HeartHelp
Keeping You In Rhythm

The Beat

Author: Kacy S. Jones, MSN,ACNP

VOLUME 3 ISSUE 8 JANUARY 15, 2015

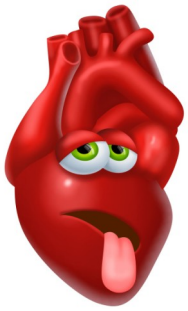
SPECIAL POINTS OF INTEREST:

- Congestive Heart Failure
- Heart Failure Tips
- Potato Skins
- Stent Beginnings

INSIDE THIS ISSUE:

What is Congestive Heart Failure ?

What is Congestive Heart Failure (CHF)? Congestive Heart Failure is a complex syndrome that occurs when the heart has lost its ability to effectively pump blood to the rest of the body. Most of the time, this occurs when the left ventricle (the left bottom chamber) has weakened for some reason. This is the main type of heart failure that we will talk about today. However, heart failure can also occur when the right ventricle is not pumping effectively or if the heart is too stiff and unable to relax. Heart failure from left ventricular dysfunction can occur from a number of reasons. Blockage in the arteries of the heart or a heart attack are both very common causes of heart failure. High blood pressure that has not been controlled can also weaken the heart over time.



Tachycardia (elevated heart rate) can gradually weaken the heart muscle. This can be caused from another disease state such as thyroid disease or it can be from an abnormal heart rhythm such as atrial fibrillation. Valvular heart disease can also lead to heart failure. The heart has four valves that help the blood pass from one chamber to the next. These valves can become narrowed or leaky. This causes the heart to work harder and can eventually lead to weakening of the heart muscle. Alcohol and some drugs like cocaine can also wear the heart out. Various infections, congenital heart disease, some types of chemotherapy, and certain genetic disorders can also cause heart failure. The list can continue but these are several of the more common reasons that heart failure can develop. The cause may also be unknown.

How is heart failure diagnosed? Weakening of the left ventricle may be seen on many tests such as a nuclear stress test, a cardiac MRI, an echocardiogram, a Muga scan, and a cardiac catheterization. While each test is used for different purposes, the echocardiogram is probably the most useful and non invasive way to know if and possibly why a person has heart failure. Many other tests may be needed such as a chest x-ray, laboratory studies, electrocardiogram, and CT scan.

Cont...page 3 (1,2).

Tip of the Month

Tips for People with Congestive Heart Failure:

1. Weigh Daily (This helps notify you early on that you may be retaining fluid.)
2. Keep your sodium intake under 2000mg.
3. Take your medications daily. (If you are not taking something regularly, notify your healthcare provider. If you are forgetting them, have a family member call you or set an alarm.)
4. Keep your appointments and get your labs when ordered.
5. Exercise regularly. Medicare will now pay for individuals with CHF to go to cardiac rehab. Talk to your cardiologist about a referral. If you have not been released to exercise, always notify your healthcare provider before starting an exercise program.
6. Keep track of your heart rate and blood pressure daily.

Low Sodium Potato Skins (Remember Super Bowl is approaching)

Recipe From "Breaking the Salt Habit" by Erik Williams.

Ingredients:

-6 small to medium potatoes (baked)
-1\4 cup olive oil
-1\4 tsp paprika
-1\4 tsp black pepper
-1\4 tsp garlic powder
-1 cup shredded cheddar cheese
-4 slices low sodium bacon
-1\2 cup light sour cream
-4 green onions (green part only and chopped)
-1\3 cup tomatoes (diced, small)

Directions:

1. Combine olive oil, paprika, pepper, and garlic in small bowl.
2. Cut potatoes in half length -wise and allow to cool.
3. Scoop out flesh down to about 1\4" and reserve for another use.
4. Brush both sides of potatoes with olive oil and place in roasting pan.
5. Bake in oven for 7 minutes each side.
6. Remove and sprinkle cheese and bacon over potatoes.
7. Place back in oven for 2 minutes.
8. Top potatoes with green onions, tomatoes, and sour cream.

