A guide for
Managing Congestive Heart Failure
Introduction

Dear Member,

You and your family are important partners in your health care. By working together with your physician and other health care professionals, you can learn how to best manage your congestive heart failure (CHF). Managing CHF includes eating low-sodium foods, balancing physical activity and rest, taking your medications as prescribed, getting support from family and friends, and developing positive health habits. This booklet describes CHF, how it affects the body, and how to take care of yourself.

Congratulations on taking this important step toward managing your CHF! We hope this booklet helps you to reach your goal of a more healthful lifestyle.

Sincerely,
Your Health Care Team

Important phone numbers:

Physician: _______________________________
Nurse practitioner: _________________________
CHF case manager: _________________________
Consulting nurse: _________________________
Nutrition educator: _________________________
Pharmacist: ______________________________
Pharmacy refill: ___________________________
Social worker: _____________________________
Group Health Resource Line: _______________________
Other: _________________________________
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Chapter 1

Congestive heart failure basics
The human heart

Understanding your heart

The heart is a pump that sits in the chest behind the breastbone. Normally the heart is a little bigger than a fist. The heart is divided into a right and left side. Each side is further divided into a top and bottom half. Blood from the body enters the top right side of the heart (the right atrium), and passes into the lower right side (the right ventricle). Here the blood is sent to the lungs to pick up oxygen. This oxygen-rich blood returns to the heart at the top left side (the left atrium), and then passes into the lower left part of the heart (the left ventricle). This part of the heart is the strongest, because it pumps oxygen-rich blood to all parts of the body.
What is congestive heart failure (CHF)?

When you have CHF, the heart is weakened, resulting in a backup of blood in the heart. This backing up of blood forces the fluid in the blood into the lungs, causing shortness of breath or difficulty breathing. Fluid can also back up into feet, ankles, or abdomen, causing swelling (edema) of those areas. In most cases, CHF can be treated, but not cured.

What are the main causes of CHF?

- The heart doesn’t pump as strongly as before. This can be caused by rheumatic heart disease; a heart attack; an irregular heart beat; coronary artery disease; HIV; viral cardiomyopathy; diabetes; and drugs such as alcohol, cocaine, and methamphetamine.

- There is too much work for the heart. This can be caused by high blood pressure; arteriosclerosis (hardening of the arteries); problems with the valves of the heart; or a fast irregular heart rhythm (such as atrial fibrillation). Other causes include congenital heart problems, severe lung disease, and chronic kidney disease.

Risk factors for CHF

- Check your risk factors:
  - High blood pressure
  - Diabetes
  - Heart attack
  - Obesity
  - Decreased kidney function
  - High cholesterol
  - Coronary heart disease
  - Valve defect
  - Viral infection
  - Substance abuse (including smoking)
  - Chronic obstructive pulmonary disease (COPD)/asthma
  - Bacterial infection
  - Irregular heart rate
Symptoms of CHF

Check your symptoms:

- **Weakness, fatigue**
  When your heart is not pumping effectively, the body is not getting enough oxygen-rich blood to meet your energy demands.

- **Shortness of breath, cough**
  When fluids build up in your lungs, you may find it hard to catch your breath, or experience frequent cough. You may also experience shortness of breath when lying down.

- **Weight gain**
  Sudden or steady gain in daily weight (for example, 2 to 3 pounds in 24 hours or 5 pounds or more in one week, shows that the body is retaining fluid.

- **Swelling of feet or ankles**
  When the body retains fluid, you may first notice swelling in your feet and ankles.

- **Changes in the frequency of urination**
  When the heart is not pumping effectively, the kidneys cannot remove excess fluid from the body. You may notice you are urinating less frequently during the day, or more frequently at night.
Symptoms of worsening CHF

Notify your physician or health care professional immediately of any serious change in your symptoms.

- You have **shortness of breath** that does not go away with rest, or is becoming progressively worse.
- You have a **weight gain of 2 to 3 pounds** in one day or 5 pounds in one week.
- **Swelling** of ankles/feet becomes worse, even after elevation and rest.
- You **continue to feel more tired/weaker than usual**.
- Your **heart rate is faster than usual**.
- You have palpitations or uneven pounding in your chest.
- You **feel chest discomfort** (pain, heaviness, tightness) that is more frequent or more severe than usual.
- You have a decreased appetite.
- You feel dizzy or faint.
- You have a cough that won’t go away.
- You have nausea, abdominal swelling, or pain.

Signs of severe CHF

Listed below are signs of CHF requiring **immediate** medical attention. **Call 911 if you experience any of the following:**

- Severe shortness of breath
- Coughing up pink frothy sputum
- Profuse sweating and pale color
- Chest pain that is not relieved by rest or medication
How to manage CHF

Things I can do to manage my CHF:

☐ Weigh yourself daily.

☐ Try to read food labels.

☐ Follow a low-sodium diet. Keep total sodium intake to less than 2,000 mg (2g) per day.

☐ Exercise.

☐ Take prescribed medicine.

☐ Do not take NSAIDS—Advil® (Ibuprofen), Aleve® (Naproxen), Orudis® (Ketoprofen), or other anti-inflammatory drugs.

☐ Avoid: Alka-Seltzer®, Metamucil Instant®, and all effervescent drugs.

☐ Lose weight (if you are overweight).

☐ Get support of friends and family.

☐ Quit smoking.

☐ Limit alcohol (if your heart failure is caused by alcohol, avoid it completely).

☐ Take care of other medical conditions such as high blood pressure and diabetes.

☐ Check with your nurse before using salt substitutes.
Chapter 2

Daily weight
**Why should I weigh myself every day?**

- Any unexplained sudden or steady weight gain (for example, gaining 2 pounds in one day or 5 pounds in one week) may be a warning sign of increased fluid retention. This may occur even before you have symptoms. Prompt reporting of this symptom to your physician or health care professional will help prevent your symptoms from getting any worse. Further treatment may be needed.
- Notify your physician or health professional if you have a weight change of 2 pounds or more in one day or 5 pounds in one week, or follow your self-care plan for adjusting your daily dose of a diuretic (water pill).

**How should I weigh myself?**

- Weigh yourself once each morning when you get up (after you urinate and before you eat breakfast).
- Weigh yourself in the same type of clothes and using the same scale.
- Put your scale on a hard surface, not carpet.
- Keep a record of your daily weight.
- Know what your weight should be when you are not swollen or retaining water.
Should I limit my liquid intake?

- Some patients may have a fluid restriction as ordered by their physician. Moderation in fluid intake prevents excess fluid buildup and extra work for the heart.
- Discuss limiting fluids with your physician or care manager.
- Remember that liquids include soup, jello, ice cubes, milk, ice tea, etc.
- To keep your mouth from getting too dry, suck on hard candies or lemon wedges.
Chapter 3

Diet and exercise
Dietary recommendations

• Limit sodium to 2 grams, or 2,000 milligrams (mg), per day.
• Eat less saturated fat and cholesterol if your blood cholesterol levels are high.
• Limit alcohol or avoid it completely.
• Limit caffeine.

Sodium

People with CHF are advised to cut down on sodium in their diet. Sodium acts like a sponge to hold extra water in the body, which creates more work for the heart. Reducing the sodium you eat is an important part of your treatment plan. Sodium is found in large amounts in salt (sodium chloride). However, sodium is naturally present in many foods and added to most prepared and processed foods.

Some tips to lower sodium intake:

• **Remove the salt shaker**—you’ll be less likely to use it.

• **Use spices, herbs, and other seasonings** instead of salt to flavor foods. Experiment with new flavors.

