Quick Heart Failure Facts

Q: What is heart failure?

A: Heart failure is a progressive condition in which the heart’s muscle becomes weakened after it is injured from something like a heart attack or high blood pressure and gradually loses its ability to pump enough blood to supply the body’s needs. Many people don’t even know they have it because its symptoms are often mistaken for signs of getting older. Heart failure does not develop overnight – it’s a progressive disease that starts slowly and gets worse over time.

Q: How common is heart failure?

A: Heart failure is common, but unrecognized and often misdiagnosed. It affects nearly 5 million Americans. Heart failure is the only major cardiovascular disorder on the rise. An estimated 400,000 to 700,000 new cases of heart failure are diagnosed each year and the number of deaths in the United States from this condition has more than doubled since 1979, averaging 250,000 annually.

Q: How much money per year is spent on heart failure research?

A: The 5 million Americans suffering from heart failure received $28.7 million in research dollars. In comparison, lung cancer research, which affects 390,000 Americans, received $132 million.

Q: What is the prognosis for a patient with heart failure?

A: Less than 50 percent of patients are living five years after their initial diagnosis and less than 25 percent are alive at 10 years. Poor prognosis can be attributed to a limited understanding of how the heart weakens and insufficient private and government funding.

Q: What causes heart failure?
A: Although heart failure may strike at any age, it is more common in people over the age of 65. Heart failure risks include:

- High blood pressure
- Prior heart attack
- History of heart murmurs
- Enlarged heart
- Diabetes
- Family history of an enlarged heart

Q: What are the symptoms of heart failure?

A: The symptoms of heart failure may be subtle and are often mistaken for normal signs of aging. Common symptoms of heart failure are:

- Shortness of breath, which can happen even during mild activity
- Difficulty breathing when lying down
- Weight gain with the swelling in the legs and ankles from fluid retention
- General fatigue and weakness

Q: How is heart failure diagnosed?

A: Doctors often order a number of tests when exploring a possible diagnosis of heart failure. The most important of these test is the echocardiogram, or “echo”, which tells a person what their ejection fraction (EF) is. The ejection fraction is a measurement of how well the heart is pumping. People with a healthy heart have an EF of about 60 percent, while people with heart failure have an EF of 40 percent or less.

With early diagnosis and newer treatments, people with heart failure are able to continue enjoying their everyday activities and have a more normal life expectancy. Experts now recommend a three to four drug combination to treat heart failure, which include digoxin to help the heart pump better and improve blood circulation and diuretics, sometimes called water pills, to help remove extra fluid in the body and reduce swelling in the legs and ankles. Two newer classes of medications, ACE inhibitors and beta blockers have been shown to slow disease progression and work by blocking certain stress hormones in the body that are believed to be responsible for the progression of heart failure.
How to Evaluate Claims of New Heart Failure Treatments and Cures

The Heart Failure Society of America (HFSA) is a non-profit organization of health care professionals and researchers who are dedicated to enhancing quality and duration of life for patients with heart failure and preventing the condition in those at risk. These educational modules have been developed to help patients, their families, and individuals at risk for heart failure understand and cope with the disease. For more information about the Society please visit our web site www.hfsa.org.
Contact Information

Please write down important contact information in the space below. You may also want to share this information with family members and friends.

Doctor Treating Me for Heart Failure:

Name:

Address:

City:          State:          Zip code:

Phone number:

Fax:

E-mail:

Other Important Phone Numbers:

Ambulance, fire department, or emergency services: **911**

Pharmacy:

Other doctors or nurses:

Introduction

It may seem that every time you open a magazine, listen to the news, or search the Internet, you find out about a food, vitamin, mineral, or homeopathic medicine that can treat or cure an illness. You may have even read or heard about natural remedies (sometimes called complementary or alternative therapies) that claim to help heart failure. The problem is figuring out how to evaluate this information.

Just because something is natural does not mean it is safe. Even substances such as vitamins or nutritional supplements that are generally harmless may not be safe for someone with heart failure. These substances may interact with the medicines your doctor gives you. Most “natural” or herbal remedies and supplements have not been reviewed by the U.S. Food and Drug Administration (FDA). The FDA is the federal agency that evaluates prescription medicines for use in treating diseases. The FDA does not review and approve natural remedies and supplements. Many times these natural remedies are removed from the market only after many adverse events occur.

