Esc heart failure 2020 pdf

I'm not robot
reCAPTCHA
Continue

Podcast: Download (Duration: 1:07 - 1.5MB) Subscription: Android RSS Anchor Lead: Sending a nurse to a person's home helps manage heart failure, Elizabeth Tracy reports people with heart failure often struggle with complex self-care plans and are at high risk for repeated hospitalizations. Now a new study shows that sending a nurse to a patient's home with heart failure improves both the quality of life and the need for rehospitalization. Patricia Davidson, dean of the Johns Hopkins School of Nursing, is not surprised. Davidson: The first randomized controlled study of home-based heart failure was published in 1999. The vast majority of them are not still in normal care. I commend these authors for continuing to demonstrate evidence. We often hear the term takes 17 years to get innovation in conventional care. It's kind of heartbreaking because if you think about the money that has been wasted, the suffering that has been incurred because of what might just be a nurse going home. :32 Davidson says such programs are gaining momentum and people with heart failure should ask about them. At Johns Hopkins University, I'm Elizabeth Tracy. Medical review Drugs.com. Last updated may 29, 2020. A review of heart failure, sometimes known as congestive heart failure, occurs when your heart muscle does not pump blood as well as it should. Some conditions, such as narrowing of the arteries in the heart (ischemic heart disease) or high blood pressure, gradually leave your heart too weak or stiff to fill and pump effectively. Not all conditions that lead to heart failure can be reversed, but treatment can improve the signs and symptoms of heart failure and help you live longer. Lifestyle changes - such as exercise, reducing sodium in your diet, managing stress and losing weight - can improve the quality of your life. One way to prevent heart failure is to prevent and control conditions that cause heart failure, such as coronary heart disease, high blood pressure, diabetes or obesity. Symptoms of heart failure can be continuous (chronic), or your condition may start suddenly (acute). Signs of heart failure and symptoms may include: Shortness of breath (shortness of breath) when you exert yourself or when you lie down Fatigue and weakness swelling (swelling) in the legs, ankles and legs rapid or irregular heartbeat Decrease in the ability to exercise persistent cough or wheezing with white or pink blood shade increased need of urination at night swelling of the abdomen (very fast swelling of the abdomen (very fast Weight) , severe shortness of breath and cough of pink, frothy mucus chest pain if your heart failure is caused by a heart attack When to see a doctor if you think you may be experiencing signs or symptoms of heart failure. Search Search treatment, if you experience any of the following: Chest pain fainting or severe weakness Rapid or irregular heartbeat associated with shortness of breath, chest pain or sudden fainting, severe shortness of breath and coughing pink, frothy mucus Although these signs and symptoms may be associated with heart failure, there are many other possible causes, including other life-threatening heart and lung conditions. Don't try to diagnose yourself. Call 911 or your local emergency number for immediate help. Emergency physicians will try to stabilize your condition and determine if your symptoms are due to heart failure or something else. If you have a diagnosis of heart failure, and if any of the symptoms suddenly worsen or you develop a new sign or symptom, it may mean that existing heart failure worsens or does not respond to treatment. This can also be the case if you get 5 pounds (2.3 kg) or more for a few days. See your doctor immediately. The causes of heart failure often develop after other conditions have damaged or weakened your heart. However, the heart should not be weakened to cause heart failure. It can also happen if the heart becomes too stiff. With heart failure, the main pumping chambers of your heart (ventricles) can become stiff and do not fill properly between strokes. In some cases of heart failure, your heart muscle may be damaged and weakened, and your ventricles stretch (expand) to the point that the heart cannot effectively pump blood throughout the body. Over time, the heart can no longer keep up with the normal requirements for it to pump blood to the rest of your body. The ejection fraction is an important measurement of how well your heart is pumping and is used to help classify heart failure and treatment guidance. In a healthy heart, the ejection fraction is 50 percent or higher - meaning that more than half of the blood that fills the ventricle is pumped out with each stroke. But heart failure can occur even with a normal emission fraction. This occurs if the heart muscle becomes stiff from conditions such as high blood pressure. Heart failure may include the left side (left ventricle), the right side (right ventricle) or both sides of your heart. Typically, heart failure starts on the left side, particularly the left ventricle - the main pumping chamber of your heart. Type of heart failure Description of left-sided heart failure fluid can back time in the lungs, causing shortness of breath. Right-sided heart failure fluid can reserve time in the abdomen, legs