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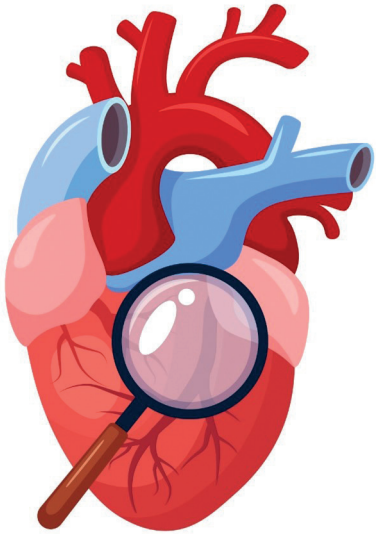


Heart failure: Living with a weakened heart

Information for the patient and his/her family

Introduction

Your doctor has told you that your heart is functioning less well: you have heart failure, also known as heart weakness. This is a condition that develops slowly and gradually.

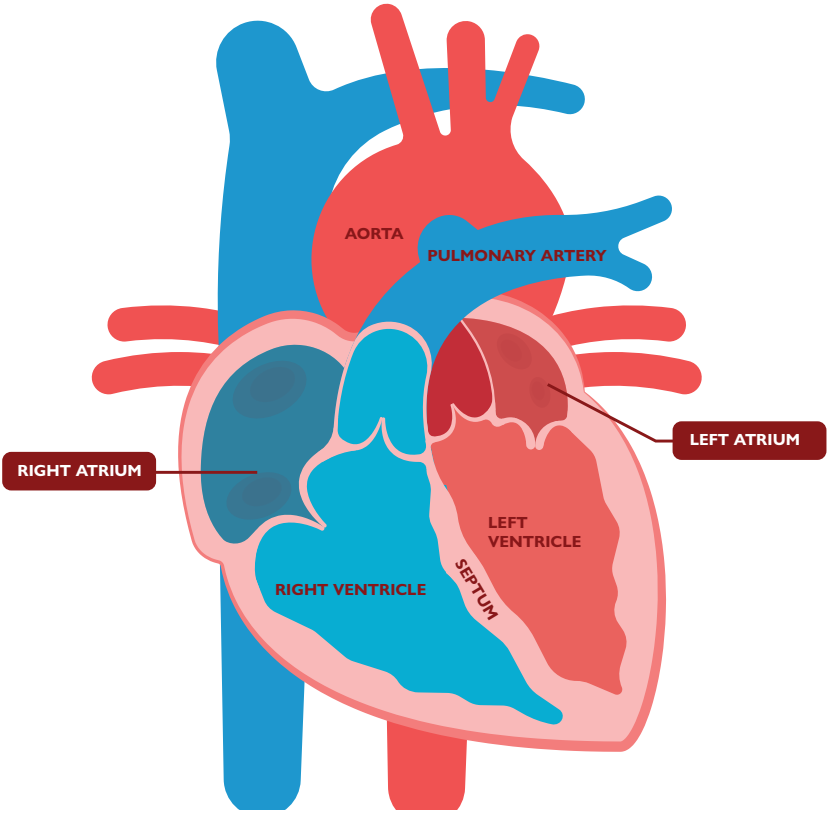
Heart failure is a chronic condition in which the heart is unable to pump enough blood around the body. This can lead to tiredness, breathlessness and fluid build-up. For many people and their loved ones, a diagnosis of heart failure can be confusing and frightening. It raises questions about the future and about what can be done to keep day-to-day life as normal as possible.

In this brochure, we want to explain exactly what heart failure is, what the causes and symptoms are, and which treatment options are available. We also look at how you, as a patient or family member, can deal with the consequences of heart failure in daily life.

If you still have questions afterwards, or if anything is unclear, do not hesitate to speak to a doctor or nurse from our team.

The Department of Cardiovascular Diseases at UZ Leuven

THE NORMAL FUNCTIONING OF THE HEART

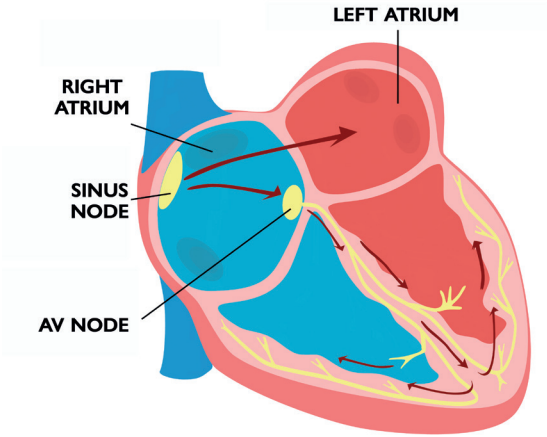


The heart is an extraordinary organ that acts as a powerful pump to keep blood flowing through our body. It is located in the chest, just behind the breastbone, and consists of four chambers: two atria (the upper chambers) and two ventricles (the lower chambers). These chambers work together to pump oxygen-rich blood to the organs and tissues and to send oxygen-poor blood back to the lungs for fresh oxygen uptake.

HOW DOES THE CIRCULATION WORK?

The circulation begins when oxygen-poor blood flows back from the body into the right atrium of the heart. This blood then passes into the right ventricle, which pumps it to the lungs. In the lungs, carbon dioxide is removed from the blood and oxygen is added. This oxygen-rich blood then flows back to the heart, but now into the left atrium. From the left atrium, the blood moves into the left ventricle, which is strong enough to pump the blood throughout the body so that every organ and tissue receives enough oxygen and nutrients.