This module does not approve or disapprove of any particular natural remedy or approach to treating heart failure. Instead, it will provide you with tools you can use to evaluate information and claims about treatments for heart failure. While this module focuses specifically on natural remedies, you can also use the tools and techniques described to help evaluate information about other new therapies for heart failure including medicines and devices.
Introduction

This module will provide information on:

- Tools you can use to review claims about new treatments for heart failure.
- How major scientific journals review articles before publication.
- How the FDA evaluates heart failure therapies.
- How to recognize a false claim.

It will help you:

- Evaluate claims made about natural remedies for heart failure treatments.
- Decide which information about heart failure treatments you may want to bring up with your doctor.
How to Review a Claim

Probably the best way to evaluate a claim is to ask the following questions:

- Who said the natural remedy is effective?
- What are the qualifications of the person supporting the claim?
- Where did you read or hear about the claim?
- Where was the remedy evaluated and studied?

Who Is Making the Claim?

Reliable sources of information include people speaking on behalf of a well recognized professional medical organization or a well respected academic institution. A person who has conducted research on a particular disease and who has not received financial support from the company making or selling the product could be considered a reliable source of information. A person who represents the company who makes or sells the product might not be a reliable source of information.
How to Review a Claim

What Is the Background of the Person Making the Claim?
Factors to consider are whether the person making the claim is well recognized for his or her work in the field for which the claim is being made. Is the person an MD or PhD? Does he or she work for a government agency? A claim coming from a well recognized academic institution or a governmental organization such as the National Institutes of Health (NIH) or the FDA would be considered more reliable than a claim from the company that makes or sells the product.

Where Did You Read or Hear about the Claim?
You may have read about a treatment in a magazine or heard about it on television or radio. These may not be the best places to find out about treatments for heart failure.

Well recognized scientific journals have developed reputations for reliable and trustworthy information. These journals only publish articles after they have been reviewed by experts in the subject being discussed. If a study has been published in one of these journals, you can trust that the information is reliable.

You can find peer reviewed medical articles on specific subjects by using the Internet to search the PubMed database of medical literature. You can visit a medical library to access PubMed or make copies of articles. Examples of peer reviewed scientific journals include: The New England Journal of Medicine, Nature, the Journal of the American College of Cardiology, the Journal of Cardiac Failure, Circulation, and the Journal of the American Medical Association.

With other publications, look for signs of credible reporting. Reporters use what they know, read, or have been told when writing a story or column. Evaluating the sources the reporter uses can help you determine the reliability of the information. For example, if the reporter quotes medical journals or medical experts, the information may be more reliable than if the reporter quotes individuals who work for the company that makes or sells the product. Look for a straightforward style you can understand, conclusions based on evidence, and a balanced point of view.
How to Review a Claim

What about Web Sites?

The Internet is a rich source of information - both good and bad. The methods recommended for evaluating a news story or magazine article also work well when reviewing a web site. Ask questions about the sources used to develop the information presented on the web site. Evaluate the organization sponsoring the web site, examine the background of people quoted, and review the quality of the references that may be listed supporting any claims.

Evaluating How a Treatment Was Tested

As you review a natural remedy, evaluate how it has been tested. For example, find out whether it has only been tested in laboratory animals, or whether it has been thoroughly tested in humans. To test a treatment in humans, a clinical trial involving many participants may be conducted.

In a clinical trial, the treatment may be tested against a placebo. A placebo is an inactive treatment such as a sugar pill that does not contain any medicine or active ingredients.

In a placebo controlled study, 50 percent of the people receive the real treatment, and the other 50 percent receive a placebo treatment. Depending on the type of treatment being tested, the doctors and patients participating in the study may not know who is receiving the real treatment and who is receiving the placebo treatment.

The patients in both groups are followed for an extended period of time, and the data are evaluated on a continuing basis by a specially appointed board of experts. When the study is over, the data are evaluated to determine the effectiveness of the treatments that were studied.
When Is a Heart Failure Treatment Considered Beneficial?

A remedy for heart failure can be viewed as beneficial if strict testing shows that it can do at least one of the following:

- Help people with heart failure live longer.
- Increase the amount of exercise they can do.
- Decrease the number and severity of symptoms of heart failure.
- Decrease hospitalizations for heart failure.
- Slow, stop, or reverse the progression of heart failure.
- Improve quality of life.