• **Eat fresh foods**—canned, processed, and smoked meats, fish, and vegetables and side dishes are usually higher in sodium.

• **Snack on fresh fruits and vegetables** instead of salty snack foods such as pretzels, chips, or popcorn. Fruits and vegetables are good sources of fiber and potassium, and they are low in calories.

• **Read labels** before purchasing food. The amount of sodium a product contains is listed on the label (see example on page 15).
### Low-sodium diet guidelines (2,000 milligrams)

<table>
<thead>
<tr>
<th>FOOD GROUP</th>
<th>Healthy foods to eat</th>
<th>Foods to avoid</th>
</tr>
</thead>
</table>
| Bread, cereal, rice, & pasta | **Very low sodium:**  
  - Cereals—cooked (without added salt) and dry, ready to eat (puffed cereals, Shredded Wheat™, Kashi™)  
  - Pasta, rice, noodles (cooked without added salt)  
  - Corn tortillas  
  - Unsalted crackers, pretzels, popcorn, chips, matzo  
  **Moderate sodium:**  
  - Breads, English muffins, bagels, rolls, pita breads, flour tortillas  
  - Homemade (without salt) biscuits, cornbread, muffins  
  - Pancakes or waffles (made without salt) or use a low-sodium mix  
  - Most dry cereals (limit to 1 serving a day)  | • Breads with salt topping  
• Instant cooked cereals  
• Packaged mixes for pasta, rice, noodles, or stuffing; bread crumbs  
• Salted crackers, pretzels, popcorn, chips  
• Quick breads, biscuits, cornbread, muffins, pancakes, or waffles—frozen or made from a mix |

| Fruits & vegetables | • Fruits—all fruits and their juices  
• Vegetables—all fresh, frozen, or unsalted canned (includes potatoes)  
• Low-sodium tomato or vegetable juice  
• Choose one Vitamin A–rich and one Vitamin C–rich fruit or vegetable each day.  
  - Vitamin A: dark green or deep yellow or orange  
  - Vitamin C: citrus, mango, papaya, strawberry, cantaloupe, tomato, chilis, peppers  | • Salted, canned vegetables and juices  
• Pickles, relish, sauerkraut, olives  
• Frozen vegetables with added sauces |

| Milk, yogurt, & cheese | • Milk (limit to 2 cups a day)  
• Yogurt (plain or fruit)  
• Cottage cheese (limit to 1/2 cup a day)  | • Condensed milk, chocolate milk, milk shakes  
• Regular cheeses, especially processed |

**1 serving equals:**  
• 1 slice bread  
• 1/2 hamburger bun, bagel, pita, or English muffin  
• 1 tortilla, 4–6 crackers  
• 1/2 cup cooked cereal, rice, or pasta  
• 1 oz. ready-to-eat cereal  

**1 serving equals:**  
• medium piece of fruit  
• 1/2 cup cooked vegetables  
• 3/4 cup juice  

**1 serving equals:**  
• 1 cup milk or 8 oz. yogurt  
• 1 1/2 oz. cheese  

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*continued next page*
**Low-sodium diet guidelines (2,000 milligrams), cont.**

<table>
<thead>
<tr>
<th>FOOD GROUP</th>
<th>Healthy foods to eat</th>
<th>Foods to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meat, poultry, fish, eggs,</td>
<td>• Lean meat and poultry (chicken or turkey)—fresh, frozen, or unsalted</td>
<td>• Canned, salted, or smoked meats (bologna, sausage, hot dogs, corned beef,</td>
</tr>
<tr>
<td>dry beans, &amp; nuts</td>
<td>• Sliced, unsalted deli meats</td>
<td>chipped beef, bacon, ham, jerky)</td>
</tr>
<tr>
<td></td>
<td>• Fish—fresh, frozen</td>
<td>• Luncheon or deli meats</td>
</tr>
<tr>
<td></td>
<td>• Shellfish—once a week (clams, crabs, scallops, shrimp, lobster)</td>
<td>• Canned, salted, or smoked fish (anchovies, caviar, clams, herring, sardines,</td>
</tr>
<tr>
<td></td>
<td>• Low-sodium canned tuna or salmon</td>
<td>water-packed tuna)</td>
</tr>
<tr>
<td></td>
<td>• Eggs (limit to one per day)</td>
<td>• Organ meats (liver, brains, kidney)</td>
</tr>
<tr>
<td></td>
<td>• Peanut butter—unsalted</td>
<td>• Canned or frozen main dishes</td>
</tr>
<tr>
<td></td>
<td>• Tofu (soybean curd)</td>
<td>• Peanut butter—limit regular to 2 Tbsp. per day</td>
</tr>
<tr>
<td></td>
<td>• Dried beans, peas, or lentils (cooked without salt)</td>
<td>• Canned, salted beans, peas, or lentils</td>
</tr>
<tr>
<td></td>
<td>• Unsalted nuts or seeds</td>
<td>• Salted nuts or seeds</td>
</tr>
<tr>
<td>Eat 2–3 servings/day</td>
<td>1 serving equals:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 2–3 oz. cooked lean meat, poultry, or fish</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Count as 1 oz. lean meat: 1/2 cup beans, 1 egg, 2 Tbsp. peanut butter, 1 oz. nuts</td>
<td></td>
</tr>
<tr>
<td>Fats &amp; oils</td>
<td>• Margarine, mayonnaise (regular, diet, or unsalted)</td>
<td>• Salted pork fat; butter</td>
</tr>
<tr>
<td>Use sparingly (3–8</td>
<td>• Oils, unsalted salad dressing</td>
<td>• Olives</td>
</tr>
<tr>
<td>teaspoons)</td>
<td>• Sour cream, regular salad dressing (limit 1–2 Tbsp. per day)</td>
<td>(Limit 1 serving per day)</td>
</tr>
<tr>
<td>Sugars &amp; sweets</td>
<td>• Gelatin, sherbet, sorbet, popsicles, ices</td>
<td>• Frozen ice cream or yogurt</td>
</tr>
<tr>
<td>Use sparingly</td>
<td>• Cookies, cakes, desserts—home-made without salt or low-sodium package or mix</td>
<td>• Cookies, cakes, pastries, desserts—commercial &amp; mixes</td>
</tr>
<tr>
<td></td>
<td>• Jam, jelly, honey, sugar, hard candy, syrup, marshmallows</td>
<td></td>
</tr>
<tr>
<td>Soups</td>
<td>• Low sodium canned or frozen soups</td>
<td>• Canned or frozen soup</td>
</tr>
<tr>
<td></td>
<td>• Low sodium bouillon cubes</td>
<td>• Instant or packaged soup</td>
</tr>
<tr>
<td></td>
<td>• Homemade soup—without salt, monosodium glutamate (MSG), or soup bases</td>
<td>• Bouillon, broth, or consommé</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ramen-type oriental soup</td>
</tr>
<tr>
<td>Seasonings &amp; sauces</td>
<td>• Salt substitute (check with your dietitian or health care provider)</td>
<td>Salt, seasoned salts, seasoned pepper, or seasoned vinegars, MSG, bottled</td>
</tr>
<tr>
<td></td>
<td>• Fresh or dried herbs, spices, powders (garlic or onion); lemon, lime</td>
<td>sauces (light soy, soy, Worcestershire, ketchup, barbeque), oriental fish</td>
</tr>
<tr>
<td></td>
<td>• Vinegar, liquid smoke, Tabasco, plain yellow mustard</td>
<td>sauce, capers, cooking wine, Dutch process cocoa, specialty mustards</td>
</tr>
<tr>
<td></td>
<td>• Flavorings—vanilla, rum, mint, etc.</td>
<td></td>
</tr>
<tr>
<td>Beverages</td>
<td>• Water, very low sodium mineral water or club soda, juices; fruit drinks, most</td>
<td>• Club soda, flavored coffee drinks, vegetable juices, Orange Crush™</td>
</tr>
<tr>
<td></td>
<td>sodas, low sodium vegetable juices</td>
<td>• Alcohol</td>
</tr>
<tr>
<td></td>
<td>• Coffee, tea, cereal beverages (Postum™)</td>
<td></td>
</tr>
</tbody>
</table>
Reading labels

Package labels give important information that can help in selecting healthful, low-sodium foods.