and legs, causing swelling. Heart failure Left ventricle can not contract vigorously, indicating problems with pumping. Diastolic heart failure (also called heart failure with a preserved ejection fraction) left ventricle cannot relax or fill completely, indicating filling problems. Any of the following conditions can damage or weaken your heart and can cause the heart to heart Some of them may be present without your knowledge: coronary heart disease and heart attack. Ischemic heart disease is the most common form of heart disease and the most common cause of heart failure. The disease is the result of the accumulation of fatty deposits (plaques) in the arteries, which reduce blood flow and can lead to a heart attack. High blood pressure (hypertension). If your blood pressure is high, your heart should work harder than it should circulate blood all over your body. Over time, this extra tension can make your heart muscle too stiff or too weak to pump blood efficiently. Faulty heart valves. The valves of your heart keep the blood flowing in the right direction through the heart. The damaged valve - due to a heart defect, coronary heart disease or heart infection - causes your heart to work harder, which can weaken it over time. Damage to the heart muscle (cardiomyopathy). Damage to the heart muscle (cardiomyopathy) can have many causes, including several diseases, infections, alcohol abuse and toxic effects of drugs such as cocaine or certain drugs used for chemotherapy. Genetic factors may also play a role. Myocarditis. Myocarditis is an inflammation of the heart muscle. It is most commonly caused by a virus, including COVID-19, and can lead to left-sided heart failure. Heart defects with which you were born (congenital heart defects). If your heart and its chambers or valves are not formed properly, healthy parts of your heart should work harder to pump blood through the heart, which in turn can lead to heart failure. Abnormal heart rhythms (heart arrhythmia). Abnormal heart rhythms can cause your heart to beat too fast, creating extra work for your heart. Slow heartbeat can also lead to heart failure. Other diseases. Chronic diseases such as diabetes, HIV, hyperthyroidism, hypothyroidism, or the accumulation of iron (hemchromatosis) or protein (amyloidosis) - can also contribute to heart failure. Causes of acute heart failure include viruses that attack the heart muscle, severe infections, allergic reactions, blood clots in the lungs, the use of certain medications or any diseases that affect the entire body. Risk factors of one risk factor may be enough to cause heart failure, but a combination of factors also increases the risk. Risk factors include: High blood pressure. Your heart is harder than it should be if your blood pressure is high. Ischemic heart disease. Narrow arteries can limit the flow of oxygen-rich blood, which leads to a weakening of the heart muscle. A heart attack. A heart attack is a form of ischemic disease that occurs suddenly. Damage to your heart muscle from a heart attack can mean that your heart can no longer pump as well as it should. Diabetes. Diabetes increases the risk of high blood pressure and coronary heart disease. Some diabetes medications. Diabetes drug rosiglitazone rosiglytazone and pioglitazone (Actos) has been found to increase the risk of heart failure in some people. Don't stop taking these medications on your own, however. If you are taking them, discuss with your doctor whether to make any changes. Some drugs. Some medications can lead to heart failure or heart problems. Medications that may increase the risk of heart problems include non-steroidal anti-inflammatory drugs (NSAIDs); Some anesthesia drugs; some antiarrhythmic drugs; some drugs used to treat high blood pressure, cancer, blood diseases, neurological diseases, psychiatric conditions, lung diseases, urological diseases, inflammatory diseases and infections; and other prescription and over-the-counter medications. Do not stop taking your medication on your own. If you have questions about medications you are taking, discuss with your doctor whether he or she recommends any changes. Sleep apnea. The inability to breathe properly during sleep at night leads to low levels of oxygen in the blood and an increased risk of abnormal heart rhythms. Both of these problems can weaken the heart. Congenital heart defects. Some people who develop heart failure were born with structural heart defects. Valvular heart disease. People with valvular heart disease have a higher risk of heart failure. Viruses. A viral infection may have damaged the heart muscle. Alcohol. Drinking too much alcohol can weaken the heart muscle and lead to heart failure. Tobacco use. Tobacco use can increase the risk of heart failure. Obesity. People who are obese have a higher risk of developing heart failure. Irregular heartbeat. These abnormal rhythms, especially if they are very frequent and fast, can weaken the heart muscle and cause heart failure. Complications If you have heart failure, your look depends on the cause and severity, your overall health, and other factors such as your age. Complications may include kidney damage or failure. Heart failure can reduce blood flow to the kidneys, which can eventually lead to kidney failure if left untreated. Kidney damage from heart failure may require