Nutrition

Serving Size 1 skin
Yields 12 servings

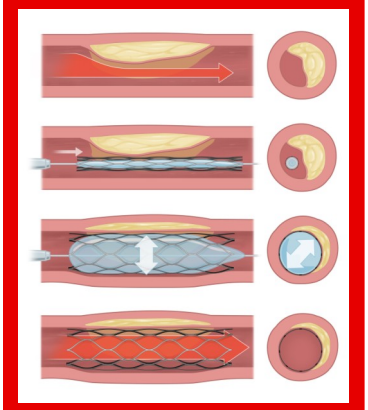
Calories: 146
Total Fat: 7g
Saturated Fat: 1g
Cholesterol: 0mg
Potassium: 536mg
Carbs: 19g
Protein: 2g
Fiber: 2g
Sugar: 1g
Sodium: 104mg

Quote of the Month:

"Happiness is not the absence of problems, it is the ability to deal with them." Steve Maraboli

Bible Verse of the Month:

"A sound heart is life to the body, but envy is rottenness to the bones" Proverbs 14:30.



Did you Know?

Did you Know that the first heart stent was placed in a patient by Jacques Puel in Toulouse France almost 30 years ago in 1986. Another gentleman by the name of Ulrich Sigwart is credited with the actual concept of stenting an artery and helping that process become a reality. He practiced at the University Hospital in Lausanne, Switzerland. During this time, angioplasty (opening a blockage in an artery with a balloon) was being performed regularly. However, angioplasty carried around a 30-40 percent rate of restenosis. Restenosis is when the artery becomes blocked again with either plaque or clot. Puel and Sigwart were the first to report stent placement in a coronary (artery in the heart) after an angioplasty was completed. Their landmark study was published in the New England Journal of Medicine in 1987. However it was noted very early on in this process that stents, too, could restenosis in a very short time period. For this reason, stent technology has continued to advance. The first generation bare metal stent had a restenosis rate of around 20-30 percent. In 2001, drug eluting stents were introduced. While drug eluting stents did reduce the risk of restenosis, it was found that "thrombosis" or a blood clot could form within the first year, sometimes later, of getting a drug eluting stent. Because of this, blood thinners such as aspirin and plavix (effient, brilinta, and ticlid are also used in place of plavix sometimes) are used after a stent placement to help decrease the risk of thrombosis. Just in the last three decades, treatment come a long way. Just think what the next thirty years will bring to this area of cardiology. (3,4,5,).

Congestive Heart Failure….

What are the symptoms of congestive heart failure? The classical symptoms of heart failure are shortness of breath, fatigue, and exercise intolerance. Other symptoms might include shortness of breath when lying down that is relieved with sitting upright and or wheezing or coughing when lying down. Leg swelling and palpitations may also be seen. In situations when the right ventricle is also not pumping well, abdominal bloating and increased abdominal girth may be seen.

What is the treatment for congestive heart failure? Generally the treatment is aimed at first correcting the cause if it is known. In some cases that means fixing blockages in the heart with a stent or open heart surgery. If the heart was racing because it was in atrial fibrillation, medications will be given to slow the heart down. A cardioversion (an electrical shock) can put the heart back in normal rhythm if needed. Diuretics are given to help remove fluid from the body. This helps relieve the shortness of breath and swelling that has occurred. Some common diuretics that may be used include Lasix (Furosemide), Demadex (Torsemide), Spironolactone (Aldactone), Zaroxlyn (Metolazone), Hydrochlorothiazide (HCTZ), and Chlorthalidone. Other medications, beta blockers and ace inhibitors, are used to help improve heart function. These drug are mainstays of heart failure treatment. While these medications do lower blood pressure, they are not used only for that reason with heart failure. These drugs help take the workload off the heart and have been shown over time to help stabilize heart failure and even improve it in some cases. These medications also help improve symptoms, prevent hospitalizations, and prolong life. Some examples of beta blockers include Toprol (Metoprolol), Coreg (Carvedilol), and Zebeta (Bisoprolol). Some examples of ace-inhibitors include Vasotec (Enalapril), Altace (Ramipril), Zestril (Lisinopril), and Captopril.

There are other advanced heart failure therapies that may be needed after medications have been given and reversible factors have been treated. Many individuals stabilize on the above therapy but for those that have persistently decreased heart functions a defibrillator may be needed. Last, a left ventricular assist device (LVAD) and or transplant may be considered.

To sum up, heart failure is a complicated disease state with many factors, causes, symptoms, and treatments. Even though it can be treated in many cases, close monitoring and medical therapy are usually required lifelong. (1).