<table>
<thead>
<tr>
<th>Nutrition Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serving Size 1 cup (228g)</td>
</tr>
<tr>
<td>Servings Per Container 2</td>
</tr>
<tr>
<td>Amount Per Serving</td>
</tr>
<tr>
<td>Calories 90</td>
</tr>
<tr>
<td>% Daily Value*</td>
</tr>
<tr>
<td>Total Fat 3g</td>
</tr>
<tr>
<td>Saturated Fat 0g</td>
</tr>
<tr>
<td>Cholesterol 0g</td>
</tr>
<tr>
<td>Sodium 300g</td>
</tr>
<tr>
<td>Total Carbohydrate 13g</td>
</tr>
<tr>
<td>Dietary Fiber 3g</td>
</tr>
<tr>
<td>Sugars 3g</td>
</tr>
<tr>
<td>Protein 3g</td>
</tr>
<tr>
<td>Vitamin A 90%</td>
</tr>
<tr>
<td>Vitamin C 60%</td>
</tr>
<tr>
<td>Calcium 4%</td>
</tr>
<tr>
<td>Iron 4%</td>
</tr>
</tbody>
</table>

*Percent Daily Values are based on a 2,000-calorie diet. You daily values may be higher or lower depending on your calorie needs:

<table>
<thead>
<tr>
<th>Calories</th>
<th>2,000</th>
<th>2,500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Fat</td>
<td>Less than 65g</td>
<td>80g</td>
</tr>
<tr>
<td>Sat. Fat</td>
<td>Less than 20g</td>
<td>25g</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>Less than 300mg</td>
<td>300mg</td>
</tr>
<tr>
<td>Sodium</td>
<td>Less than 2,400mg</td>
<td>2,400mg</td>
</tr>
<tr>
<td>Total Carbohydrate</td>
<td>300g</td>
<td>375g</td>
</tr>
</tbody>
</table>

Understanding labeling claims

- Light in sodium—50 percent less sodium
- Sodium free—less than 5mg per serving
- Very low sodium—35mg or less per serving
- Low sodium—140mg or less per serving
- Check the % Daily Values column. Items less than 5 percent are good choices. Items more than 20 percent are high in sodium.
- Reduced salt means that the product has less sodium than the original version. However, many reduced-salt foods still have a large amount of sodium.
Spice it up

Herbs and spices are a great way to make foods tasty without using salt. Some general guidelines for cooking with herbs and spices:

• To release more flavor and aroma, crumble dry leaf herbs—basil, bay leaf, oregano, savory, among others—between your fingers.

• Finely chop fresh herbs just before using in recipes. Kitchen shears work great for this job.

• In dishes that cook for a long time, such as soups and stews, add herbs and spices toward the end of the cooking time. That way the flavor won’t cook out.

• For chilled foods, such as salads and dips, add seasonings several hours ahead. That allows time for the flavors to blend.

• When substituting fresh for dry herbs, 1 tablespoon of fresh herbs equals 1 teaspoon dried herb. Dry herbs are stronger than fresh; powdered herbs are stronger than crumbled herbs.

Protein foods Complementary spices
Beans Allspice, chili powder, cloves, mace, red pepper, sage, savory
Beef Basil, celery seed, marjoram, oregano, savory
Cheese Chili powder, chives, paprika
Chicken Ginger, marjoram, oregano, paprika, sage, tarragon
Fish Basil, bay leaf, chili powder, dill, dry mustard, paprika
Lamb Curry powder, garlic, mint, oregano, rosemary
Pork Cayenne pepper, chili powder, cinnamon, cloves, rosemary, sage, thyme
Veal Bay leaf, basil, curry powder, ginger, oregano, sage, thyme
Vegetables  Complementary spices
Broccoli  Caraway, oregano
Cabbage  Caraway, celery seed, mint, tarragon
Carrots  Basil, bay leaf, ginger, mint, oregano, thyme
Cauliflower  Marjoram, nutmeg
Corn  Cumin, curry powder, paprika
Green Beans  Basil, cloves, marjoram, savory
Potatoes  Basil, caraway, chives, dill, marjoram, parsley
Salad greens  Basil, chives, marjoram, mint, tarragon, thyme
Squash  Allspice, cloves, curry powder, ginger, nutmeg, rosemary, sage
Tomatoes  Basil, bay leaf, cloves, dill, marjoram, nutmeg, oregano

Should I eat foods that are high in potassium?

If you are taking a diuretic (a water pill such as Furosemide, or Lasix®), you may need to eat more foods that are high in potassium since these medications cause a loss of potassium. Potassium is an important mineral needed for proper muscle function. However, if you are taking spironolactone (Aldactone®), you may need to limit foods that are high in potassium.

High-potassium foods
bananas  cantaloupe  scallops  Brussels sprouts
apricots  peaches  carrots  spinach
artichokes  tomatoes  oranges  broccoli
grapefruit  watermelon  potatoes  honeydew melon
Alcohol

It is best to limit alcohol or avoid drinking it entirely.

Caffeine

Caffeine is a stimulant, and may lead to an increased or irregular heartbeat. Limit beverages with caffeine, such as regular coffee, tea, and colas, to 2 cups per day.

Eat less fat and cholesterol

A diet that is high in saturated fat and cholesterol can lead to more heart problems, such as clogged arteries. Instead of saturated fats such as butter, shortening, and stick margarine, choose small amounts of olive, canola, or peanut oil.

[Check the things you will do to reduce your saturated fat and cholesterol intake:

- Avoid fatty cuts of meat, such as hot dogs, sausage, bacon, and prime meats.
- Trim the visible fat off meat and remove the skin from poultry before cooking.
- Bake, broil, boil, grill, or steam foods instead of frying.
- Use fat-free milk and cheeses.
- Eat more fish than red meat.
- Eat whole-grain cereals and breads, and fresh fruits and vegetables.
- Use small amounts of canola oil or olive oil instead of solid fats when cooking.
- Limit added fats such as salad dressing, mayonnaise, margarine, butter, or sour cream.]
Activity and exercise

When you have CHF, your heart is not as strong as it used to be and you may tire more easily.

- Physical activity may help you to feel better; enable you to do more; lower anxiety and stress; and help to control weight, blood pressure, and blood sugar.
- The type and amount of exercise recommended for you depends on the severity of your heart condition.
- Remember to balance your activities with rest.
- Talk with your physician before you start an exercise program.

Aerobic exercise

Aerobic exercise is continuous movement of the large muscle groups. It helps increase strength and endurance.

Examples: Walking, bicycling, swimming, water aerobics, and treadmill.

How often should you exercise?

Exercise at least three times per week, but more frequently (most days of the week) is better. Follow the recovery rule: do any activity you like, when you begin to feel differently (for example, feeling tired, having shortness of breath, experiencing muscle weakness) stop and rest, and do not begin again until you feel or breathe the same way you did before starting your activity. Time your rest period. If only four minutes have passed, start your activity again. If it takes longer than four minutes for you to feel as you did before you started, cut your exercise time in half.