Signs of a Bogus (False) Claim

Typically, a bogus claim is broad and general. A claim is suspect if it:

- States that a remedy is always beneficial or that it works for everyone.
- Contradicts all other reports you have read or heard about heart failure treatments.
- Requires you to discard something you trust or believe.
Other Things to Look for When Evaluating a Remedy

When you read or hear about a remedy, you should be cautious if:

- The remedy has not been tested thoroughly in a scientific study.
- The results of a study are mixed with both good and bad effects.
- The remedy has been tested in only one small study.

Be especially careful if the remedy has been tested on only a small group of people at a single center. Wait for the results of other studies to see whether the treatment is really safe and effective in a broader group of people.

Keep in mind that if a researcher gets good results with a therapy, others will try to duplicate the results. They will want to make sure that the remedy is effective in many different types of people.

As you review remedies, keep in mind that companies use marketing to sell or push their products to consumers. Just because a remedy has clever advertising and is expensive does not mean that it is safe and effective.

Remember the saying, buyer beware. If something sounds too good to be true, it probably is.

Work with Your Doctor, Nurse, or Pharmacist

Share the information you have gathered about a new food, vitamin, mineral, or homeopathic remedy with your doctor, nurse, or pharmacist before you begin to use it. Some natural remedies may interfere with the medicines your doctor has prescribed. Discussing information about a new remedy or cure with your healthcare provider can help you decide whether it may help or hurt you. Bring the information you have gathered with you, because your healthcare provider may not know the latest news about every remedy. It is important to evaluate the information together.
Learn More

You can learn more about how to take control of your heart failure by reading the other modules in this series. You can get copies of these modules from your doctor or nurse. Or you can visit the Heart Failure Society of America website at: www.hfsa.org.

The topics covered in the other modules include:

- Introduction: Taking Control of Heart Failure
- How to Follow a Low-Sodium Diet
- Heart Failure Medicines
- Self-Care: Following Your Treatment Plan and Dealing with Your Symptoms
- Exercise and Activity
- Managing Feelings About Heart Failure
- Tips for Family and Friends
- Lifestyle Changes: Managing Other Chronic Conditions
- Heart Rhythm Problems
- Advance Care Planning

These modules are not intended to replace regular medical care. You should see your doctor or nurse regularly. The information in these modules can help you work better with your doctor or nurse.
Acknowledgment

This is the last in the series of educational modules on heart failure for patients, their families, and individuals at risk. The HFSA would like to extend a special thank you to Debra K. Moser who spear-headed this activity along with the other members of the HFSA Nursing Committee (Nancy M. Albert, Susan Ammon, Susan J. Bennett, Sandra B. Dunbar, Mariann Piano, Barbara J. Riegel, Susan Ziesche) for their time and effort in developing these materials.
Taking Control of Heart Failure
Important Information

Please write down important contact information in the space below. You may also want to share this information with family members and friends.

**Health Care Provider Treating Me for Heart Failure:**

Name ________________________________

Address ________________________________

City __________________ State ___ ZIP __________

Phone ________________________________

Fax ________________________________

E-mail ________________________________

**Other Important Phone Numbers:**

Ambulance, fire department, or emergency services: **911**

Pharmacy ________________________________

Other health care providers:

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What is Heart Failure?

Many people mistakenly believe that heart failure means that the heart has stopped or is about to stop. Heart failure simply means that the heart is not pumping blood through the body as well as it should. As the heart’s pumping action weakens, blood backs up into the blood vessels around the lungs and causes seepage of fluid into the lungs. The fluid causes congestion and makes it hard to breathe. Sometimes the heart pumping is normal but there is an increase in pressure inside the heart. This can also cause problems with breathing. Many people with heart failure also have swollen legs and feet. That is why heart failure is sometimes called congestive heart failure.

Heart failure is a serious illness that can affect how long you live. You may have heard that some people may die sooner because of heart failure. But with proper medications in the right doses and careful management, you can live longer and feel better.

In most cases, heart failure can’t be cured, but it can be brought under control with careful work on your part. Careful management means that you should:

- Take all of the medicines ordered by your doctor or nurse.
- Follow a low-sodium (salt) diet.
- Stop smoking.
- Remain physically active.
- Lose weight if you are overweight.
- Drink alcohol sparingly, if at all.

