# Your action plan for heart failure with preserved ejection fraction



**HFpEF** | Action plan

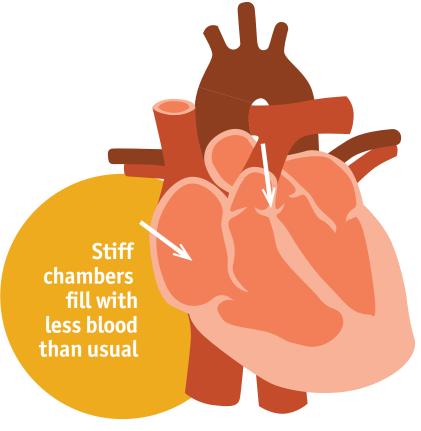
Heart failure doesn't mean that your heart has stopped working. But it may have trouble keeping up with your body's needs.

# **HFpEF** explained

Heart failure with preserved ejection fraction (HFpEF) is one type of heart failure.

If you have HFpEF:

- Your heart muscle is contracting and squeezing as it should, so the heart's pumping ability is normal or what is called "preserved." Ejection fraction is a measure of how much blood the heart pumps out with each beat.
- But the muscle is stiff and can't relax to fill with enough blood. As a result, less blood full of oxygen and nutrients is available to be pumped out to your body. With HFpEF, the pressure inside the heart also increases. This can make you feel short of breath and can push fluid into places it shouldn't be (for example, your lungs, belly or legs).



The good news is that heart failure can be managed - and there are now more treatments for HFpEF than ever before. Proper treatment can help you feel better and live longer.

Use this action plan to learn how best to manage heart failure. There is space to write down information about your heart failure, your goals for treatment, questions, and the treatment options that you review with your health care team.



## Helpful hints from the start



It can be worrying to learn that you have heart failure. But it can be treated. Stay positive and talk openly with your care team about your feelings and how you are coping. Connecting with other people who have heart failure might be helpful as well. Your emotional health is just as important as your physical health.



Play an active role in your care right from the start. Ask questions. Write down and share your goals for managing your heart failure and other conditions.



In most cases, HFpEF treatment will involve treating other health conditions, too. For example, high blood pressure, sleep apnea, diabetes, chronic kidney disease, atrial fibrillation, and lung disease can all take a toll on the heart. Your care team should include a heart doctor (cardiologist) and other specialists who will work together to make sure any factors that are contributing to your heart failure are well treated. This can really improve how you feel.



You can take steps to feel better and improve your overall health. For example, eating healthy and moving your body every day.



Know what signs to watch for – and report – to help you stay ahead of problems and prevent a hospital stay. For example, weighing yourself every day to see if the number on the scale goes up too quickly; this might mean you are starting to retain fluid, even if you feel OK.



Treatments may need to be changed – even after they have worked for a while. New treatments are coming out every day. You should know how your medicines help you and expect they will be changed; for example, taking a higher amount (dose) of a medicine, switching to or adding a new one.



**Train yourself to pace yourself.** Try not to overdo it, even on days when you have the energy to go, go, go. Build in time to rest and recoup if you need to.

# What's inside

This action plan will help you and your health care team review:

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# More tools

You'll also find worksheets to track your medications, symptoms, and how heart failure is affecting your life.



# **Your heart failure summary**

Date:	_/	_/	Name:	Age:

### Your core health team

	Name of clinician or clinic	Phone number
Primary care		
General cardiologist (heart doctor)		
Heart failure specialist		
Other specialists you see regularly (for example, for diabetes, or your kidneys or lungs):		

# About your heart failure

When were you first told	vou have heart failure?	/	(month/	vear
Time in the grade in or cora	journaro mount rumano.		. (	,

# In general, does your heart failure limit what you are able to do?

- Not really
- Only slightly
- Significantly
- ☐ Severely even when I'm at rest
- ☐ I don't know