How long should you exercise?

People with stable CHF benefit from regular exercise of 30 to 45 minutes per session. Depending on your symptoms, you may need to work up to this. If you have not exercised in a long time
or if your symptoms are severely limiting, try shorter exercise sessions of 10 to 15 minutes, twice a day, as your symptoms allow.

**Exercise guidelines**

- Start by doing some warm-up exercises, such as 5 minutes of very slow-paced walking.
- Avoid exercising right after eating a meal. Wait 60 minutes before starting an activity.
- Do not exercise in extreme heat or cold or on smoggy days.
- Keep your arms below the level of your heart.
- You should always be able to talk while you exercise. If you are too short of breath to talk, slow down or stop!
- Do some cool-down exercises when you finish, such as slow-paced walking.

**My exercise plan:**

I will exercise __________ times a week.

I will do the following exercise activities: ________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
I plan to exercise __________ minutes each session.
Balancing activity with rest

Although it is important to be active, you also need to balance activity with rest. Don't do too much. Remember to conserve your energy.

• Do not lift heavy objects.
• Do not push or pull heavy objects.
• Do not do activities that require you to raise your arms over your head, such as washing windows or painting, for an extended period of time.
• Do not do activities which cause you to be short of breath.
• Do not strain when having a bowel movement (ask your physician about a stool softener or laxative if you need one).

Check the things you will do to balance activity and rest:

☐ Pace yourself—balance your day with work, rest, and personal time.
☐ Take frequent rests, if you feel tired.
☐ Sit whenever possible—sitting takes less energy than standing.
☐ Push instead of pull; it is easier.
☐ Do easier and lighter activities first.
☐ Keep frequently used items within easy reach.
☐ Eliminate unnecessary tasks.
☐ Adjust your work heights to a comfortable level.
☐ Dress your lower body first.
☐ Avoid activity if you’re already tired.
☐ Have someone help you if you need it.
☐ Avoid very strenuous activity.
☐ Avoid unusual tensing and straining.
☐ Simplify your work—break jobs down into smaller tasks. Do one thing at a time.
Stop and rest if you experience these symptoms:

- Abnormal responses to exercise
- Severe shortness of breath
- Chest pain or pressure
- More fatigue than you usually feel
- Dizziness
- Nausea
- Rapid heart beat (palpitations)
- Feeling lightheaded

**Sexual activity**

Many people who are living with CHF have questions about sexual activity. Sometimes they are embarrassed to discuss these questions with their physician. However, sexuality is a natural part of human life, and as long as you listen to your body, you should be able to enjoy a satisfying sexual relationship. Your physician is prepared to answer questions about sexual activity. It is also a good idea to discuss your fears or anxieties with your sexual partner. Reassurance and open communication will help resolve anxiety and prevent depression.

**General guidelines for sexual activity**

- A comfortable room temperature should be maintained during intercourse. Avoid activity in extreme temperatures.
- Positions for intercourse should be comfortable and should permit unrestricted breathing. The following are examples:
  - Side-lying
  - Back-lying with cardiac patient on the bottom
  - The cardiac patient seated on a broad armless chair with feet flat on the floor
- If you become short of breath or tired during intercourse, rest for a few moments and breathe deeply to relax.
- Anal intercourse and/or an unfamiliar sexual partner may increase stress to your heart. Discuss these issues with your physician.
- Concentrate on breathing regularly during intercourse. Do not hold your breath.
• Some medications may interfere with sexual desire, and for men may interfere with your ability to achieve and maintain an erection. Discuss your medications with your case manager or physician if these problems occur.

For safety’s sake

Safety is of special concern for those who may live alone:
• Use the buddy system with friends, neighbors, or relatives—make arrangements to call at the same time every day to check in, or to see if you need anything.
• Get to know your neighbors who can see your windows. Arrange a safety signal (a shade pulled down, a certain lamp lit) with them that you will do every day by a certain time—if this is not done, ask your neighbors to come over and make sure that you are well.
• Put a list of emergency telephone numbers near your phone(s) or on your refrigerator. Include your name and address in case someone else is making the call. The list should include police and fire departments, your physician, relatives, friends, and neighbors. Also keep a copy of this list in your wallet.
Chapter 4

Medications
Medication guidelines

- Take your medications as prescribed, even when you are not having symptoms.
- If you miss a dose, take it as soon as you remember. If it is within two hours of your next dose, skip the missed dose. **Do not double your next dose.** If you have any questions, contact your heart failure case manager, physician, or pharmacist.
- Learn the generic and brand name, dose, and reason for taking your medications.
- Keep a written list of your medications (prescription and non-prescription), herbs, and vitamins—post it in an obvious place for reference and keep a copy in your wallet. Fill out the medication record included in this booklet.
- Bring your medication list to all appointments.
- Keep a list of medications you are intolerant or allergic to.
- Set a regular routine for your medications (at mealtime, bedtime, when you brush your teeth, or at the same time as any everyday activity, such as a television show you watch daily).
- Setting an alarm clock or watch alarm can remind you to take medications.
- A pill organizer is a very helpful way to organize and remember to take medications.
- Take enough medication with you when traveling.
- Do not let your prescriptions run out. Obtain your refill when you are down to a two-week supply of medication.
- Never stop a medication by yourself, change the dose, or take another medication unless specifically instructed by your physician or health care professional.
- Keep all medicines out of children’s reach. Use child-resistant caps if there are children in the house.
• Keep your medicines properly labeled.

• Store medicines away from heat, direct light, or damp places. A good place to store medications is in a kitchen cabinet.

• Consult with your case manager or pharmacist before taking over-the-counter medications or herbal products, especially cough, cold, and flu preparations.

• Do not place medications in the freezer.

• Many CHF medications can cause dizziness or mild light-headedness when you get out of bed or rise quickly. Get up slowly. Sit on the bed for a minute or two before standing up in the morning or after a nap. Report symptoms of persistent dizziness to your health care professional.
Healthful travel tips

Here are some tips to keep you feeling your best while traveling.

• Check to see if you have enough of your medications well before you leave home. Make sure to bring enough with you for your trip plus a few extra days.

• Keep your medications with you. Do not leave them in your luggage if you fly; instead, put them in your carry-on bag.

• Organize your medications before you leave home. Put a week’s supply in a pill organizer to help you stick to your medication routine.

• Carry a small water bottle with you in case you need to take your medications while traveling. Bring along some low-sodium snacks if your medication must be taken with food.

• Take your favorite low-sodium herb blend with you so that you can enjoy foods prepared without salt.

• Make sure you get plenty of rest before, during, and after your trip.

• If you’ll be walking a lot on your trip, start a walking program before you leave.

• Since your feet and ankles may swell, wear comfortable shoes and socks. Try to elevate your feet above chest level when you arrive and take some time to rest.

• When traveling by plane, walk up and down the aisles to stretch your legs and get your circulation going. This can help reduce foot and ankle swelling.

• Use a cart or suitcase on wheels, and get help from a porter to avoid weighing yourself down with luggage and getting tired.
Medications for CHF

Medications that help the heart pump more effectively are used for CHF patients. When your heart can pump blood through the body with less work, the symptoms of CHF can be lessened. The most common types of medications prescribed are diuretics, ACE–inhibitors, vasodilators, beta-blockers, and digoxin.

Your medications include your prescription drugs plus any non-prescription drugs, herbal remedies, and vitamins. Non-prescription medications include such things as painkillers, antacids, laxatives, and cold remedies.