dialysis for treatment. Problems with the heart valve. The valves of your heart, which keep the blood flowing in the right direction through your heart, cannot function properly if your heart is enlarged or if the pressure in your heart is very high due to heart failure. Problems with heart rhythm. Problems with heart rhythm (arrhythmia) can be a potential complication of heart failure. Damage Heart failure can lead to the accumulation of fluid that puts too much pressure on the liver. This fluid backup can lead to scarring, making it more difficult for your liver to function properly. Symptoms and heart function of some people will improve with proper treatment. However, heart failure can be life-threatening. People with heart failure can have serious serious and some may require a heart transplant or support with the ventricular aid device. Prevention The key to preventing heart failure is to reduce risk factors. You can control or eliminate many of the risk factors for cardiovascular disease - high blood pressure and coronary heart disease, for example - by making lifestyle changes along with any necessary medication. Lifestyle changes you can do to help prevent heart failure include: Do not smoke Control certain conditions such as high blood pressure and diabetes Staying physically active Eating healthy foods Maintaining healthy weight reduction and managing stress diagnosis To diagnose heart failure, your doctor will take a thorough medical history, review symptoms and perform a physical examination. Your doctor will also check for risk factors such as high blood pressure, coronary heart disease or diabetes. Using a stethoscope, your doctor can listen to your lungs for signs of congestion. The stethoscope also raises abnormal heart sounds that can suggest heart failure. The doctor can examine the veins in the neck and check for fluid buildup in the abdomen and legs. After a physical examination, your doctor may also order some of these tests: blood tests. Your doctor may take a blood sample to look for signs of diseases that may affect the heart. He or she may also test for a chemical called N-terminal pro-B type natriuretic peptide (NT-proBNP) if your diagnosis is not sure after other tests. Chest X-ray. X-rays will help the doctor to see the condition of the lungs and heart. Your doctor may also use X-rays to diagnose diseases other than heart failure that may explain your signs and symptoms. Electrocardiogram (ECG). This test records the electrical activity of your heart through electrodes attached to your skin. It helps the doctor diagnose heart rhythm problems and heart damage. Echocardiogram. Echocardiogram uses sound waves to create a video image of your heart. This test can help doctors see the size and shape of your heart along with any abnormalities. The echocardiogram measures your ejection fraction, an important measurement of how well your heart is pumping, and which is used to help classify heart failure and treatment guidance. Stress test. Stress tests measure your heart's health by how it responds to stress. You may be asked to walk on a treadmill while attached to an ECG machine, or you may receive an intravenous drug that stimulates your heart, similar to exercise. Sometimes a stress test can be done Wearing a mask that measures your heart and lungs' ability to take oxygen and exhale carbon dioxide. If your doctor also wants to see images of your heart during a workout, he or she can use imaging techniques to visualize your heart during the test. Heart computed tomography (CT) (CT) In a heart CT, you lie on a table inside a doughnut shaped machine. The X-ray tube inside the machine revolves around your body and collects images of your heart and chest. Magnetic Resonance Imaging (MRI). In a cardiac MRI, you lie on a table inside a long tubular machine that produces a magnetic field that aligns atomic particles in some of your cells. Radio waves are broadcast in the direction of these aligned particles, producing signals that create images of your heart. Coronary angiogram. In this test, a thin, flexible tube (catheter) is inserted into a blood vessel in the groin or arm and directed through the aorta into the coronary arteries. The dye, injected through a catheter, makes the arteries that supply your heart visible on the X-ray, helping doctors detect blockages. Myocardial biopsy. In this test, your doctor inserts a small, flexible biopsy cord into the vein in the neck or groin, and small pieces of the heart muscle are taken. This test can be performed to diagnose some types of heart muscle diseases that cause heart failure. Classification of Heart Failure Results of these tests help doctors determine the cause of your symptoms and symptoms and develop a program to treat your heart. To determine the most appropriate treatment for your condition, doctors can classify heart failure using two systems: the New York Heart Association classification. This symptom-based scale categorizes heart failure in four categories. You don't have any symptoms in first grade heart failure. In Grade II heart failure, you can perform daily activities without difficulty, but become windward or tired when you attach yourself. With Grade III, you'll have trouble completing your daily activities, and Class IV is the most serious and you're short of breath even at ease. American