THE ELECTRICAL ACTIVITY OF THE HEART

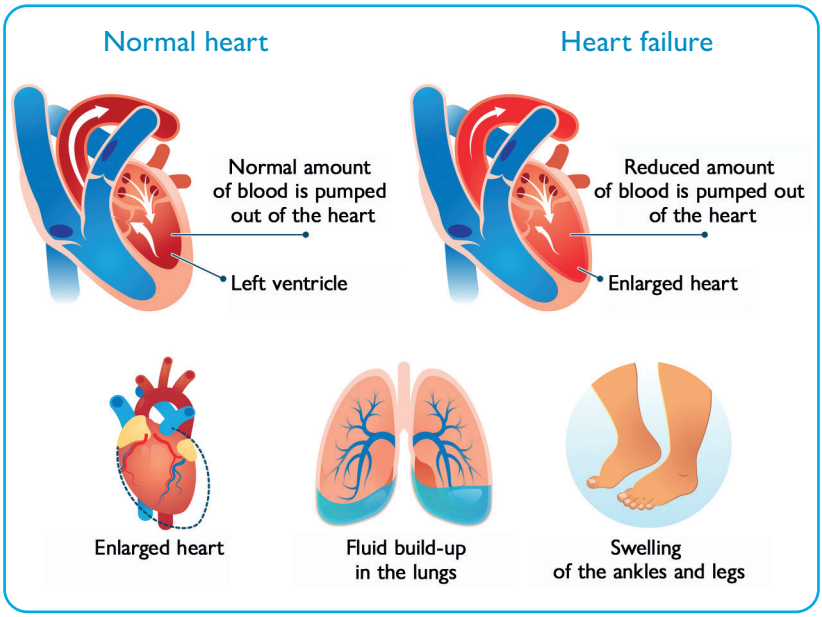


Our heart works like a pump that keeps blood flowing through our body all the time. But did you know that this pump can function properly thanks to a complex system of electrical signals? This electrical activity ensures that the heart beats regularly and that each part of the heart contracts and relaxes at the right moment.

The heart contains a special group of cells – the sinus node – located in the right atrium. These cells act as a natural pacemaker and send out electrical impulses. Each impulse coming from the sinus node first causes the atria to contract, pushing blood into the ventricles. The impulse then reaches the AV node, which pauses briefly so that blood can flow into the ventricles. The signal then spreads through the ventricles, which contract powerfully to pump blood to the rest of the body.

WHAT IS HEART FAILURE?

Heart failure is a clinical syndrome in which the heart pumps blood around the body less effectively than it should. It means that the heart is no longer able, or is less able, to pump enough blood to supply all the organs and muscles in the body with sufficient oxygen and nutrients. The consequences soon become apparent.



Fluid build-up

Because of the reduced blood flow, the kidneys receive the signal that they are not getting enough blood. In response, they reduce urine production and retain water and salt. This extra fluid increases the blood volume in the blood vessels, making it difficult for the weakened heart to pump this larger amount of blood around the body. Blood starts to build up in the blood vessels and fluid can leak from the vessels into surrounding tissues, leading to fluid build-up (oedema).

This build-up – also called congestion – is responsible for the main symptoms of heart failure. The accumulated fluid makes it difficult for the lungs to take up oxygen, which can cause breathlessness, coughing and wheezing. In addition, blood can collect in the ankles, allowing fluid to leak from the blood vessels and causing swelling of the ankles and legs.

Causes of heart failure

Heart failure develops as a result of damage to the heart or long-term overloading of the heart.

Possible causes:

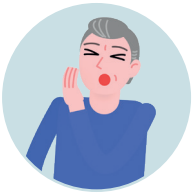
- High blood pressure
- Heart rhythm disorders
- Heart valve disease
- Coronary artery disease/heart attacks
- Congenital heart defects
- Other causes: alcohol, drugs, medication, chemotherapy
- Unknown causes (idiopathic)

Symptoms of heart failure

Heart failure often develops gradually.

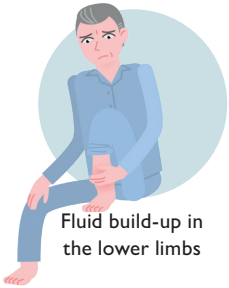
Breathlessness

Dizziness



Tiredness

Chest pressure



Fluid build-up in the lower limbs

Unexplained weight gain

Passing urine at night

breathlessness when lying flat

It is therefore crucial to recognise symptoms in time and to start medication to protect the heart. This can help to stabilise heart failure and reduce the risk of complications.

Functional classification of heart failure (New York Heart Association scale or NYHA)

The NYHA classification divides heart failure into four classes based on the severity of symptoms during daily activities. This classification is a useful tool for your doctor in planning treatment and assessing prognosis.

NYHA classes:

- Class I: No limitations. Ordinary activities cause no symptoms.
- Class II: Mild limitations. Ordinary activities lead to tiredness, palpitations or breathlessness.
- Class III: Moderate limitation. Small efforts may lead to symptoms. No symptoms at rest.
- Class IV: Severe symptoms, even at rest. Any activity worsens the symptoms.

DIAGNOSIS

To diagnose heart failure, we take the following into account:

- Your symptoms
- Your medical history
- Possible risk factors such as smoking, alcohol and/or drug use, level of physical activity, and fat and salt intake
- A thorough physical examination will also be carried out:
  - Measuring blood pressure and heart rate with a blood pressure monitor
  - Listening to your heart, especially the closing of the heart valves and any heart murmur that may arise when a heart valve is not working perfectly
  - Listening to your lungs to check whether fluid is present
  - Checking for fluid buildup in the legs/ankles and liver
  - Checking whether the neck vein is distended
  - Checking height and weight

ADDITIONAL TESTS

Blood test

A blood test can sometimes show the cause of heart failure. In addition, it provides information about how other organs are functioning. During treatment for heart failure, regular blood tests are often indicated to monitor, among other things, kidney function and the salts in your body. This is necessary in order to adjust the dose of your medication if needed.