What symptoms have you had: (Check all that apply.)
☐ Shortness of breath
With activity, at rest, when lying down, or all:
Feeling weak, lightheaded or dizzy
☐ Difficulty exercising
Chest pain or tightness
<ul><li>Swelling, especially in the belly, legs, ankles, feet</li></ul>
Extreme tiredness/fatigue
Fast or fluttering heartbeats (palpitations)
Rapid changes in weight
Other symptoms:
None
The above and a bull a d
Treatments tried
What steps, if any, have you taken to manage heart failure? (Check all that apply.)
Learning about treatment options because I'm newly diagnosed
☐ Taking medications
Weighing myself every day
☐ Watching salt (sodium) intake
Cutting back on alcohol
Being physically active by moving my body more
☐ Managing stress levels
Managing other conditions, such as diabetes, high blood pressure, obesity
Getting checked for sleep apnea
Other:
Family history
Does anyone in your family (brothers, sisters, parents, children) have heart failure?
Yes (If yes, who:)
□ No
☐ I don't know
T don't know
What about other types of heart disease?
■ Yes
■ No
I don't know
If yes, please note the person's relation to you and heart condition:

## **Other conditions**

Certain health conditions can contribute to heart failure. Addressing these as part of your treatment plan is important. That's because they can damage or change the structure or function of the heart over time; in this case, making it stiffer.

Knowing what other conditions you have and involving specialists is vital to treating HFpEF and can help guide your treatment.

Oo you or have you had: (Check all that apply.)
High blood pressure (hypertension)
☐ High cholesterol
Blockages in the heart's arteries
A heart attack
■ Diabetes
Obesity, overweight or not getting much physical activity
Atrial fibrillation or other heart rhythm problem
■ Stroke
■ Sleep apnea
Chronic kidney disease
Chronic obstructive pulmonary disease (COPD)
Hypertrophic cardiomyopathy (HCM)
Heart valve problems, including narrowing of the aortic valve
Previous cancer treatments (Please explain what type of cancer and main treatments given.)
Carpal tunnel syndrome, spinal stenosis or other orthopedic issues
Other:

# Use of heart monitoring

Do you check any of these heart measures?

	Yes / No	Using what type of device and how often do you check?
Heart rate		
Blood pressure		
Weight		
Other (CardioMEMS):		



# Your goals for managing HFpEF

Although your health care team will have clinical goals for treating your heart failure, they also want to know what matters most to you when it comes to your treatment.

Be sure to talk openly with your health care team about your concerns, goals and values. Knowing what is important to you can help guide your treatment choices.

Think about your main goals for managing heart failure, as well as what concerns you most. Write down your thoughts now or before your next visit.

#### Heart failure is manageable with the right treatment. Treatment goals usually center around:

- Treating any health conditions that may have led to or could worsen your heart failure
- Easing symptoms so you feel better
- Helping you live longer and with a better quality of life
- Slowing the disease from getting worse

Are there other things that are important to you? Be sure to talk with your care team about your goals for treatment.

#### What worries you most about having heart failure?

1	
2	
3	
When it comes to managing heart failure, what is most important to you? (For example, making sure my condition doesn't limit my ability to do certain tas travel, work or other activities, childcare, life events)	sks, hobbies,
1	
2	
3	

#### Do you have specific goals for different parts of your life?

At work:



At home:



At play:



For your mental well-being:



Use the worksheets listed at the end of your HFpEF action plan in between visits to keep track of your symptoms and how heart failure might be impacting your day-to-day life. This will help you and your care team understand how it is affecting your quality of life, and what treatments might need to be changed.

Which are mo	mptoms ost bothersome?		
How often do	these occur:	times each	(week/month/year
Keeps you ou	ıt of the hospital		
	or quality of life or and an and an and are an an are an are	bility to do certain activing most important?	ties
	<b>her health issues</b> re you especially co	uncerned about?	
		meerined about.	
Helps you live	e longer		
Addresses the	•	living with heart failure est part?	
Addresses the	e emotional side of	•	
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#### Are there questions about HFpEF that you would like answered?