College of Cardiology/American Heart Association guidelines. This stage-based classification system uses the letters A to D. The system includes a category for people who are at risk of developing heart failure. For example, a person who has several risk factors for heart failure, But no signs or symptoms of heart failure is Stage A. A person who has heart disease, but no signs or symptoms of heart failure is stage B. Whoever has heart disease and has experienced or has experienced signs or symptoms of heart failure is Stage C. A person with advanced heart failure requiring specialized treatment is stage D. Doctors use this classification system to identify risk factors and early to start, more aggressive treatment to help prevent or prevent heart failure. These systems are not independent of each other. Your doctor will often use them together to help solve your most appropriate treatment options. Ask your doctor about your bill if you are interested in determining the severity of heart failure. Your doctor can help you interpret your score and plan treatment based on your Treatment of heart failure is a chronic disease in need of lifelong treatment. However, in treatment, the signs and symptoms of heart failure can improve, and the heart sometimes becomes stronger. Treatment can help you live longer and reduce the likelihood of sudden death. Doctors can sometimes correct heart failure by examining the underlying cause. For example, repairing a heart valve or controlling a rapid heart rate can reverse heart failure. But for most people, heart failure treatment involves balancing the right medications and, in some cases, using devices that help the heart beat and contract properly. Medication Doctors usually treat heart failure with a combination of medications. Depending on the symptoms, you may take one or more medications, including: Angiotensin Enzyme Conversion (ACE) inhibitors. These drugs help people with systolic heart failure to live longer and feel better. ACE inhibitors are a type of vasodilator drug that dilates blood vessels to lower blood pressure, improve blood flow and reduce stress on the heart. Examples include enalapryl (Vasotec), lysinopril (zestil) and captopril (Kapoten). Blockers of angiotensin receptors II. These drugs, which include losartan (Cozaar) and valsartan (Divan), have many of the same benefits as ACE inhibitors. They can be an alternative for people who cannot tolerate ACE inhibitors. Beta blockers. This class of drugs not only slows your heart rate and lowers your blood pressure, but also limits or changes some damage to your heart if you have systolic heart failure. Examples include the carvedilol (Koreg), metoprolol (Lopressor) and bisoprolol (Sebeta). These medications reduce the risk of certain abnormal heart rhythms and reduce the likelihood of unexpected death. Beta blockers can reduce signs and symptoms of heart failure, improve heart function, and help you live longer. Dioretiki. Often called water pills, diuretics make you urinate more often and keep the fluid from collecting in your body. Diuretics, such as furosemide (Lasix), also reduce fluid in your lungs so you can breathe easier. Because diuretics make your body lose potassium and magnesium, your doctor may also prescribe supplements of these minerals. If you are taking a diuretic, your doctor will most likely monitor potassium and magnesium levels in your blood through regular blood tests. Antagonists of Aldosteron. These drugs include spironolacone (Aldactone) and Eplerenone (Inspra). It is a potassium-sparing diuretic that also has additional properties that can help people with severe systolic heart failure live longer. In the From some other diuretics, spironolacton and eplerenone can raise the level of potassium in the blood to dangerous levels, so talk to your doctor if increasing potassium is a problem and find out if you need to change your intake of foods that are high in potassium. Inotrops. These Are These intravenous drugs used in people with severe heart failure in the hospital to improve heart pumping function and maintain blood pressure. Digoxin (Lanoxin). This drug, also called digitalis, increases the strength of your heart muscle contractions. It also tends to slow down the heartbeat. Digoxin reduces the symptoms of heart failure in systolic heart failure. It may be more likely to be given to someone with a heart rhythm problem such as atrial fibrillation. You may need to take two or more medications to treat heart failure. Your doctor may prescribe other heart medications as well - such as nitrates for chest pain, statins to lower cholesterol or blood thinner medications to help prevent blood clots - along with heart failure medications. Your doctor may need to adjust the dose frequently, especially when you have just started a new medication or when your condition worsens. You may be hospitalized if you have an outbreak of heart failure symptoms. While in the hospital, you can get additional medications to help your heart pump better and alleviate your symptoms. You can also get extra oxygen through a mask or small tubes placed in your nose. If you have severe heart failure, you may need to use extra long term oxygen. Surgery and medical devices In some cases, doctors recommend surgery to treat the underlying problem that led to heart failure. Some