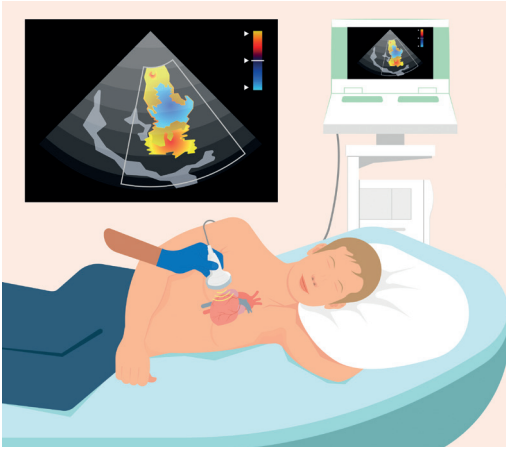
Electrocardiogram (ECG)

During an ECG examination, a number of electrodes attached with suction cups are placed on your arms, legs and chest. An ECG records the electrical activity of your heart. This can provide valuable information about, for example, a recent or previous heart attack, heart rhythm disorders or a cardiomyopathy (heart muscle disease).

Holter monitor

A Holter monitor records your heart rhythm continuously for 24 to 48 hours using a portable device. This test helps to detect heart rhythm disorders that are not always visible on a short ECG. It provides valuable information about how your heart functions during your daily activities and can help in adjusting your treatment.

Echocardiography (TTE)



Using ultrasound waves, detailed images of the heart are produced. These make it possible to examine, among other things, the size, wall thickness and heart valves in detail. The test also provides insight into pumping strength, the speed and direction of blood flow, and the pressure in the heart and pulmonary arteries. This examination is completely painless and harmless; you only need to lie still and quietly.

24-hour blood pressure monitoring

A 24-hour blood pressure test measures your blood pressure over a full day and night. This provides a complete picture of your blood pressure at rest and during daily activities. It helps the doctor to detect fluctuations, assess the effect of your medication and tailor your treatment more closely to your needs.

Exercise test or bicycle test

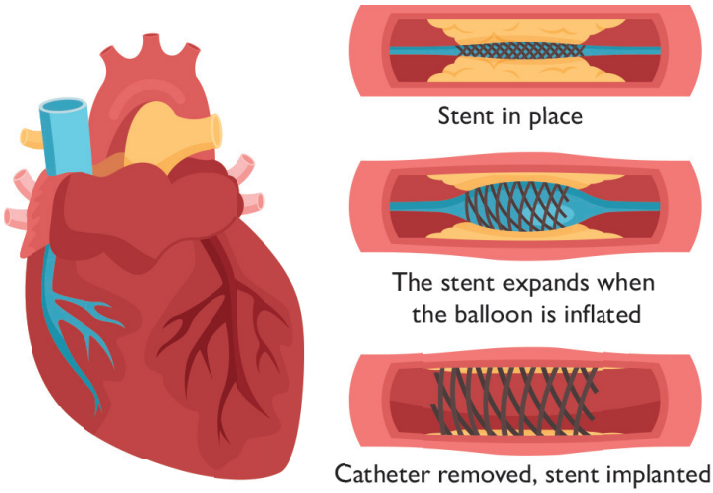
A bicycle test or exercise test measures how your heart responds to exertion. While you cycle on an exercise bike, your heart rate, blood pressure and, if needed, an ECG are recorded. This test helps to assess possible heart rhythm disorders, a lack of oxygen in the heart or your exercise capacity, which provides valuable information for your treatment.

Cardiac MRI

An MRI scan – also called an NMR scan (nuclear magnetic resonance) – uses a magnetic field to create detailed images of your heart. This examination is particularly useful for mapping scar tissue or damage accurately.

Cardiac catheterisation

Because a blockage in one or more coronary arteries can affect the pumping function of the heart, the doctor will investigate whether this is the case for you. This is done by means of a coronary angiogram. A catheter is guided to the heart through the wrist or groin, which is numbed locally. Contrast dye is injected through this catheter, making the coronary arteries visible on imaging. This allows the doctor to detect any narrowing or blockages and determine their exact location.



TREATMENT OF HEART FAILURE

Heart failure is a chronic condition that cannot be cured, but it can be treated well. Treatment is built up gradually and aims to keep symptoms under control so that your quality of life improves. The main goal is to stabilise the pumping function of the heart, prevent complications and extend your life expectancy. Treatment includes – where necessary – addressing the cause, medication, the use of aids such as devices (see page 22 for more information), and following adapted lifestyle rules. Your GP, heart failure nurse and cardiologist are there to support and guide you.

MEDICATION

Medication helps support the weakened heart and reduces symptoms such as fluid build-up, tiredness and breathlessness. In the treatment of heart failure, it is often necessary to use several medicines at the same time.