Avoid non-prescription drugs that contain sodium or cause you to retain water. Talk to your provider or pharmacist before using non-prescription drugs. Non-prescription drugs may interact with prescription medications. Some tips to remember are:

- **Use**: Tylenol® (acetaminophen) for pain, or try ice or heat packs.
- **Avoid**: Advil® (ibuprofen), Aleve® (naprofen), and Orudis® (ketoprofen) or other non-steroidal anti-inflammatory drugs.
- **Avoid**: Alka-Seltzer®, Metamucil Instant®, and all effervescent drugs.
- Check with your nurse before using salt substitutes.

Diuretics

Diuretics (water pills) help the kidneys to get rid of excess salt and water in the body. If you are taking a diuretic, the following may be helpful:

- To avoid waking at night to urinate, take your last diuretic dose for the day no later than 4 p.m. Take single daily doses in the morning.
- Some diuretics can cause you to lose potassium. You may need to eat foods that are high in potassium (see the high-potassium food list in the “Diet” section of this booklet). Your physician may prescribe potassium supplements. Other diuretics (spironalactone) cause potassium retention, and you may be asked to avoid high-potassium foods.
Furosemide (Lasix®)/Bumex (Bumetidine®)/Torsemide (Demadex®)

Proper use of diuretics

• Take your last dose no later than 4 p.m. (unless otherwise directed by your physician or pharmacist) to avoid urinating in the middle of the night.
• If you take one dose each day, take it in the morning.
• If the medication upsets your stomach, take it with meals or a glass of milk. If the stomach upset gets worse (nausea, vomiting or stomach pain, severe diarrhea) check with your physician or a pharmacist.
• Soon after starting the diuretic, you may notice a feeling of tiredness and more frequent urination. These effects should lessen with time.

Precautions while using diuretics

• Diuretics may cause your body to lose potassium. Your physician or health care professional may ask you to eat more high-potassium foods (see the list of high-potassium foods in the “Diet” section of this booklet) or prescribe a potassium supplement.
• Diuretics may cause an increased sensitivity to sunlight. Wear protective clothing, hats and sunglasses, and use a sunscreen of SPF-15 or higher if you are in the sun for a long period of time.

Possible side effects of diuretics

If any of these rare side effects occur, please call your physician or a pharmacist.
• Painful or difficult urination
• Ringing or buzzing in the ears
• Skin rash or hives
• Severe stomach pain with nausea and vomiting
• Yellow eyes or skin
• Joint pain
• Increased glucose (sugar)
• Increased uric acid
• Persistent dizziness or weakness
Metolazone
(Zaroxolyn®, Diulo®, Mykrox®)

Proper use of metolazone
• Soon after starting this medication, you may notice a feeling of tiredness and more frequent urination. These effects will lessen over time.
• If you take a single dose each day, take it in the morning.
• If you have been instructed to take both metolazone and furosemide together to help the medicines work better, take the metolazone 30 minutes before the furosemide.
• If you notice stomach upset with this medication, take it with a meal or a glass of milk. If the stomach upset continues or worsens (nausea, vomiting, stomach pain, severe diarrhea), please call your physician or a pharmacist.

Precautions while using metolazone
Metolazone may cause the body to lose potassium. To keep your body’s potassium level normal, your physician may ask you to eat foods that are high in potassium (see high-potassium foods listed in the “Diet” section of this booklet) or prescribe a potassium supplement.

Possible side effects of metolazone
If any of these rare side effects occur, please call your physician or a pharmacist.
• Painful or difficult urination
• Skin rash or hives
• Severe stomach pain, with nausea, vomiting
• Unusual bleeding or bruising
• Mild lightheadedness (dizziness) when getting up from a lying or sitting position
Spironolactone
(Aldactone®)

Proper use of spironolactone

Soon after starting this medication, you may notice a feeling of tiredness and more frequent urination. These effects will lessen over time. If you notice stomach upset with this medication, take it with a meal or a glass of milk. If the stomach upset (nausea, vomiting, stomach pain, severe diarrhea) continues or worsens, please call your physician or health care professional.

Precautions while using spironolactone

Spironolactone may cause the body to hold on to potassium. To keep your body’s potassium level normal, your physician or health care professional may ask you avoid high-potassium foods. Ask your physician or health care professional if you need to be concerned about your potassium level.

Possible side effects of spironolactone

If any of these side effects occur, please call your physician or a pharmacist.

- Skin rash or hives
- Persistent dizziness or lightheadedness
- Severe stomach pain with nausea and vomiting
- Constipation
- Impaired ability to achieve or maintain an erection
- Breast lumps or nipple tenderness
- Drowsiness or mental confusion
- Menstrual irregularities
- Deepening of voice
Vasodilators

Vasodilators reduce the work of the heart by relaxing the walls of the blood vessels and prevent the heart from growing larger. This helps blood to flow more easily through the blood vessels. If you are on vasodilators:

- Dizziness is a common side effect. When getting out of bed, or after sitting for a long time, get up slowly. Sit on the bed for a minute or two before getting up and walking in the morning.
- Report symptoms of persistent dizziness to your physician or health care provider.

Lisinopril and captopril
(Prinivil®, Zestril®, and Capoten®)

Lisinopril and captopril are angiotensin converting enzyme (ACE) inhibitors that decrease the amount of a certain body chemical that causes blood vessels to tighten up and become more narrow. By doing so, they help to relax the blood vessels so blood flows easier. These medications also help prevent the heart from growing larger.

Proper use of lisinopril or captopril

- Take as directed.
- Soon after taking an ACE inhibitor, you may notice feelings of dizziness or tiredness. When getting out of bed or after sitting for a long time, get up slowly, then sit on the bed for a minute or two before actually rising and walking around in the morning. Report symptoms of persistent dizziness to your physician or health care professional.
- Captopril works best if taken on an empty stomach, one hour before a meal or two hours after a meal.

Precautions while using lisinopril or captopril

Do not use potassium supplements or salt substitutes without consulting your physician.
Possible side effects of lisinopril or captopril

Although side effects are not common, they may occur. Tell your physician or a pharmacist if you experience:

• Persistent dry cough
• Rash
• Impaired taste

Stop taking the medication and contact your physician or emergency room immediately if you experience:

• Swelling of face, eyes, eyelids, tongue, arms, or legs
• Difficulty swallowing

Losartan and valsartan

(Cozaar® and Diovan®)

Losartan and valsartan are angiotensin receptor blockers (ARBs) that decrease the amount of a certain chemical in the body that causes blood vessels to tighten (constrict). By relaxing the blood vessels, the heart’s work load is reduced. Like ACE inhibitors, losartan and valsartan help decrease long-term worsening of CHF.

Proper use of losartan and valsartan

• Take as directed.

• Soon after taking an ARB, you may notice feelings of dizziness or tiredness. When getting out of bed or after sitting for a long time, get up slowly, then sit on the bed for a minute or two before actually rising and walking around in the morning. Report symptoms of persistent dizziness to your physician or health care professional.

Precautions while using ARBs

• Consult your physician or pharmacist before using salt substitutes that contain potassium.
• Avoid alcoholic beverages.
• Possible drug interactions may occur if you use diuretics, potassium supplements, or lithium. Check with your physician or pharmacist.

Possible side effects of ARBs
• Dizziness or lightheadedness
• Headache
• Diarrhea
• Stomach discomfort

Hydralazine-nitrate combination
(Apresoline®, Isordil®, Nitrobid®, and Imdur®)

Hydralazine and nitrates are vasodilators that relax the wall of your blood vessels and decrease blood pressure. By doing so, they decrease how hard your heart has to work. While they are generally used together, hydralazine or Imdur® may be used alone.