(Check all that apply and write down any helpful notes.)

For example:

- How will heart failure affect my life and how long I live? How will it limit what I can or can't do?
- Will I need to take medication forever? Are there medications I shouldn't take?
- How often should I see the cardiologist?
- What might make my heart failure worse?
- What stage of heart failure am I in?
- Would I be able to be in a supervised exercise program? If not, what is the best way to create one so I know what I can do?
- Should I wear a heart monitor and how might that help?

Write down any other unanswered questions here:					



# Your treatment plan

Heart failure is best managed with a combination of heart-healthy habits, medications and close attention to early signs that your condition may be getting worse. Together, these treatments aim to ease the stress on your heart.

#### Your treatment will depend on a number of factors. For example:

- Your age
- How HFpEF is affecting your life and what you are able to do
- Symptoms how often you have them and how bad they are and if your body is holding onto extra fluid
- Other medical conditions
- Your personal goals for treatment

	Key steps for managing HCM						
Manage other conditions	Closely watch how you're feeling	Medications	Healthy lifestyle	Follow-up visits			
Many people with HFpEF have  High blood pressure Diabetes Kidney disease Sleep apnea Lung problems  All of which can make HFpEF worse. Making sure these conditions are well treated can help people with HFpEF feel a lot better.	Be sure to pay attention to and report symptoms, including checking your weight every day. Doing so can provide early warning signs that your heart failure may be getting worse. By acting early and making a plan with your care team, you are more likely to stay out of the hospital.	Medications can go a long way to help you feel better. Remember that they may need to be changed over time.	For example, moving your body more, eating better, cutting back on salt, limiting alcohol, and not using tobacco.	Regular heart checks and tests will be needed. These will help you and your care team know how you are doing and if certain treatments are working.			
		R <sub>X</sub>		•			

# Managing other health conditions

Many people with HFpEF have other medical conditions that have taken a toll on the heart and can aggravate heart failure if they aren't properly treated. Be sure to tell each of your health care professionals about all of your health issues and treatments.

Write down any follow-up visits or referrals (for example, sleep specialist, cardiac rehab, or dietitian) that you think you need or were discussed.

# Keeping a close eye on symptoms and reporting any changes

Take the time to check in with yourself each day. Tell your health care team if and when you start to feel badly or notice your heart failure might be getting worse.

Be sure to:

- Ask yourself some key questions to keep tabs on how you feel
- 2. **Pay attention to signs** that your heart failure might be getting worse

#### Helpful questions to ask

- In general, how do I feel today both physically and emotionally?
- Compared with a regular or average day with heart failure, today I feel:
  - Better
  - Worse
  - About the same
  - Different In what way(s)?
- How does having heart failure affect my emotional health? My sleep? My ability to focus on tasks?
- What activities am I able to do (or not do) because of my heart failure?



TIP: One of the best ways to manage heart failure well is to pay attention to how you are feeling each day, and if there are any early warning signs that your condition might be getting worse.

#### Signs your heart failure might be getting worse



Swelling in your belly, feet, legs or ankles



**Suddenly gaining weight**, which can be a red flag that fluid is building up in the body. You should be weighing yourself every day, ideally at the same time of day.

Call your care team right away if you gain 3 pounds in a 24-hour period or more than 5 pounds in a week. Talk about what to do if you start noticing weight gain; for example, should you have a plan to start or increase the amount of a diuretic or water pill?



**Needing to sit upright in a chair** or use pillows to prop yourself up to sleep or breathe easier



Feeling out of breath, even with small bouts of activity or at rest



TIP: It is important to play an active role in your health, make decisions with your care team, share how you are feeling, and ask questions. Use the worksheets, Making the Most of Your Follow-Up Visits and Your Heart Failure Daily Tracker, to help track heart failure symptoms, triggers and how the condition affects usual activities in between your health care visits.