Depending on the type of heart failure, your treatment may consist of different types of medication. The basic treatment consists of four types of medicines: ARNI/ARB or an ACE inhibitor, beta blockers, aldosterone antagonists and an SGLT2 inhibitor, possibly supplemented with a diuretic. Below is the essential information on these four types of medication:

Diuretics

Effect: reduces excess fluid in the body and protects the body against fluid build-up

Possible side effects: passing urine more often, weight loss, low potassium, sodium and magnesium levels, skin rash, muscle cramps, dry mouth

Points of attention

- monitor weight
- if you have muscle cramps, extra magnesium supplements may be taken. They are available without a prescription from your pharmacist.
- in hot weather or in case of illness (vomiting, diarrhoea …), it may be appropriate to stop briefly, always in consultation with your doctor

ACE inhibitors (angiotensin-converting enzyme)

Effect: lowers blood pressure by widening the blood vessels, reducing enlargement of the heart so that it can contract more efficiently.

Possible side effects: tickly cough, dizziness (due to low blood pressure) or skin rash

Points of attention

- monitor blood pressure
- The dose is increased slowly so that the body can adjust to the lower blood pressure

ARB or sartans (angiotensin II receptor blockers)

Effect: lowers blood pressure and widens the blood vessels like ACE inhibitors

Possible side effects: dizziness, low blood pressure, skin rash

Points of attention

- monitor blood pressure

ARNI (angiotensin receptor neprilysin inhibitor)

Effect: lowers blood pressure

Possible side effects: dizziness, low blood pressure

Points of attention

- monitor blood pressure

Beta blockers

Effect: slows the heart rate so that the heart pumps more efficiently; improves the function of the weakened heart in the longer term

Possible side effects: low blood pressure and dizziness (especially at the start), slow heart rate, cold hands and feet, sleep disorders, erectile dysfunction, vaginal dryness

Points of attention

- monitor blood pressure and heart rate; the dose is increased slowly

MRA (aldosterone receptor antagonists)

Effect: removes excess fluid and slows the progression of heart failure

Possible side effects: nausea, abdominal cramps, diarrhoea and headache

Points of attention

- Men may develop painful breasts when taking Aldactone because of gynaecomastia (breast enlargement).

SGLT2 inhibitors

Effect: diuretic effects, reducing the risk of hospital admissions

Possible side effects: urinary tract infection or fungal infection of the genitals, dehydration

Points of attention

- If your fluid intake is reduced, for example because of a marked loss of appetite or temporarily increased fluid loss due to diarrhoea, vomiting, sweating during a heatwave or fever, your fluid balance may be disturbed. Consider temporarily stopping SGLT2 inhibitors (risk of ketoacidosis).

The following medicines complement the basic treatment:

Vasodilators

Effect: widens the coronary arteries in cases of angina (chest tightness)

Possible side effects: dizziness, headache, rapid pulse, flushing, nausea, restlessness, low blood pressure

Points of attention

- monitor blood pressure

Anti-arrhythmics (for heart rhythm disorders)

Effect: slows the heart rate and reduces heart rhythm disorders. Their use is limited as much as possible because of the risk of side effects.

Possible side effects: oversensitivity to sunlight or a blue-purple discolouration of the face, neck and arms. Disturbance of thyroid function.

Points of attention

- high-factor sun protection is necessary, even when there is little sun
- yearly check-up with the eye specialist
- thyroid tests twice a year through a blood test with your GP or cardiologist.

Anticoagulants (blood thinners)

Effect: prevents the formation of blood clots, thins the blood

Possible side effects:
Higher risk of bleeding and bruising

Points of attention

- Regular blood tests with the GP; watch for blood loss, for example in your stool.
- For an operation or procedure (dentistry), treatment is usually switched to low molecular weight heparins by the GP or cardiologist

Antiplatelet agents

Effect: prevents the formation of blood clots by slowing the clumping together of platelets. Used mainly after a stent has been placed in the blood vessels of the heart.

Possible side effects: stomach pain, heartburn, nausea, allergy

Points of attention

- watch for blood loss, for example in your stool

Cholesterol-lowering medicines

Effect: lowers LDL cholesterol

Possible side effects: muscle pain, abdominal discomfort, diarrhoea, gout

Points of attention

- brief muscle stiffness in the morning is acceptable. Preferably take in the evening.

FORBIDDEN MEDICATION

- Anti-inflammatories or NSAIDs such as ibuprofen, naproxen, diclofenac, aceclofenac, meloxicam, piroxicam, celecoxib, etoricoxib, nabumetone.
- Aspirin (acetylsalicylic acid) in a high dose, > 3 grams per day.

Why?

These medicines have negative effects on the kidneys and can lead to:

- ✔ Increased retention of salt and fluid, which can worsen heart failure symptoms with more breathlessness, swelling of the legs and possibly the need for hospital admission.
- ✔ A deterioration in kidney function and a rise in the concentration of potassium in the blood. In patients who already have poor kidney function, this can lead to the need for kidney dialysis.

- ✔ These medicines increase the risk of stomach ulcers and stomach bleeding, especially if blood thinners are also being taken.

PERMITTED PAIN RELIEF: PARACETAMOL

Perdolan®, Dafalgan® up to four times a day.
If the pain does not improve, contact your doctor or heart failure nurse. Please note: preparations such as effervescent tablets, certain powders and syrups contain a lot of salt and are best avoided. This can cause the body to retain more fluid and heart failure symptoms to increase.