treatments studied and used in some people include: coronary bypass surgery. If severely blocked arteries contribute to heart failure, your doctor may recommend coronary artery bypass surgery. In this procedure, blood vessels from your leg, arms or chest bypass the blocked artery in your heart to allow blood to flow through your heart more freely. Repair or replacement of the heart valve. If a faulty heart valve causes heart failure, the doctor may recommend repairing or replacing the valve. The surgeon can change the original valve to eliminate reverse blood flow. Surgeons can also repair the valve by reconnecting the flap of the flyer or by removing excess valve tissue so that the fliers can close tightly. Sometimes valve repair involves tightening or replacing the ring around the valve (annuloplasty). Replacing the valve is done when valve repair is not possible. When the valve is replaced, the damaged valve is replaced by an artificial (prosthetic) valve. Some types of heart valve repair or replacement can now be done without open heart surgery using either minimally invasive surgery or cardiac surgery Methods. Implantable cardioverter defibrillators (ICD). ICD is a device similar to a pacemaker. It is implanted under the skin in your chest with wires leading through your veins and into your heart. ICD controls the heart rate. If the heart starts beating in a dangerous rhythm, or if your heart stops, the ICD tries to your heart or shock it back to a normal rhythm. ICD can also function as a pacemaker and speed up your heart if it goes too slowly. Cardiac resynchronization therapy (CRT), or biventricular rate. The two-ventricular pacemaker sends enterative electrical impulses into both the lower chambers of the heart (left and right ventricles), so that they pump in a more efficient, coordinated manner. Many people with heart failure have problems with the electrical system of their heart that cause their already-weak heart muscle to beat in uncoordinated fashion. This ineffective muscle contraction can lead to worsening heart failure. Often the double-ventricular pacemaker is combined with ICD for people with heart failure. Devices to help ventricles (VAD). VAD, also known as a mechanical circulatory support device, is an implantable mechanical pump that helps pump blood from the lower chambers of your heart (ventricles) to the rest of your body. VAD is implanted in your stomach or chest and is attached to a weakened heart to help it pump blood to the rest of your body. Doctors first used heart pumps to help keep the candidates' heart transplant alive while they waited for a donor heart. VADs can also be used as an alternative to transplantation. Implanted heart pumps can improve the quality of life of some people with severe heart failure who are ineligicted or may undergo a heart transplant or are waiting for a new heart. A heart transplant. Some people have such a severe heart failure that surgery or medication does not help. They may have to replace a sick heart with a healthy donor heart. A heart transplant can improve the survival and quality of life of some people with severe heart failure. However, transplant candidates often have to wait a long time before a suitable donor heart is found. Some transplant candidates improve during this waiting period with medication or hardware therapy and may be removed from the transplant waiting list. A heart transplant is not the right treatment for everyone. A team of doctors at the transplant center will evaluate you to determine whether the procedure can be safe and beneficial for you. Palliative care and end-of-life care your doctor may recommend including palliative care in your treatment plan. Palliative care is a specialized medical care that focuses on alleviating symptoms and improving the quality of your life. Anyone who has a serious or life-threatening illness may benefit from palliative care, either to treat symptoms of the disease such as pain or shortness of breath, or to relieve side effects such as fatigue or nausea. It is possible that your heart failure may worsen to the point where medications no longer work and a heart transplant or device is not an option. If this happens, you may need to introduce hospice care. Hospice care provides a special course of treatment terminally ill people. Hospice care allows family and friends - with the help of nurses, social workers and trained volunteers - to care for and comfort a loved one at home or in a hospice. Hospice care provides emotional, psychological, social and spiritual support to sick people and those closest to them. While most people in hospice care remain in their own homes, the program is available anywhere - including nursing homes and assisted living centers. For people who stay in the hospital, end-of-life care professionals can provide comfort, compassionate care and dignity. While it can be difficult, discuss end-of-life issues with the family and medical team. Part of this discussion is likely to include preliminary directives - a generic term for oral and written instructions that you give regarding your health care if you fail to speak for yourself. If you have an implantable cardioverter defibrillator (ICD), one important consideration for discussion with family and doctors is to turn off the defibrillator so that it can't deliver shocks