Proper use of hydralazine/nitrates
• Take as directed.
• Get up slowly from a sitting or lying position to prevent dizziness or lightheadedness.
• Nitrates should be taken with a full glass of water on an empty stomach. If stomach upset occurs, take them with a small snack.
• Hydralazine works best when taken with food.

Precautions while using hydralazine/nitrates
• Avoid alcoholic beverages with these medications.

Possible side effects of hydralazine/nitrates
• Headache
• Rapid heart rate
• Flushing of face and neck (from nitrates)
• Nausea and/or vomiting
• Dizziness, lightheadedness, fainting
• If you experience fever, joint pains or persistent fatigue or chest pains, contact your physician immediately

Beta-blockers

Beta-blockers block the body's response to excess stress-related hormones, which may damage the heart. This helps to protect the heart from stress.

If you are on beta-blockers:
• Dizziness may occur when changing body positions. When getting out of bed, or after sitting for a long time, get up slowly. Sit on the bed for a minute or two before getting up and walking in the morning. Report symptoms of persistent dizziness to your physician or health care professional.
• You could experience a slow heartbeat or skip a heartbeat. Your physician can adjust your medication to relieve this. Report symptoms to your physician or health care professional.

Carvedilol and metoprolol
(Coreg®, Lopressor®, and Toprol-XL®)

Proper use of carvedilol or metoprolol

Soon after starting this medication, you may notice a feeling of tiredness and/or dizziness. These effects will lessen over time.
• Your starting dose will be small so your body can get used to the drug. The dose will be increased slowly until the target dose is reached.
• As your dose is increased, you may temporarily feel ill. Discuss symptoms you may have with your physician so he/she can make adjustments if necessary.
• It may take as long as two to three months for the desired effect from these medications to become noticeable.
• Take these medications with food or milk.
Precautions while using carvedilol or metoprolol

• Abrupt withdrawal of these medications can lead to worsening of heart function and side effects. **Do not stop** taking your medication without your physician’s approval.

• These medications slow your heartbeat. Your physician will carefully adjust your medication to the proper dose. Pay attention to how you feel and report symptoms to your physician or health care professional.

• Dizziness may occur. When getting out of bed or after sitting for a long time, get up slowly, then sit on the bed for a minute or two before actually rising and walking around. Report symptoms of persistent dizziness to your physician or health care professional.

Possible side effects of carvedilol or metoprolol

Please inform your physician or a pharmacist if you experience:

• Low blood pressure, dizziness, or tiredness

• Shortness of breath, wheezing, or asthma symptoms

• Nausea, vomiting, diarrhea

• Change in heart rate

• Rash

• Higher- or lower-than-normal blood sugars

• Depression

• Sexual dysfunction

• Swelling in ankles or feet

**Digoxin**

(Lanoxin®)

Digoxin makes the heart pump stronger and slows the heart rate if you have a heart rate that is too fast or irregular. Symptoms associated with CHF, such as swelling of the ankles and feet, and shortness of breath, are controlled a little better with the use of this drug.
Proper use of digoxin

• Digoxin should be taken at the same time each day.

• The dose of digoxin needs to be precise, as too much may cause side effects. Routine blood tests will be ordered to check the level of digoxin in your blood.

• Do not take digoxin and antacids at the same time. Allow at least one hour in between.

Precautions while taking digoxin

• Do not stop taking digoxin without checking with your physician or health care professional (it may seriously affect your heart’s strength).

• Check your pulse each day before taking your digoxin if instructed by your physician. (See “Taking a Pulse” on next page, or ask your physician, nurse, or pharmacist to show you how.) If your heart rate is faster or slower than usual, check with your physician.

• Tell other physicians or pharmacists whom you see for treatment or medication that you are on digoxin.

Possible side effects of digoxin

Please inform your physician or pharmacist if you experience:

• Skin rash or hives

• Signs that you may have too much digoxin include:
  – Loss of appetite, nausea, vomiting, diarrhea
  – Slow heart rate (less than 60 beats per minute)
  – Unusual or severe tiredness, weakness, or drowsiness
  – Blurred vision, or yellow/green/white colors in vision
  – Confusion, headache, fainting
  – Depression
Taking a pulse

The pulse tells how fast a person’s heart is beating. As the heart forces blood through the body, a throbbing can be felt in the arteries wherever they come close to the skin surface. The pulse can be taken at the wrist, neck, or upper arm.

Some drugs may alter your heart rate. For example, digoxin and beta-blockers may lower the heart rate. Before you take these medicines, check your pulse.

As a general rule, if your pulse is under 50 to 60 beats per minute, or over 100 beats per minute, call your physician or health care professional.

Instructions for taking a pulse

1. Place two fingers gently against the wrist as shown. Do not use your thumbs.
2. Count the beats for 30 seconds.
3. Then, double that number. This is your pulse rate or heart beats per minute.
## Daily medication schedule

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<th>MR#:</th>
<th>Allergies:</th>
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<td>Purpose</td>
<td>When to take medication and number of tablets to take</td>
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Pharmacy phone number:
Chapter 5

Emotions and stress
Understanding your feelings

• Experiencing a variety of feelings about having CHF is normal.
• Sometimes what we are thinking can trigger feelings that interfere with managing CHF.
• Understanding your feelings is essential for overcoming problems and coping with CHF.

Stages of the coping process

In coping with a chronic condition, such as CHF, you may experience any of the following emotional stages or feelings, but not in any particular order. They can also recur at any time.

• Fear and/or anxiety can be either short term (fears at the present time) or long term (fears about future health).
• Denial is a common defense mechanism that may ease the pain at first. But if it continues, it can interfere with your health and well-being.
• Anger is a common feeling that can be directed inwardly (toward yourself) or outwardly (toward others).
• Bargaining involves making a pact with others that if you take some action, in return, your condition will improve.
• Depression can lead to feeling sad, helpless, hopeless, worthless, tired, and irritable.
• Acceptance is realizing that the responsibility for CHF self-care management rests with you. This is the stage that can lead to future good health and well-being.
Identifying your feelings is the first step to living with CHF in a healthy way:

Check your feelings:

My CHF makes me feel:

☐ Angry
☐ Sad or depressed
☐ Discouraged
☐ Afraid of what the future will bring
☐ Guilty
☐ Hopeful
☐ Ready for the challenge
☐ Other: __________________

Remember: Negative thinking limits your life. You can change your life by thinking positively!

Coping with stress

Understanding stress

Stress is a part of life. It is the way we react physically, mentally, and emotionally to the demands of life and to changes in our life.