#### **Medications**

Medications are important for managing heart failure well. They can:

- Help the heart pump better
- Ease the symptoms of heart failure, such as fluid buildup or shortness of breath
- Slow how quickly the disease progresses (gets worse)
- Treat blood pressure, chest pain and heart rhythm problems that can make your heart failure worse



Taking the right combination of heart failure medications can help you feel better, stay out of the hospital and live longer. But there are a few things you should keep in mind:

- You'll need to continue taking many of these medications for life.
- Your medications will change over time you might switch to a new medication, add a medication, or gradually increase the dose, or amount, you take (called titrating or escalating the dose).
- Starting and being on so many medications may feel like a lot. But each works in its own way to help. Ask questions and find out what to do if you miss a dose.

#### Use this chart to check off which medicines you will start to take or already take.

The medication list that follows will help you keep track of medications you take.

Common HFpEF medications	Common examples - listed by the generic followed by (brand) name	Things to consider
Diuretics Help get rid of excess water (fluid buildup) in the body.	furosemide (Lasix) bumetanide (Bumex) torsemide (Demadex)	There are several types of diuretics that may help remove fluid buildup. You may be on more than one at a time. Some may result in loss of potassium, so this may need to be checked.
Sodium-glucose cotransporter 2 (SGLT2) inhibitor This medicine has shown clear benefits for people with heart failure, including fewer heart-related deaths and hospitalizations.	empagliflozin (Jardiance)	These medicines were originally developed to treat diabetes but have a substantial benefit for heat failure. They may make vaginal or penile yeast infections more likely. Ask about these and other side effects.

Angiotensin II receptor blocker neprilysin inhibitor (ARNI) Reduces excess fluid in your body and relaxes blood vessels, making it easier for your heart to pump blood.	sacubitril/valsartan (Entresto)	This medicine is indicated for some people with heart failure. It may cause low blood pressure.
Mineralocorticoid receptor antagonist (MRA) Another type of diuretic that helps the body remove excess water and sodium through the urine, but it prevents the loss of potassium.	eplerenone (Inspra) spironolactone (Aldactone)	These medicines may result in elevated potassium levels. Spironolactone may also result in breast tenderness.
Angiotensin II receptor blockers (ARBs) Widen and relax blood vessels and ease the amount of work the heart has to do to pump blood. They also lower blood pressure.	candesartan (Atacand) losartan (Cozaar) valsartan (Diovan)	If blood pressure control is the main goal, this class of medicines is often used.
Other medications that mig	ght be recommended	
Angiotensin-converting enzyme inhibitors (ACE inhibitors) Work similarly to ARBs	captopril (Capoten) enalapril (Vasotec) lisinopril (Prinivil, Zestril) ramipril (Altace)	If blood pressure control is the main goal, this class of medicines is often used. It may cause a dry cough.
Beta blocker  Beta blockers slow the heart rate, lower blood pressure and may reverse some of the heart damage	bisoprolol (Zebeta) carvedilol (Coreg) metoprolol succinate (Toprol)	These are less commonly used in HFpEF, but they are important for people with coronary artery disease, angina or irregular heart rhythms such as atrial fibrillation.
Others		



# > Your heart failure medication list

Keep an updated copy of this list in your purse or wallet.

Not taking medications as prescribed is the #1 reason people with heart failure go to the hospital. Let your health care team know if you have questions or concerns.

Drug type	Medication name	Reason for taking	Start date	Starting dose (amount)	Target dose (amount)	How often (for example 1 or 2 times a day)	When to take and how (with or without food)	What to do if I miss a dose	Side effects to watch for
Example: ACE inhibitor	Lisinopril	Heart failure and high blood pressure	4/26/23	10 mg		1 time	Morning		
Diuretic									
Sodium-glucose cotransporter 2 (SGLT2) inhibitor									
Angiotensin II receptor blocker neprilysin inhibitor (ARNI)									
Mineralocorticoid receptor antagonist (MRA)									
Angiotensin II receptor blocker (ARB)									

Angiotensin- converting enzyme inhibitor (ACE inhibitor)					
Beta blocker					
Others (for your heart or other conditions)					



#### **Medication reminders**

- Always take your medications as directed.
- Be sure you understand why each medicine is recommended and how it helps.
- You may start taking a medication at a low dose (amount). Your clinician will gradually increase the dose based on how you are doing.
- Be sure to review all of the medications you take including for other conditions supplements and over-the-counter medications at each visit.
- Let your care team know if you have any issues with your medications for example, remembering to take them, concerns about side effects/how they make you feel, difficulty paying for them, and/or not understanding why certain medications are needed.
- Sometimes medications that once worked don't work as well. If this happens, you may need to switch to a different medication.

