

SPECIAL POINTS OF INTEREST:

- Heart Failure
- Tips
- Green Beans
- St. Jude ICD Battery Recall

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Can I have Heart Failure with a Normal Heart Function?

Can I have heart failure with a normal heart function? Yes. This may have a couple terms. One is called Diastolic Dysfunction. The other is called HFPEF or Heart Failure with Preserved Ejection Fraction. Typically when we think of someone with heart failure, we automatically think of someone with a “weak” heart. But there is a growing number of people that have heart failure symptoms but with a normal heart function. In fact, nearly half of all people with heart failure have a normal heart function.

So how do we know if the heart function is normal? The term we use to describe the heart function is an EF or ejection fraction. A normal EF is greater than 55 percent. An EF can be measured with multiple test including an echocardiogram, a nuclear stress test, a MUGA scan,



A cardiac MRI, and a cardiac catheterization.

What are the symptoms of HFPEF? Symptoms are similar to regular heart failure. They may include shortness of breath, swelling in the legs or abdomen, fatigue, chest pressure, and decreased ability to exercise or exert due to feeling tired or short of breath.

What are the risk factors for HFPEF? High blood pressure is prevalent in 80-90 percent of people with this type of heart failure. Other risk factors include advanced age, female sex, obesity,

abnormal kidney function, and metabolic syndrome.

How is HFPEF diagnosed? HFPEF may be a difficult diagnosis because its diagnosis is still being defined. However, many people agree on a few things. Heart failure symptoms must be present. The EF or ejection fraction must be 50 percent or greater. There must be evidence of cardiac dysfunction. This can be evident in many different ways such as atrial fibrillation, diastolic dysfunction, or an elevated BNP. An echocardiogram is usually needed to aid in this diagnosis and in some instances an invasive test may be needed.

What is the treatment for HFPEF? The treatment for HFPEF is still being researched. So far, clinical trials have not yet proved any effective treatments. Continued....page 3. (3).

Tip of the Month

Heart Failure Tips:

1. Weigh Daily. A rapid increase of weight (3 or more lbs.) may indicate fluid build up.
2. Monitor heart rate and blood pressure regularly.
3. Stay on a low sodium diet, less than 2000mg per day.
4. Don't run out of your medicines or miss taking them. Sometimes missing 1 or 2 doses of medications can cause fluid to build back up or other problems with your heart.
5. Exercise regularly. Cardiac rehab is a great option. Walking is another good option for most people.





Recipe from
"Breaking the Salt
Habit" by Erik
Williams. (5).

The Easiest Green Beans

Ingredients:

- 1lb Fresh Green Beans
- 2 Garlic Cloves, minced
- 2 Slices of Low Sodium Bacon
- 1\3 cup Onion, chopped
- 1\4 cup Water
- 1\2 tsp. Basil
- Black Pepper to taste

Directions:

1. Cut ends of green beans and place in a medium pan and add remaining ingredients.
2. Simmer on low heat for 25-30 minutes.

Nutrition Info

Yields 6 servings
1 Serving = 1\2 cup

Calories: 36
Total Fat: 1g
Sat Fat: 1g
Cholesterol: 3mg
Potassium: 135mg
Carbohydrates: 5g
Protein: 2g
Fiber: 2g
Sugar: 0g
Sodium: 36mg

Quote of the Month: “Storms make trees take deeper roots.” Dolly Parton

Did you Know?

Did you know the company St. Jude placed a warning out this week that some of its defibrillators may have a battery problem. The warning is for some devices that were manufactured before May 23, 2015. The devices involved include the Fortify, Fortify Assura, Quadra Assura, Unify, Unify Assura, and Unify Quadra.

So what is the problem? Normally when a defibrillator gets close to the end of battery life, there is a setting called ERI or elective replacement indicator that the devices changes to. From the ERI date, there is normally a 90 day window where the device will still safely function until it can be replaced. In these devices, when the battery hits this indicator, the battery may deplete very rapidly not allowing for the 90 day window.

This may pose a risk for certain individuals if they should need a shock during this time or if they are dependent on the pacemaker part of the device.

At this time the recommendations are not to remove all the devices prematurely. However, the device needs to be immediately replaced when it does reach ERI. There may be some individuals who are higher risk that may need their device replaced before it reaches ERI but this will be left up to your healthcare provider.

St. Jude is recommending everyone be enrolled in the home monitoring program. Also, if you feel a vibratory sensation in the chest, this is an alert that the device could be at ERI so contact your cardiologist. Last, to find out if your device is involved or not, call St. Jude at 1-800-550-1648 or go to their website. (1,2).

WARNING

Because fluid build up is common, a low sodium diet is strongly recommended. Exercise has been shown to help improve exercise tolerance and quality of life. These two lifestyle modifications are the mainstay of treatment currently. However, medications have their place in the treatment of HFPEF as well.

Medical therapy currently is aimed at keeping blood pressure down and keeping the fluid off. So diuretics are used commonly in this patient population. Some common diuretics may include Lasix, Demadex, HCTZ, Chlorthalidone, and Aldactone.

Various blood pressure medications may also be used which can include ACE-Inhibitors, ARBs, Calcium Channel blockers, and Beta Blockers to name a few. Because atrial fibrillation is a common arrhythmia that occurs in this patient population, medications used to control the rhythm or heart rate are also common. These medications can include drugs like Sotalol, Tikosyn, Multaq, Amiodarone, Metoprolol, Cardizem, or Coreg.

Controlling other risk factors including diabetes, sleep apnea, high cholesterol and obesity are critical in the treatment of HFPEF. Because there is no one medication that will cure this disease process, diet and exercise are vital. To sum up, HFPEF as a disease process is still being learned and the pathophysiology of it is still being discovered. For now, it is a common problem that will have to be treated with a multidisciplinary approach. (4,6).

