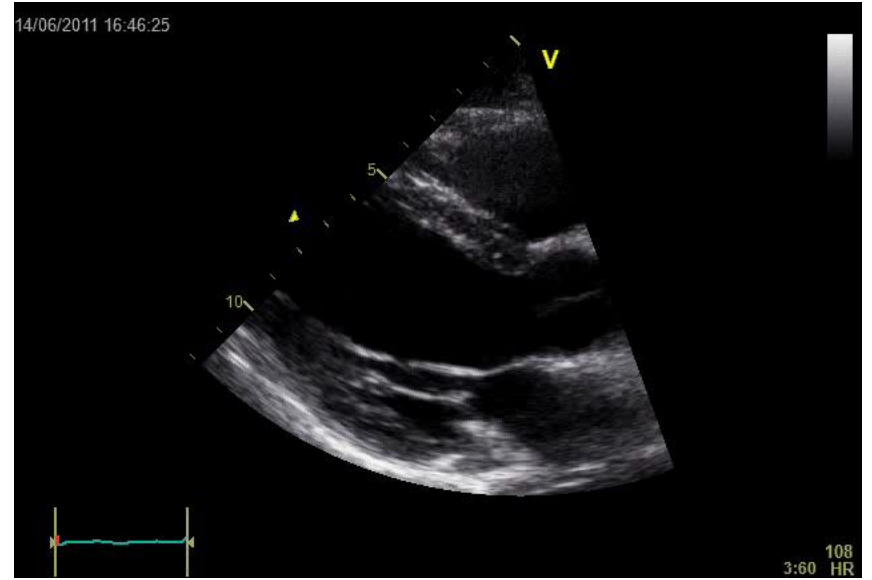
- Reduced ejection fraction (good evidence)
  - Ace inhibitors or angiotensin receptor blockers
  - Beta blockers
  - Spironolactone
  - Diuretics, digoxin for symptoms
  - Devices in selected cases
- Preserved ejection fraction (little evidence)
  - Treat associated conditions
  - Control of blood pressure, AF rate, myocardial ischaemia important

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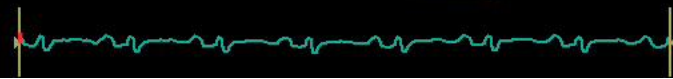
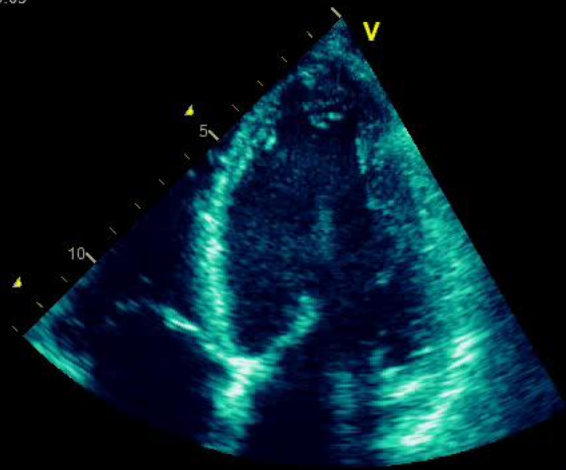
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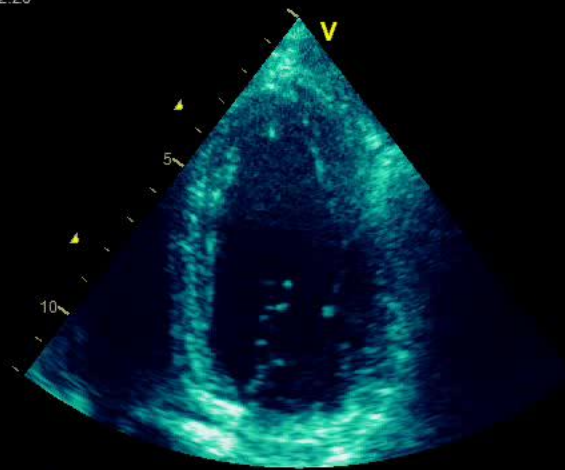
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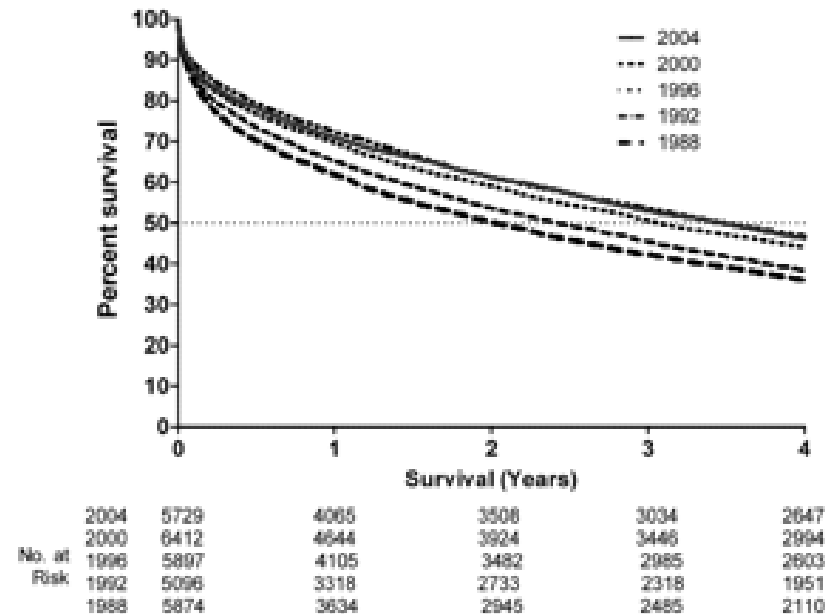
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# When to ask the specialist for help

- Nurse specialist/practitioner
  - Patient education
  - Self care strategies
  - Drug titration
- Cardiologist
  - Diagnostic dilemmas
  - Difficulties with treatment optimisation
  - Persistent symptoms
    - Consideration of advanced interventions

# Prognosis in heart failure

- After a hospital admission for heart failure
  - 10% in hospital mortality
  - ~25% six month mortality
  - ~45% 2 year mortality
  - Median survival 3 ½ years



# HF end of life care

- HF has a poor prognosis
- Symptom burden is similar to patients with cancer
- Integrating supportive care into HF treatment important for primary and secondary care
- HFNS/P can assist in the management of patients with end stage disease

# When to address end of life care

- Discussions regarding prognosis should occur early (advanced care planning)
- Identifying “end stage” can be difficult
  - NYHA class IV symptoms
  - Declining functional status
  - Tachycardia, renal impairment, ↓Na, ↓albumin, ↓Hb, cachexia
  - Increasing arrhythmia

# Principles of end of life care

- Effective communication and treatment goals
  - Ensure all providers are aware of goals of care
  - ?patient preferences
  - Withholding some treatments (e.g. CPR, switching off ICD's) does not mean no active care (treatment requirements often increase)
- Symptom management
  - ACEi,  $\beta$ B, SPL improve symptoms
  - Breathlessness, GI symptoms, continence, fatigue, uraemia, pain, psychological distress

# References

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