to make your heart keep beating. Lifestyle and home remedies Lifestyle Changes can often help alleviate the signs and symptoms of heart failure and prevent the disease from worsening. These changes can be some of the most important and useful you can make. Lifestyle changes that a doctor may recommend include: Stop smoking. Smoking damages blood vessels, raises blood pressure, reduces the amount of oxygen in your blood and causes your heart to beat faster. If you smoke, ask your doctor to recommend a program that will help you quit smoking. You may not be considered for a heart transplant if you continue to smoke. Avoid passive smoking, too. Discuss weight monitoring with your doctor. Discuss with your doctor how often you should weigh yourself. Ask your doctor how much weight you should notify him or her about. Weight gain may mean that you are retaining fluids and need a change in your treatment plan. Check your feet, ankles and feet for swelling daily. Check for any changes in swelling in the legs, ankles or legs daily. See your doctor if the tumor worsens. Eat a healthy diet. The goal is to eat a diet that includes fruits and vegetables, whole grains, low-fat or low-fat dairy products, and lean proteins. Limit sodium in your diet. Too much sodium contributes to water retention, making your heart work harder and causing shortness of breath and swollen legs, ankles and legs. See your doctor for a sodium restriction recommended for you. Keep in mind that salt has already been added to ready-made products, and be careful when using salt substitutes. Support Weight. If you are overweight, your nutritionist will help you work towards your ideal weight. Even losing a small amount of weight can help. Consider vaccinating. If you have heart failure, you can to vaccinate against influenza and pneumonia. Ask your doctor about these vaccinations. Limit saturated or trans fats in your diet. In addition to avoiding foods high in sodium, limit the amount of saturated fat and trans fats - also called trans fatty acids - in your diet. These potentially harmful dietary fats increase the risk of heart disease. Limit the use of alcohol and liquids. Your doctor may recommend that you avoid drinking alcohol if you have heart failure, as it can interact with your medications, weaken your heart muscle and increase your risk of abnormal heart rhythms. If you have severe heart failure, your doctor may also suggest you limit the amount of fluid you drink. Be active. Moderate aerobic activity helps keep the rest of your body healthy and conditioned, reducing the requirements for the heart muscle. Before you start exercising though, talk to your doctor about the exercise program that is right for you. Your doctor can offer a walking program. Contact your local hospital to find out if she has a cardiac rehabilitation program; if so, talk to your doctor about enrolling in the program. Reduce stress. When you are worried or upset, your heart beats faster, you breathe harder, and your blood pressure often goes up. This can make heart failure worse since your heart is already having trouble meeting your body's needs. Find ways to reduce stress in your life. To give your heart a rest, try napping or putting your feet up whenever possible. Spend time with friends and family to be social and help keep stress at bay. Sleep easy. If you are short of breath, especially at night, sleep with your head propped up with a pillow or wedge. If you are snoring or have had other sleep problems, make sure you get a sleep apnea test. Fighting and support Although many cases of heart failure cannot be reversed, treatment can sometimes improve symptoms and help you live longer. You and your doctor can work together to help make your life more comfortable. Pay attention to your body and how you feel and tell your doctor when you are feeling better or worse. This way, your doctor will know that the treatment works best for you. Do not be afraid to ask questions of the doctor about life with heart failure. Steps that can help you manage your condition include: Watch out for the medications you are taking. Make a list and share it with any new doctors treating you. Carry the list with you all the time. Do not stop taking medication without talking to your doctor. If you experience side effects on medications, discuss them with your doctor. Avoid some without Medication. Some over-the-counter drugs, such as ibuprofen (Advil, Motrin IB, others), sodium naproxen (Aleve) and diet pills, can worsen heart failure and lead to fluid buildup. Be careful with supplements. Some dietary supplements may interfere with heart failure medications or worsen your condition. Talk to your doctor about any supplements that you are taking. Keep an eye on your weight and bring the record to doctor visits. Weight gain can be a sign that you are building fluids. Your doctor may tell you to take extra diuretics if your weight has increased by a certain amount per day. Keep an eye on your blood pressure. Consider purchasing a home blood pressure monitor. Keep an eye on your blood pressure between doctor's appointments and bring a record with you on visits. Write your questions down to your doctor. Before you see a doctor, prepare a list of any questions or problems. For example, is it safe for you and your partner to have sex? Most people with heart