You should also check yourself every day for signs that your heart failure is getting worse. You should:

- Weigh yourself.
- Look for swelling. These things may seem hard to do. But your active input in the treatment plan is essential. This series of modules will give you many tips and ideas to make it easier for you to take control of your condition.
Causes of Heart Failure

Heart failure usually occurs when another problem makes the heart weak or stiff so it doesn’t pump or fill normally. A common cause of heart failure is heart attack. The medical term your doctor may use for this cause of heart failure is ischemic cardiomyopathy.

Other non-“ischemic” causes of heart muscle dysfunction (cardiomyopathy) include high blood pressure, infection or inflammation of the heart muscle, lung disease, diabetes, and problems with the heart valves. Drinking too much alcohol for a long time can also cause heart failure.

Sometimes the exact cause of heart failure is not known. Idiopathic dilated cardiomyopathy is the medical term for this type of heart failure. Other dilated cardiomyopathies may be hereditary, which may be important for family members of a patient with dilated cardiomyopathy.

Ask your doctor for the cause(s) of your heart failure. There may be special things you can do to care for yourself, based on the specific reasons for your condition.
The list of questions below can help you talk about heart failure with your doctor or nurse. The answers can help you understand heart failure better. Talking with your doctor or nurse will also help ensure that you are receiving the best possible care.

Always feel free to ask your doctor or nurse questions. You may want to have a family member or friend help you ask questions if you are not comfortable doing it alone.

Remember that an active partnership between you and your doctor and nurse makes for the best health care.

**Do I have blockages in my coronary arteries?**

**Reason for asking this question:** Coronary artery disease is the most common cause of heart failure. With this disease, blockages in the coronary arteries decrease or cut off the blood supply to portions of the heart muscle. Sometimes it is possible to open the blockages and restore the blood supply to the heart. This may improve heart function and reduce your symptoms. Knowing whether your heart failure is related to blocked coronary arteries can help your doctor plan the best treatment for you.

**Is my blood pressure high? Is it under control?**

**Reason for asking these questions:** High blood pressure is a major cause of heart failure. It can also make heart failure worse.

When someone has heart failure, it is wise to reduce the amount of strain on the heart in any way possible. Reducing blood pressure to normal levels is one important way to reduce strain on the heart. It is important for you to know your blood pressure and whether it is under control. That way you and your doctor can make sure it is managed well.

**Are my heart valves damaged?**

**Reason for asking this question:** Heart valve damage is another cause of heart failure. Sometimes, valve damage can be repaired so that heart failure improves. Therefore, it is important to know if your valves are damaged.
What is my heart function (ejection fraction)?

Reason for asking this question: Heart function is commonly assessed using a number called the ejection fraction. Some people mistakenly believe their ejection fraction indicates the amount of heart muscle that is still working. The ejection fraction refers to the percentage of blood that is pumped out of the heart each time it beats.

A heart does not pump all of the available blood out each time it beats. A normal heart pumps out or ejects only about 50-65% of the blood inside. If the heart is damaged, the ejection fraction frequently falls below 40%. This is called systolic heart failure. However, you can have a normal ejection fraction and still have heart failure. This may be related to a condition called diastolic heart failure.

An echocardiogram is the test most commonly used to evaluate heart function. The test will tell your doctor and you about your heart and heart valve function. Another test of heart function involves injecting a very small amount of radioactive material into your blood to produce images of your heart. This test is frequently called a radionuclide or MUGA scan.

It is important to know your heart function. Doing so helps guide your care. However, once your doctor has evaluated your heart function, it is not necessary to keep testing it.
Learn More

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Notes:
About the Heart Failure Society of America, Inc.

In the spring of 1994, a small group of academic cardiologists gathered in New York to discuss the formation of a society that would focus on heart failure. This group had long recognized that the disease was on the rise; yet there was no venue for researchers, trainees, and clinicians to gather to discuss new treatments, research results, and the rise in health care costs associated with heart failure. A society dedicated to heart failure would bring together health care professionals, including researchers, physicians, nurses, and other allied health care professionals, to learn more about the mechanisms of the disease, how best to treat patients, play a role in reducing health care costs, etc. The meeting led to the incorporation of the Heart Failure Society of America, Inc.

The Heart Failure Society of America, Inc. (HFSA) represents the first organized effort by heart failure experts from the Americas to provide a forum for all those interested in heart function, heart failure, and congestive heart failure (CHF) research and patient care.