Important points of attention:

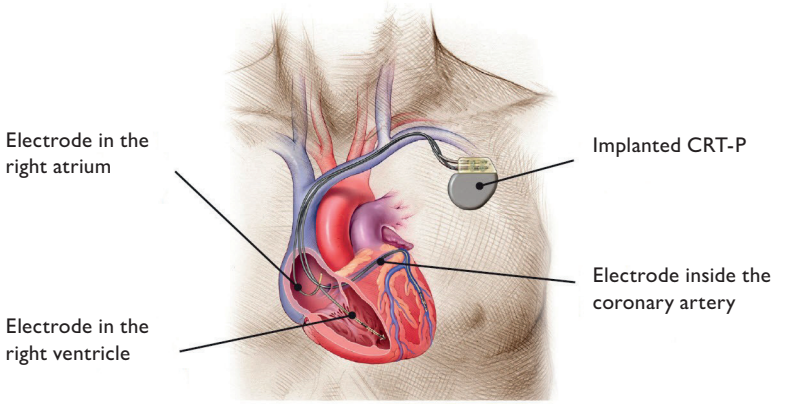
- ✔ Take your medication every day as prescribed by your doctor. If this is difficult, ask family or home nursing for help.
- ✔ Use a pill organiser (available from the pharmacy) to prepare your medication for the week. This can help you not to miss a dose.
- ✔ If in doubt, or if you have symptoms such as dizziness, low blood pressure or weight fluctuations, contact your heart failure nurse or doctor.
- ✔ Never change or stop medication without consulting your doctor, even if you suspect side effects.
- ✔ Always make sure you have enough of your medicines in stock and obtain new supplies from the pharmacy in good time.

If you are admitted to hospital, we ask you to bring your medication in the original packaging.

DEVICES

Some heart failure patients may be eligible for the implantation of a device. A defibrillator or ICD (Implantable Cardioverter Defibrillator) is placed if a life-threatening disturbance in your heart rhythm occurs or if there is an increased risk that you may develop a life-threatening rhythm disorder (ventricular fibrillation and/or ventricular tachycardia).

A CRT device (cardiac resynchronisation therapy) is indicated if your left and right ventricle no longer contract at the same time. By implanting a CRT-P (pacemaker) or a CRT-D (defibrillator), an extra lead is brought to the left ventricle so that the right and left sides are stimulated simultaneously. This improves your heart's pumping strength and reduces heart failure symptoms.



HEART TRANSPLANTATION OR IMPLANTATION OF A HEART PUMP

Heart failure is a chronic and progressive disease, characterised by an unpredictable and variable course. As the disease progresses, the symptom burden increases, often with a complex contribution from comorbidities.

Despite optimal treatment, some patients will still progress to severe and persistently highly symptomatic heart failure. This is referred to as advanced heart failure. It is the cardiologist's task to recognise the stage of advanced heart failure using multiple criteria, based on symptoms, clinical course, echocardiography, exercise testing, etc.

These patients have a poor prognosis over a period ranging from months to a few years. Heart replacement therapy may be a good option for a very select group of these patients.

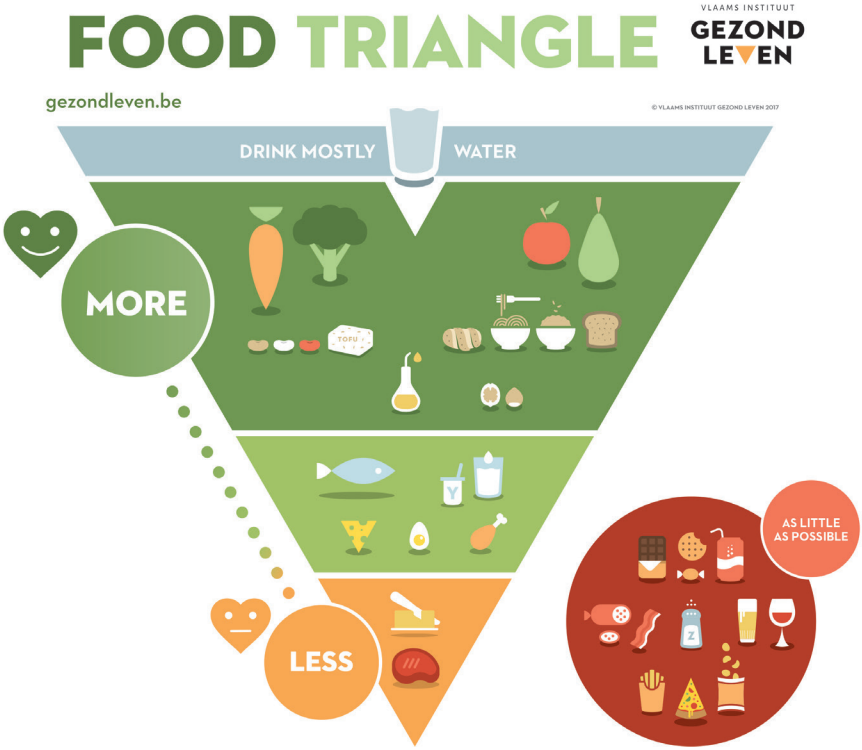
There are two types of advanced heart replacement therapy:

1. Implantation of a heart pump (LVAD, left ventricular assist device)
2. Heart transplantation (HTX)

LIFESTYLE

Heart failure is a chronic condition that requires long-term treatment. Fortunately, there is a great deal you can do yourself to keep your heart failure and other medical problems under control. In addition to following the treatment prescribed by your doctor or heart failure nurse, you may need to adjust your lifestyle. This includes diet, physical activity, stopping smoking and moderate alcohol use. By making these changes, you can benefit as much as possible from your treatment. Patients who adapt their lifestyle often experience a better quality of life and a longer life expectancy.

HEALTHY DIET



It is important to avoid meals high in saturated fats such as fats of animal origin including bacon, sausage or butter. These fats can contribute to atherosclerosis and raise the cholesterol level in the blood. By contrast, unsaturated fats, such as those found in oils, diet margarine and special cooking fats, help to lower cholesterol levels.