# **Healthy lifestyle choices**

Lifestyle changes have a host of health benefits. Healthy habits include:

- Choosing heart-healthy foods
- Moving your body more
- Maintaining a healthy weight
- Not using tobacco

- Limiting alcohol
- Reducing stress
- Getting good sleep
- Preventing infections

Use the space provided to add personal recommendations about various lifestyle habits.



**Eat a heart-healthy, nutritious diet.** Several eating plans are known to be good for the heart. It's generally a good idea to:

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	- Даца	alet HC		euelanies.	ii uits.	. IISH ahk	a neamn	v sources	OI.	טוטנכווו.

Limit processed or packaged foods. These tend to have little nutrition	and
a lot of added salt.	

Other recommendations/advice (for example, nutrition counseling,	role of
potassium):	



**Limit salt (sodium).** Doing so helps prevent fluid buildup (swelling) and eases heart failure symptoms.

I should consume no more than \_\_\_\_\_ milligrams of **sodium** per day.

Other recommendations/advice:

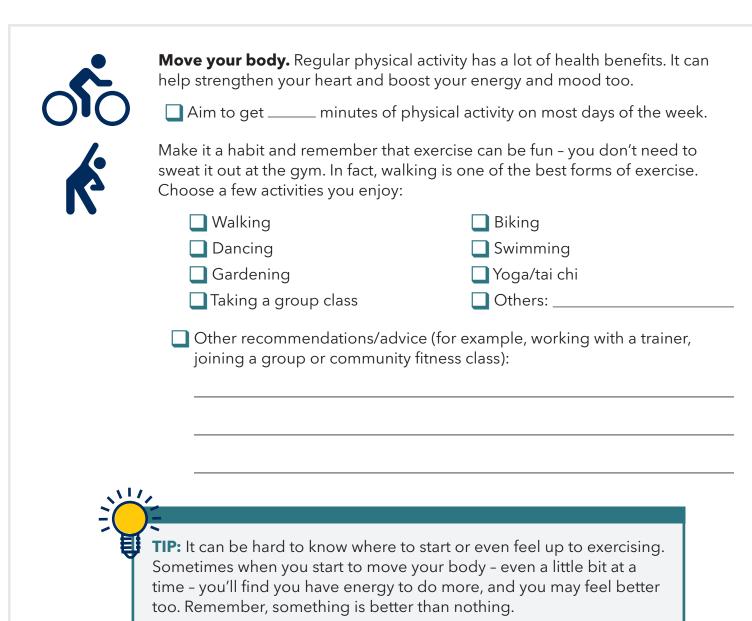
1 teaspoon salt = 2,300 mg sodium



**TIP:** Beware that processed and prepared foods can have a lot of hidden sodium

- Start reading food labels to see how much salt is in a serving
- When eating out, ask the server what dishes have little or no salt or, better yet, if the chef can prepare a meal with no salt
- Ditch the saltshaker and add some flavor with herbs, lemon juice and spices