Causes of stress

Stress can be caused by both positive and negative demands or changes such as:

• Fear and worry
• Financial issues
• Life changes (marriage, childbirth, divorce, death, etc.)
• Reaction to the unknown (moving, new job, illness)
• Life issues (winning a race, being a crime victim, intense work pressure, traffic)
How the body reacts to stress

Both positive and negative demands or changes can activate the stress response. Physical reactions to stress include:

- Rapid heart beat
- Rise in blood pressure
- Stiffness across shoulders
- Rise in blood sugar
- Numbness or trembling
- Faster breathing
- Stomach in “knots”
- Nausea
- Increased muscle strength
- Dizziness
- Lightheadedness
- Tingling
- Sweating
- Diarrhea

Negative ways we cope with stress

- Smoking
- Isolation
- Drinking
- Depression
- Overeating

Ongoing negative stress over time has been linked to health problems. The good news is that we can learn to manage stress!
Check your feelings:

The primary sources of negative stress in my life are:

☐ Work pressure  ☐ Care for elderly relative
☐ Illness  ☐ Problem with a child
☐ Finances, debt  ☐ Changing eating habits
☐ Weighing myself every day  ☐ Other ________________

I would rate my current stress level as:

☐ Normal (what you would expect from daily life)
☐ Moderate (occasional stressful periods)
☐ High (feel stressed much of the time)
☐ Very high (feel stressed almost all the time)

The time of day when I usually feel the most stress is:

☐ Morning  ☐ Early evening
☐ Midday  ☐ At night

Notes: ______________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Positive ways to reduce stress

- Talk to someone about your concerns.
- Volunteer to help others.
- Join a support or community group.
- Take up a hobby.
- Cultivate a sense of humor—laugh a lot!
- Develop outside interests with others.
- Cry if you feel like it.
- Maintain a reasonable, balanced diet.
- Learn and practice “The Relaxation Response” (see page 49).
- Listen to music.
- Learn and practice relaxation breathing.
- Get away for a weekend.
- Learn and practice muscle relaxation.
- Break down big jobs into small steps.
- Learn to meditate.
- Practice positive “self-talk.”
- Know your limits—learn to say no.
- Spiritual activities, such as prayer or meditation.
- Avoid being a perfectionist.
- Exercise regularly and moderately.
- Reevaluate your priorities in life.
- Take a walk or play a sport.
- Keep a journal of your feelings.

Although we can’t always control or change what happens in our lives, we can control or change how we deal with it.
Coping with CHF

☑ Check how you manage your stress:

When I feel sad, angry, or discouraged about having CHF, I will:

☐ Talk about my concerns with someone.
☐ Work on hobbies.
☐ Get some exercise.
☐ Become a volunteer.
☐ Get a pet.
☐ Participate in a favorite activity or sport.
☐ Get plenty of rest and sleep.
☐ Get away for a change of pace.
☐ Take time to play.
☐ Take steps to build my self-esteem.
☐ Plan and prioritize my responsibilities.
☐ Join a CHF class or support group.
☐ Register for a Living Well with Chronic Conditions workshop. Call the Group Health Resource Line to get information or to register.

☐ Get professional counseling when needed.
☐ Identify and control stress in my life.
☐ Make time for spiritual growth.
☐ Slow down and do only what I can handle.

Add your own:

☐ ______________________
☐ ______________________
☐ ______________________
☐ ______________________
☐ ______________________

Add your own:
My support system

☐ Family 
☐ Coworkers
☐ American Heart Association

☐ Friends 
☐ Support groups
☐ Physician/medical team

☐ Church 
☐ School/classes
☐ Community groups

Name

Phone number

☐ Listening
☐ Helping me choose low-sodium foods
☐ Eating the foods that I eat
☐ Exercising with me
☐ Reminding me to take medicines or do tests

☐ Going to my physician appointment with me
☐ Other:

Remember:
Although you may not like having CHF, it is possible to live well with it. How you live your life will affect your ability to manage your CHF. How well you manage CHF will affect how well you are able to live.
The relaxation response

A form of meditation and focusing

The relaxation response is an exercise that helps relieve stress and tension. The technique allows the body to return to its natural state of balance as it slows heart rate and breathing, decreases blood pressure, helps relieve muscle tension and sleep disorders. The relaxation response exercise helps you control your physical and mental reaction to stress and allows you to experience a more peaceful and relaxed state of being.

What you will need:

A quiet environment
Find a comfortable place where there are few distractions.

A comfortable position
Find a position, either sitting or lying down, that relieves muscular tension, yet is not so comfortable as to put you to sleep.

A mental image
Find a single syllable word such as “one,” to repeat silently or aloud, or a mental image such as a flower, to break the train of distracting thoughts and to help you focus your breathing.

A relaxed attitude
Adopt a let-it-happen attitude, letting thoughts come and go without worrying about how well you are performing the technique.

Instructions

(Adapted from the book, The Relaxation Response, by Herbert Benson, MD)

1. Sit quietly in a comfortable position.
2. Close your eyes and become aware of your breathing.
3. Beginning with your feet and progressing up to your head and face, allow yourself to deeply relax all your muscles. Allow your muscles to remain relaxed.
4. Once again, become aware of your breathing. Breathe in through your nose and out through your mouth. Allow your breathing to regulate itself. As you breathe out, say the word “one” silently to yourself. This serves to occupy your mind. Continue the pattern—breathe in ... out ... say “one” ... breathe in ... out ... say “one.”

5. Continue this process allowing your entire body and mind to become more and more relaxed, for 10 to 20 minutes. You may open your eyes to check the time, but do not use an alarm. When you finish, allow yourself to sit quietly for a few minutes. Never jump up quickly.

6. Note how rested you feel.

Helpful hints

• If you experience distracting thoughts, use your awareness of these distractions as a signal to return to awareness of your breathing and to repeating the word “one.”

• Do not worry whether you are successful in achieving a deep level of relaxation. Simply allow yourself to let go of all worry and be with yourself for this brief time and the “relaxation response” will come on its own.

• Practice one or two times a day for 10 to 20 minutes.

Caring for the caregiver

Who is a caregiver?

A caregiver is a person who cares for another person. The person in need of care is often an elderly parent or spouse.

Who needs care?

As our population ages, with a growing number of people living beyond 85 years, the chances are that nearly every family will eventually include someone in need of ongoing care.
Informal caregivers are everyday heroes. Without their hard work, many disabled or sick people would not be able to live at home.

**What happens to caregivers?**

Even when you regard what you do as an act of love, you may become overwhelmed—both physically and emotionally—with daily and long-term problems. You may forget that you need support as well, not to mention an occasional afternoon off, or even a longer vacation. The well-being of the person needing care depends upon the health of the caregiver.

Another resource you may overlook is family and friends. Friends may want to help but do not know how to go about it. When someone says, “I wish I could do something,” don’t just say, “Thanks.” Instead, say something specific like: “Would you be able to relieve me for a couple of hours next Tuesday so I can do the shopping?”

A support group can also help by providing practical advice, along with a place to discuss common concerns and issues.

- What additional family responsibilities do you have as a result of your family member’s condition?

- What has been hardest for you to manage since the illness?

- Who can you rely upon to help you?

- Who can you talk to about the changes/responsibilities of helping your family member?
• What are you doing to take care of yourself?

• What are the patient and family member’s long-term plans for care?

• What advice would you give to others in a similar situation?

**Warning signs for caregivers**

If you can answer “yes” to one or more of the following questions, it’s time to get more help.

• Do I feel overworked and exhausted?
• Do I feel isolated?
• Do I feel depressed, resentful, angry, or worried?
• Do I feel I have no time for myself?
• Do I have no time to exercise and rest?
• Do I have no time for fun with people outside my family?

If you need help or if you feel overwhelmed, please call the social worker, your physician, or case manager to discuss your concerns.

Take pride in being a caregiver. It is not easy—those who do it are very special people.
Chapter 6

General medical information
Advance directives

You cannot be sure about your health, or the medical care you will need in the future. But you can have control over the type of medical care you wish to receive. An advance directive lets you state the care you would want if you are unable to speak for yourself. It also allows you to name someone to choose treatment for you (your agent). This form of advance directive is called a durable power of attorney for health care.

An advance directive is important whether you are young or old. Injury or illness may strike unexpectedly at any age.

The first step is to decide under what conditions you would accept or refuse medical treatments such as life support measures.

Talking to your family or friends about your wishes can sometimes be difficult. But it is the best way to make sure you’ll get the care you want. It is important to talk with them before you become seriously ill or injured.

Discuss your advance directive with your primary physician and other health care professionals you see often. Your physicians, like your agent, have a responsibility to carry out your wishes.