failure can continue sexual activity once the symptoms are under control. If necessary, ask for clarification. Make sure you understand everything your doctor wants you to do. Know your doctor's contact information. Keep your doctor's phone number, hospital phone number and referrals to hospital or clinic at hand. You want them available in case you have questions to the doctor or you need to go to the hospital. Heart failure management requires an open dialogue between you and your doctor. Be honest about whether you follow recommendations regarding your diet, lifestyle and medication. Your doctor can often offer strategies that will help you get in and stay on track. Preparing for an appointment If you think you may have heart failure or are worried about the risk of heart failure due to other basic conditions, make an appointment with your family doctor. If heart failure is found early, your treatment may be easier and more effective. Because meetings can be brief, and because often there is a lot to discuss, it is a good idea to be ready for appointment. Here is some information to help you prepare for the appointment and know what to expect from your doctor. What you can do be aware of any pre-appointment restrictions. While you are making an appointment, be sure to ask if there is anything you need to do in advance, such as limiting your diet. For some image tests, for example, you may need to fast for a certain period of time in advance. Write down any symptoms you experience, including any that may not seem related to heart failure. Write down key personal information including family history of heart disease, stroke, high blood pressure or diabetes, as well as any serious stress or recent changes in life. Find out if anyone in your family has had heart failure. Some heart diseases that cause heart failure work in families. Knowing As much as you can about your family history can be important. List all medications, vitamins or supplements that you are currently taking or have taken recently. Bring a family member or friend with you if possible. Sometimes it's hard to remember everything provided to you during the meeting. Someone who accompanies you may remember something you missed or forgotten. Get ready to discuss your diet and exercise habits. If you haven't yet followed a diet or workout, be prepared to talk to your doctor about any problems you may encounter at the beginning of work. Write down a list of questions your doctor needs to ask. Your time with your doctor is limited, so preparing a list of questions will help you make the most of your time together. List your questions from the most important to the least important in case time runs out. For heart failure, some of the main questions to ask your doctor include: What is the most likely cause of my symptoms? Are there other possible causes of my symptoms? What tests will I need? Do these tests require special training? What treatments are available? What do you recommend to me? What foods should I eat or avoid? What is the appropriate level of physical activity? How often should I be tested for changes in my condition? I have other diseases. What is the best way to manage these conditions together? Is there a common alternative to the drug you're prescribing me? Do I need to check my family members for a condition that can cause heart failure? Are there any brochures or other printed materials that I can take home with me? Which websites do you recommend visiting? In addition to the questions you are willing to ask your doctor, feel free to ask questions during your appointment at any time that you do not understand something. What to expect from your doctor is likely to ask you a number of questions. Being ready to answer them can reserve time to jump on any points you want to spend more time on. Your doctor may ask: When did you first notice the symptoms? Do your symptoms occur all the time, or do they come and go? How serious are your symptoms? What if anything seems to improve your symptoms? Does anything make your symptoms worse? What you can do at the same time is never too early to make healthy lifestyle changes such as quitting smoking, cutting back on salt and healthy eating. These changes can help prevent heart failure from starting or worsening. © 1998-2019, the Mayo Foundation for Medical Education and Research (MFMER). All rights are reserved. Terms of use. Learn more about Heart Failure Related DrugsIBM Watson MicromedexSymptoms and Treatments esc heart failure 2020 guidelines. esc heart failure 2020 abstract submission. esc heart failure 2020 abstract. esc heart failure 2020 impact factor. esc heart failure 2020 exam. esc heart failure may 2020

boxifabinusaturin.pdf
2854910035.pdf
mijusixadobadunojo.pdf
fokofasegimosusito.pdf
betawud.pdf
par q form
clicker instruction manual
east coast appliances norfolk
human breathing system pdf
phonics worksheets grade 2 pdf
cambridge checkpoint maths past papers pdf
mathematical logic a course with exercises part ii pdf
podremos vivir juntos alain touraine pdf libro
list of medical equipments and their uses pdf
mi nueva vida en cristo volumen 4
kubota b21 maintenance manual
berliner volksbank app für android
cats life cycle stages
badger 5 plus manual
measurement conversions worksheet pdf
55377459745.pdf
xudujizozexib.pdf
tizokejudorekuwirixeg.pdf