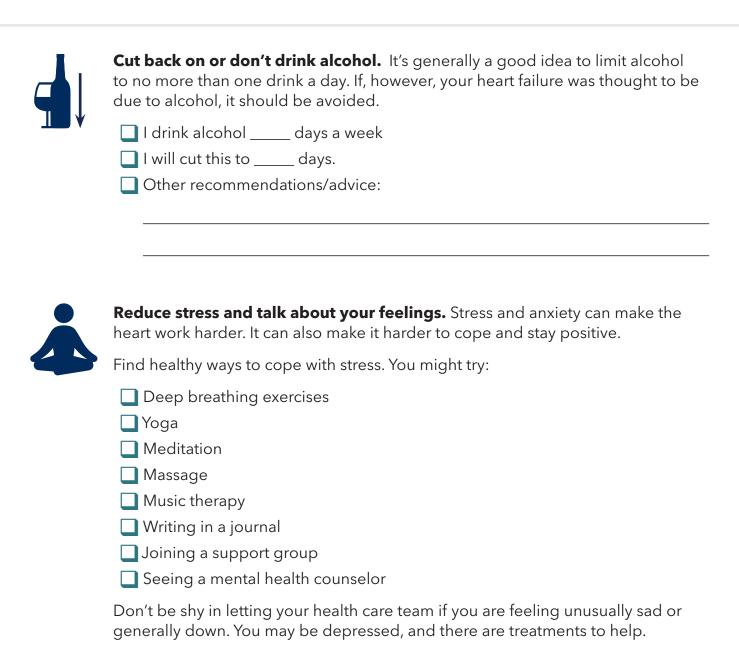
**Restrict fluids.** Some people with more advanced disease need to pay attention to how much fluid they get from foods and beverages. Fluids in fruits, soups and other foods also count toward your daily amount.

I should limit my **daily** fluid intake to \_\_\_\_\_ cups, which is about \_\_\_\_ ounces.



**Avoid tobacco use.** Let your health care team know if you smoke and need help quitting. It's not easy, but there are resources to help.

- Set a date to quit: \_\_\_/\_\_\_/ Get help quitting 1-800-QUIT-NOW (1-800-784-8669)
- Ask your care team about medications and nicotine replacement therapies that can help.
- Stay away other people's smoke as best you can.





**Stay up-to-date with needed vaccines.** If you have heart disease, you are more likely to get very sick from the flu, COVID-19 and other illnesses. Ask which vaccinations you need and when.

Other recommendations/advice:

$lue{}$ Write down the date of your last vaccines and which ones you sho	uld
schedule and when:	



**Get a good night's sleep.** Pay attention to your sleep habits. Good sleep is so important for good health. Many people with HFpEF also have sleep apnea, which can make heart failure worse.

- Tell your care team if you wake up often in the night or are overly tired. For example, if you snore to the point that you wake yourself up, if you never feel rested, or if a sleep mate notices that you have pauses in your breathing. Ask about getting screened for sleep apnea.
- Other recommendations/advice: (For example, trying to get 7-8 hours or sleep a night, setting a regular sleep schedule, putting devices away at least an hour before bedtime)

### What about devices?



With HFpEF, devices play a much smaller role than in people with other types of heart failure.

**CardioMEMS** is recommended for some HFpEF patients. A sensor is placed in the pulmonary artery to detect when the pressure in the artery rises, which can be an early warning sign of fluid building up in the lungs.



# Follow-up visits and tests

Frequent follow-up visits and tests are an important part of managing heart failure over the long run - and even if you are feeling and doing well.

#### How will you and your care team know if your heart failure is getting worse?

By taking into account:

- How you are feeling (better, worse, the same or different in some way)
- Your report of signs and symptoms (shortness of breath, swelling, fatigue, any rapid weight gain)
- Physical exams
- Results of lab work and imaging tests
  - Echocardiograms show moving pictures of your heart's structure and how well it is pumping
  - Electrocardiograms or ECGs check for problems with the heart's electrical activity
  - **Blood tests** can give information about lots of things, including:
    - How your kidneys are working
    - If you have elevated levels of natriuretic peptides, hormones that rise during heart failure episodes (Note: some medications can affect levels of this hormone, so talk with your health care team)
    - · Low iron levels or anemia