Are you over 75? Then it is crucial to take in enough calories. At an older age, a diet lower in saturated fat is less of a priority, because getting enough energy becomes more important. You can achieve a balanced diet by following the guidelines of the active food triangle. For more advice and personal guidance, you can always consult a dietitian. Excess weight places an extra burden on your heart. This increases the risk of complications and makes physical effort more difficult.

SALT RESTRICTION ≤ 6 GRAMS/DAY

Patients with heart failure often tend to retain more salt (sodium chloride, NaCl). A higher intake of this salt leads to greater water retention and possibly an increase in heart failure symptoms. For a long time, patients with heart failure have been advised to limit their daily intake of salt and fluids so that the body would retain less fluid and the heart would be under less strain. However, an effect on hard clinical endpoints such as fewer hospital admissions or longer survival has not yet been demonstrated scientifically.

General advice

- Vegetables and fruit contain hardly any salt.
- Fresh, unprocessed foods are preferable.
- Do not add table salt or sodium-rich products when cooking. Table salt, sea salt, aromatic salt and celery salt contain the same amount of sodium. Stock cubes normally contain a lot of salt, although lower-salt versions do exist.
- Ready-made products almost always contain a lot of salt.
- All foods in tins or jars contain a lot of salt. Salt is added to keep the food for longer.

→ For detailed product information, it is best to consult the dietitian.

Did you know?

- ✔ Shellfish and crustaceans, such as prawns and mussels, naturally contain a lot of salt.
- ✔ A single salted herring already gives you two grams of salt. Pickled herring also contains salt.
- ✔ Even sweet products such as ice cream, chocolate and biscuits contain salt.
- ✔ Liquorice (sweet, salty or English liquorice) contains another ingredient that retains fluid. Salty liquorice is therefore twice as bad for you.
- ✔ Sea salt, aromatic salt, herb salt, celery salt and onion salt contain just as much sodium as ordinary table salt.
- ✔ Mineral salt (for example Low salt) does contain less sodium than table salt, but still too much.
- ✔ Salt substitutes contain a lot of potassium and are therefore not suitable either.

How can you still add flavour to your food if you need to eat less salt?

- garlic, onion, tomato
- fresh, dried or frozen (garden) herbs such as chives, cumin, coriander and thyme
- spices such as pepper, paprika, curry powder and nutmeg

Do make sure your diet remains varied enough to take in the main vitamins, proteins and minerals. Consult your doctor and dietitian about this.

WHAT ABOUT FLUID INTAKE?

Patients with heart failure often tend to retain salt and water in the body and in the bloodstream. This can place an extra burden on the heart, with fluid build-up in the lungs, increased breathlessness and/or swelling of the feet and/or legs.

That is why it is often recommended not to drink too much. This is especially important for patients who need to take diuretic medication. In these patients, drinking too much can lead to the need for a higher dose of diuretics and therefore more frequent urination.

For patients who do not need to take diuretics, this advice is less strict as long as there are no signs that the body is retaining fluid (rising weight, increasing breathlessness, swelling of the lower legs).

Practical advice on fluid restriction:

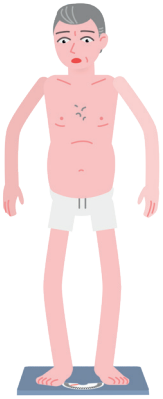
- You may drink according to thirst.
- Normal fluid intake: 1.5 to 2.5 litres per day, including all drinks: water, soft drinks, coffee, tea, soup, milk ....
- In patients receiving renal replacement therapy (dialysis) and no longer passing urine themselves, fluid restriction must be followed more strictly.

When may more fluid still be taken?

- On very hot summer days, when you sweat more than usual. Breathing and sweating then lead to greater fluid loss. You may then drink 1 to 2 extra glasses per day (= 150-300 ml).
- If you have a fever, vomiting and/or diarrhoea, more fluid is also lost so you may drink more.
- In these circumstances, it may sometimes be necessary not to take diuretic medication for a few days, as long as the weight remains stable and there is no increase in breathlessness or swelling of the lower legs. Always in consultation with your treating doctor.

Weighing yourself daily

In heart failure, the body often retains salt and fluid. Normally, a target weight is proposed. The aim is for your weight to remain stable around this target weight. However, this target weight can change over time and must be checked regularly and adjusted if necessary.



In addition, the aim should also be a healthy weight, without obesity (body mass index, BMI > 30 kg/m^2) but also without being underweight (BMI < 20 kg/m^2). A change in weight of 2 kilograms or more is considered important, especially if the weight keeps rising for 2 or more days in a row. It is then best to discuss this with your GP or heart failure nurse.

When should you think of worsening heart failure with fluid build-up?

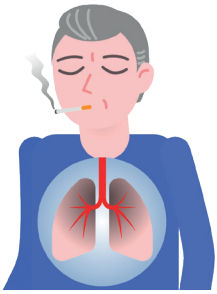
- ✔ A fairly rapid weight gain that increases over 2 consecutive days to more than 2 kg above the target weight.
- ✔ Increased breathlessness.
- ✔ Swelling of the lower limbs.

Write down your weight every day in your diary and bring it with you to every admission or appointment.

SMOKING

Stopping smoking: an important step for your heart

Smoking is the biggest risk factor for having a heart attack or having another one. Tobacco smoke damages the walls of the blood vessels, which can lead to narrowing. In addition, smoke displaces oxygen in your blood, so your heart and other organs receive less oxygen. The good news? Just one year after stopping smoking, your risk of a heart attack is halved.



Successfully stopping begins with the conviction that you want to stop and that you can. Many aids are available to support you, such as stop-smoking consultations, smoking cessation programmes through your employer or local health insurer, and advice and help from your GP, for example with nicotine replacement products or medication. It is never too late to stop and improve your heart health.