An advance directive can give you and your family peace of mind by making sure that everyone has the same understanding of your values and wishes for treatment.
The physician-patient relationship

The key to a successful relationship between you and your physician is good communication.

The first step is to understand what your physician is saying to you. Be sure you understand your health condition, your treatment, and all about the medications you may be taking.

Many people feel intimidated in the physician’s office—they are not sure what questions to ask and often forget their questions once they are in the office.

The following are some tips on communicating effectively:

A list of questions can help

• Write down your important questions ahead of time.
• Write down your most important concerns about your health, before your office visit.
• Bring a list of the current medications you are taking.
• Briefly describe your symptoms in writing ahead of time. Try to describe them as clearly as possible.

During the office visit

• Tell your physician your concerns and any questions you may have at the beginning of your visit.
• Bring a pen and notepad to write down notes. Writing down the answers to your questions means you can reread and think about them later when you are at home.
• You may wish to ask a family member or friend to go with you to the physician. Your friend can take notes, ask more questions, and help you recall what was said.
• Share your views about the medical treatment recommended for you.
• Ask your physician about:
  – Your diagnosis. Be sure you are clear what it means.
  – Recommended treatment. Ask about the risks and complications. Find out what will happen if you are not treated.
  – Follow-up. Know what you should watch for. Find out if you need another appointment. Learn what kinds of things you should report to your physician.

If a diagnostic test is ordered
• Ask the reason for the test and what will be learned from this test.
• Ask when the results will be ready and how will you learn of the results.
• Ask if you need to do anything special in order to get ready for the test.
• Find out what the test involves.
• Find out if you need help getting home after the test.

Questions I will ask my physician:
1. 

2. 

3. 


The physician-patient relationship is a partnership

An effective partnership depends upon both the patient and physician fulfilling their responsibilities.

Patient

• Keep your scheduled appointments.
• Be sure to bring your list of questions, main concerns, current medication list, and materials for taking notes to your office visits.
• Ask about your diagnosis and treatment until you are clear what they mean.
• Become informed about your health plan.
• Know how your health plan works.
• Follow through with your treatment, or honestly discuss why you do not feel you can follow through with your physician.

Physician

• Explain patient’s diagnosis and treatment in a way the patient understands.
• Explain the choices in treatment.
• Answer important questions and concerns that the patient may have regarding the diagnosis and treatment options.
• Monitor chronic health problems.
For your health

Do

• Get a flu shot every year.
• Get a pneumonia shot.
• Learn as much as you can about CHF.

Do not

• Smoke or chew tobacco.
• Use illegal drugs.
• Spend time with people who have colds or flu.
Chapter 7

Resources
Resources at Group Health Cooperative

Nutrition and exercise

Group Health offers nutrition counseling in-person or over the phone. Classes are available at some medical centers. For more information, call the Group Health Resource Line at 1-800-992-2279.

Please note: Call Group Health Customer Service at 1-888-901-4636 for information about coverage for nutrition counseling. Services are also available for a fee for those with other health insurance plans or on a private-pay basis.

The Enhance Fitness Program is an exercise program for seniors to improve balance, flexibility, daily functioning, and mental wellness. For more information, call the Group Health Resource Line at 1-800-992-2279.

The SilverSneakers Program provides a basic membership to seniors at participating fitness and YMCA facilities in most Group Health service areas. For more information, call the Group Health Resource Line at 1-800-992-2279.

Tobacco cessation

The Free & Clear® Quit For Life™ tobacco treatment program offers individual phone counseling and group classes to help people who want to quit using tobacco. Participants will receive support with quitting and learn ways to cope with withdrawal symptoms. Products that help with quitting (like nicotine gum, patches, and bupropion SR) may be available for a pharmacy copayment or a discounted charge only if enrolled in the program.

Programs to help you quit are available to qualifying Group Health Cooperative and Group Health Options, Inc. members as part of their coverage agreement. For more information or to register call 1-800-462-5327.
Mental Health and Chemical Dependency (drug and alcohol)

Behavioral Health Services coordinates all mental health and chemical dependency care for Group Health members.

First-time appointments:
- Western Washington: Call toll-free 1-888-287-2680 or 206-901-6300 in Seattle, or TTY 206-901-6301.
- Central Washington, Eastern Washington, and North Idaho: Call toll-free 1-800-851-3177 or 509-241-2482 in Spokane.

What to expect when you call. A therapist will answer your call. The therapist will ask you a few questions so we can better direct you to the services you need.

Please Note: Coverage for mental health and chemical dependency varies based on what you and/or your employer have purchased and your location. Check your benefit booklet or call Group Health Customer Service at 1-888-901-4636.

Other Group Health Resources

The Group Health Resource Line has a variety of printed material available free to Group Health members. In addition, the Resource Line can provide information about classes, support groups, and programs at Group Health and in the community. Call toll-free 1-800-992-2279, Monday–Friday 9 a.m.–4 p.m., or leave a message after hours. Or by e-mail at resource.l@ghc.org

Group Health’s Web site (www.ghc.org) offers a wealth of health information and secure, personalized online services. Members who get their primary care at Group Health medical centers can register with MyGroupHealth to request appointments; view their online medical records and test results; and securely e-mail their doctors. All Group Health members can use Group Health online services to review their benefits; complete a Health Profile, an online health assessment and management tool; look up more than 5,000 health care topics, and order prescription refills from a Group Health pharmacy with free delivery. A directory of Group Health physicians and other providers, a directory of our medical facilities, and a calendar of upcoming classes and events are also available from www.ghc.org.
Advance Care Planning. Make sure your wishes are followed if you become incapacitated and cannot speak for yourself. By planning ahead, you ease the burden of decision-making that could fall upon your family. To request a free copy of Group Health’s guide to advance directives and organ donation forms, call the Group Health Resource Line at 1-800-992-2279.

Living Well with Chronic Conditions offers a 6-session class series to help people with chronic conditions improve their health one step at a time. To enroll in the classes or for more information, call the Resource Line at 1-800-992-2279.

The Take Care Store sells self-care and wellness products to help you improve your health. These products include cookbooks, carbohydrate counters, and foot and skin care products. You can order by phone at 1-800-447-2839. You can also visit the Take Care Store online at www.take-care.com.

Our Customer Service Center can answer your questions about medical coverage, bills, address changes, ID cards, doctors, referral processes, and facility locations. We also welcome your compliments, complaints, and concerns. Call or send a message to one of our customer service representatives. Call 1-888-901-4636, or e-mail at info@ghc.org.

If you are unsure about whether you need urgent or emergency care, call the Consulting Nurse Service and speak to one of our registered nurses before or after regular clinic hours. In Western Washington, call 1-800-297-6877. In Eastern Washington and North Idaho, call 1-800-826-3620. During office hours, you can always call the clinic where you receive care to talk with a member of your health care team.
Other resources

For more information on CHF, contact any of the following organizations:

American Heart Association
National Center
7272 Greenville Ave.
Dallas, TX 75231
1-800-242-8721
www.americanheart.org

The Mended Hearts, Inc.
7272 Greenville Ave.
Dallas, TX 75231-4596
1-888-432-7899
www.mendedhearts.org

National Heart, Lung, and Blood Institute
Health Information Center
P.O. Box 30105
Bethesda, MD 20824-0105
301-592-8573
www.nhlbi.nih.gov

National Institute on Aging
Building 31, Room 5C27
31 Center Drive, MSC 2292
Bethesda, MD 20892
301-496-1752
www.nia.nih.gov

Heart Failure Society of America
www.hfsa.org