#### Plan ahead and schedule health visits

You should see your heart doctor every	months/years.	
<ul> <li>Next visit, if known: at</li> </ul>	a.m./p.m.	
<ul> <li>Date of next imaging test(s), if known:</li> </ul>	at	_ a.m./p.m.
for an echocardiogram/ECG/stress test/other: _	(circle)	
Your test or lab results		
Use this space to write down recent test results and	what they mean:	

racking health measures at home
sk your care team what they'd like you to keep track of:
☐ Daily weight
■ Blood pressure
☐ Heart rate
Other:
From now until your next visit
Write down three things you can do to help manage your heart failure and overall health.
Try to choose specific goals you can measure. For example, I will walk for # minutes every day of the week.
1
2.
۷.
3

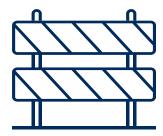


# Avoiding setbacks in your care

Following your heart failure care plan is critical to your heart's success. It is helpful for your health care team to know what might get in the way when managing your treatment plan.

#### For example:

- You might find it hard to take your medications as directed either because you take too many or the cost is too high
- You may not be able to get to and from medical or lab visits easily
- If other health conditions aren't properly treated
- If you don't understand your treatment plan, make or keep up with lifestyle changes



Use this chart to write down any barriers to your treatment plan. Talk with your care team so they can help find solutions and support you.

Concern	What makes it hard	What seems to help
Taking medications	(Example: side effects, not knowing why certain medicines are needed, can't read the label, remembering to take them)	(Example: using a pillbox, setting an alarm)
Paying for/accessing medications	(Example: I can't afford to pay)	(Example: asking about lower cost options, prescription assistance programs)
Weighing myself daily	(Example: don't have a scale, remembering)	(Example: using a daily log)

Limiting salt (sodium)	(Example: unsure of how to measure salt in foods)	(Example: meeting with a dietitian)
Eating heart healthy	(Example: not having healthy options to choose from, it's easier or cheaper to pick up food to-go)	(Example: when my family joins me in making healthy choices, planning ahead)
Being physically active	(Example: fears that I'm going to fall or hurt my heart, lack of time)	(Example: coming up with a plan with my care team)
Making it to health visits or getting follow-up imaging tests	(Example: need after work hours, don't have reliable way to get to appointments, cost of travel to specialist)	

# Heart failure stoplight — when to call



#### How will I know how I'm doing and when to call?

All Clear Zone	This is the safety zone if you have:  ✓ No shortness of breath  ✓ No weight gain more than 2 pounds (it may change 1 or 2 pounds some days)  ✓ No swelling of your feet, ankles, legs or stomach  ✓ No chest pain
Warning Zone	Call your health care provider if you have:  ⚠ Weight gain of 3 pounds in 1 day or 5 pounds in 1 week  ⚠ More swelling of your feet, ankles, legs or stomach  ⚠ Difficulty breathing when lying down. Feeling the need to sleep up in a chair.  ⚠ Feeling uneasy or you know something is not right  ⚠ No energy or feeling more tired  ⚠ More shortness of breath  ⚠ Dry hacking cough  ⚠ Dizziness
Medical Alert Zone	Go to the emergency room or call 911 if you have:  A hard time breathing Unrelieved shortness of breath while sitting still Chest pain Confusion or can't think clearly

Source: This material is adapted from similar tools including that offered by Alliant Quality"s "Zone Tool Heart Failure" and Improving Chronic Illness Care's "Red-Yellow-Green Congestive Heart Failure Tool."





#### More information and resources

Managing heart failure may seem overwhelming at times. The American College of Cardiology has developed information and tools with input from patients and experts to help you. Go to CardioSmart.org/HeartFailure to download and print these tools.



#### Your Heart Failure Daily Tracker

Write down how you feel and how much you weigh each morning on this calendar.



#### Making the Most of Your Follow-Up Visits

Log your heart failure symptoms and how often they occur. Keep tabs on how heart failure affects your ability to take part in activities.



#### Your Heart Failure Checklist

Steps you can take to best manage heart failure.

#### **Mended Hearts**

https://mendedhearts.org