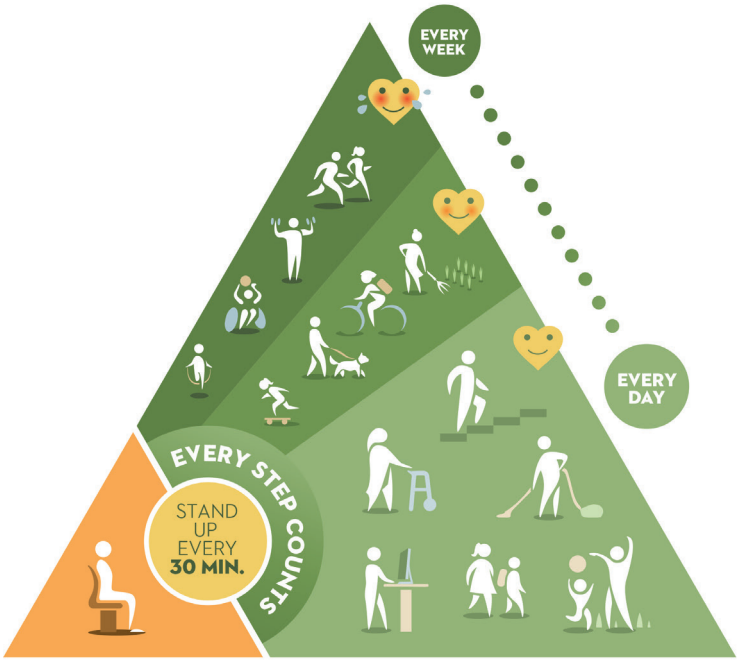
ALCOHOL USE

Alcohol is harmful to the heart. It can lead to poorer functioning of the heart muscle, reduced pumping function of the heart, heart rhythm disorders and raised blood pressure. Alcohol can therefore cause or worsen heart failure. You should therefore limit its use to a maximum of 10 standard drinks spread over 1 week, preferably with 1 or 2 alcohol-free days per week. One standard drink of alcohol corresponds to 1 glass of lager of 250 ml or 1 glass of wine of 100 ml. A glass of strong beer or a cocktail contains more alcohol than a standard drink.

The less alcohol you drink, the better. Not drinking alcohol, or only drinking alcohol a few times a year, is the best choice. If your heart failure was triggered in the past by drinking too much alcohol, it is best not to drink any alcohol at all in the future.

PHYSICAL ACTIVITY

Physical activity such as walking, cycling and swimming, etc. is healthy. It is important to work on a good basic level of fitness and to maintain it. We recommend doing at least 30 minutes of moderate physical activity a day. Also consider physiotherapy aimed at restoring fitness, strength and endurance. In addition, you can join a sports club for heart patients, where you can take part in physical activity under expert supervision.



PHYSICAL ACTIVITY TRIANGLE

VLAAMS INSTITUUT GEZOND LEVEN

VACCINATION

Respiratory infections are especially dangerous for patients with heart failure because they place an additional burden on the weakened heart and can therefore trigger an episode of worsening heart failure, with a higher risk of hospital admission or death. Vaccines exist against some infections. These protect against more severe infections and reduce the risk of complications (hospital admission, admission to intensive care, death).

In patients with heart failure, vaccination against the following illnesses is recommended:

- Influenza virus (flu): it is recommended to repeat this every year before winter.
- Pneumococci: this is a bacterial infection that can cause severe pneumonia. There are different vaccines and schedules. Discuss this with your doctor.
- COVID-19 virus: it is recommended to repeat this every year before winter.

People with heart failure are at higher risk of serious complications from these infections, which makes vaccination an important preventive measure.

LIVING WITH HEART FAILURE

DRIVING

Driving can be dangerous for people with heart failure. Suddenly feeling unwell at the wheel can cause an accident with potentially serious consequences for you and for other people. For that reason, your doctor may ask you not to drive for a few weeks, a few months, or at all. Your doctor will assess your medical history and the severity of your heart failure to determine whether it is safe for you to drive a car. Some patients with persistently severe heart failure and/or heart rhythm disorders are sometimes declared permanently unfit to drive. It is important that you are well informed about how to maintain your mobility without taking risks.

HOLIDAYS AND TRAVEL

Travelling with heart failure is often possible, but it depends on the severity of the heart failure and on how stable your condition is. It is therefore difficult to give general advice on this. It is important that you discuss the possible risks in advance with your doctor or heart failure nurse.

If you are breathless while doing nothing or with the slightest effort, it is best not to travel. In any case, avoid holidays at high altitude or in very hot or humid places. Very hot weather in particular places an extra strain on your heart and increases the risk of dehydration. Travel is therefore best planned in spring or autumn. It is also better to avoid long-haul flights. Finally, choose a

destination where there is a good healthcare system. Travelling is possible, as long as you are well prepared and take the right steps to safeguard your health.

WORK

Working with heart failure brings challenges. Whether and when you can return to work depends on the severity of the heart failure and the type of work you do. You may need to reduce your hours or do less strenuous work. Sometimes retraining is needed so that you can do a different, more manageable job. With the right support and adjustments, it is often possible to return to work. Discuss this with your employer and, if available, with the occupational health doctor.

SEXUAL ACTIVITY

Sex is comparable to normal exertion and is therefore not dangerous. However, heart failure can affect sexuality. Because of reduced fitness, breathlessness, tiredness and some medications, sex may be more difficult than before. Libido can decrease and men may suffer from erectile dysfunction.

If your clinical condition is stable and you can do light to moderate exertion, such as climbing two flights of stairs, you can have sexual intercourse relatively safely. If you are already breathless with the slightest effort or at rest, it is best to avoid sexual intercourse. It is important to talk to your partner when you notice that sexuality has become more difficult. If necessary, also discuss this with your doctor and/or a heart failure nurse. Never adjust your heart medication

yourself in case of erectile problems or if you suspect certain side effects. The benefits of this life-prolonging medication for your heart are important.

Also always discuss taking medication to improve an erection with your doctor.

LIVING WITH A CHRONIC ILLNESS

Coping with feelings

Heart failure does not only affect your body; it can also affect your emotions. You may experience feelings such as anxiety, sadness, anger or even depression. This is quite normal. It is important to recognise these emotions and not keep them to yourself. If you feel overwhelmed, seek support from people around you. Talking about your worries can often help you better understand and ease your feelings. Your loved ones too may feel anxious and concerned about your health. By being open and spending time together, you can support one another and grow closer.

If your anxiety or depression persists, discuss this with your doctor or nurse.

Coping with limitations

Heart failure can change your daily life, but that does not mean that you can no longer enjoy life. Try to focus on what you still can do. With the right care and support, you can remain active and continue doing many of the things that matter to you. Your loved ones can play a major role in supporting your quality of life. Accepting help can have a positive effect both for them and for you. Let them know how you feel, what you need and what is going well. Also tell them when you need a little less help or, on the contrary, more support.

Following your treatment

A good future with heart failure depends partly on how your heart responds to treatment and how well you work with your doctor or nurse. By following your treatment carefully, you can reduce your symptoms and keep your heart as stable as possible. Your commitment to following the treatment plan and adapting your lifestyle can make a big difference. Healthy eating, enough exercise and stopping smoking have a huge impact. Keep regular routines in your life; this helps you to follow your medication and other instructions properly.

For the carer

Do you care for a partner or family member with heart failure? Your help is valuable, but it is also important to look after yourself properly. Realise that you do not have to do everything on your own. Seek support in good time through family, friends or care

services in your area. Your loved one's illness may also trigger emotions in you. Speak openly about your feelings with the patient or with someone else around you, such as a friend, nurse or psychologist. If you notice that your loved one feels anxious or low, offer a listening ear. Sometimes that is already the best thing you can do to help.

If you have questions or concerns, do not hesitate to ask your doctor, nurse or another healthcare professional for help. Together, we can work towards the best possible quality of life.

ADVANCE CARE PLANNING

Heart failure is a chronic condition. Thanks to advances in treatment – both drug-based and non-drug-based – it is possible to improve life expectancy and symptoms considerably. In the early phase of the disease, there are often still many treatment options. Even so, heart failure is often characterised by episodes of acute heart failure, which can cause a decline in general health.

For some patients, there comes a time when the options for further treatment become limited. This means that there is no longer any medication or therapy available that can reverse the disease process or keep it under control. At that point, the focus of care shifts from controlling the disease to comfort treatment. This is called palliative care.

The palliative phase can vary from a few weeks to more than a year. The course of heart failure differs from person to person and there may sometimes be a sudden worsening of symptoms. This makes it difficult to predict when the palliative phase will begin.

Importance of advance care planning

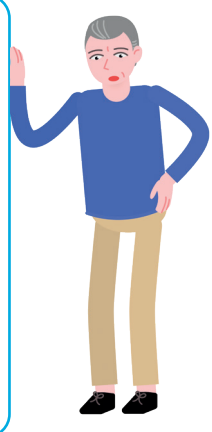
It is important to think in good time about the care and treatments that you may or may not want in the future. By discussing your wishes in advance with your GP, family and specialist, they can be taken into account if at a later stage you are no longer able to make decisions yourself.

If you would like more information, please ask for our brochure 'Advance care planning at UZ Leuven'.

WARNING SIGNS OF WORSENING HEART FAILURE

Does one of the symptoms in the following list appear or get worse? Then contact your GP. These symptoms may indicate that the condition of your heart is worsening. By getting in touch in time, we can together prevent a threatening worsening of your heart failure.

- You have gained 2 kg within three days.
- You develop swollen legs, ankles or abdomen.
- You become breathless more often.
- You become tired more quickly.
- You wake up at night feeling breathless.
- You have to sit upright in bed at night.
- You can no longer manage the stairs.
- You experience palpitations.
- You have a troublesome cough.
- You briefly lose consciousness.



USEFUL CONTACT DETAILS

If you have problems, it is best to contact your GP. If necessary, they will refer you to the hospital.

YOUR GP

Name: . . . . . .

Tel.: . . . . . .

YOUR CARDIOLOGIST

Name: . . . . . .

Making or rescheduling an appointment

UZ Leuven Gasthuisberg campus, heart failure secretariat, tel. 016 34 42 63 or tel. 016 34 42 68 (Monday to Friday from 08:00 to 16:00)

Contact with the nurse specialist or nurse consultant

hartfalen.htx@uzleuven.be

(!) Please note: making contact by email or telephone does not replace a consultation.

Interesting websites

- www.uzleuven.be/hartfalen
- Belgian Heart Failure Working Group – care pathway: https://heartfailurepathway.com/en/patient-and-family/
- Tips for healthy living/exercise
  https://www.gezondleven.be
  https://www.gezondleven.be/projecten/bewegen-op-verwijzing
- www.heartfailurematters.org
- www.uzleuven.be/en/vroegtijdige-zorgplanning
- https://www.nexuzhealth.com/

NOTES

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