Your heart is a pump. Its job is to move blood, oxygen, and nutrients through your body.

With heart failure, it doesn’t pump as well as it should.

If you’re like most people, you probably agree that the term “heart failure” is pretty lousy; in fact, it can be downright scary. Heart failure is often serious, but there is a lot you can do to feel better and improve heart function. Learning more about it can help you understand what it is and isn’t.

Your heart muscle has either become:

- **Stiffer** – it can’t fill with enough blood
- **Weaker** – it can’t squeeze enough blood out

With either type of heart failure, the heart isn’t pumping enough blood to meet your body’s needs. That’s why you might feel short of breath simply climbing a flight of stairs or carrying groceries. It’s also why fluid can build in your lungs or legs.

**What treatment might look like:**

- **Having a good relationship with your health care team**
- **Paying close attention to how you feel and if symptoms limit what you are able to do, and sharing this information with your providers**
- **Taking medicines as prescribed**
- **Weighing yourself everyday**
- **Limiting salt (sodium)**

Your treatment plan will depend on your type of heart failure and how severe it is, as well as your goals and preferences. Treatment can help you feel better, live longer and prevent hospital stays.
Heart failure is a leading reason for people 65 and over being admitted to the hospital. Talk with your care team about how to lower the likelihood that you will need to go to the hospital.

Getting exercise

Possibly restricting your daily fluid

Managing any other health conditions that can make heart failure worse

Possibly a pacemaker or defibrillator at some point

Your care team will do everything they can to use conservative measures, such as medicines and advising lifestyle changes. If people are still struggling, additional treatments can be considered and used, including pacemakers/defibrillators, heart pumps and transplants.
What is Ejection Fraction?

Ejection fraction is a health measure similar to blood pressure or heart rate. It can tell you or your health care team how well your heart is working. It estimates how much blood your heart (specifically the left ventricle) is able to squeeze out to your body with each heartbeat.

Your ejection fraction, or EF for short, is given as a percentage. If the squeezing is weak, not enough blood will be pumped to the body with each beat. This type of heart failure is with “reduced” EF. But not everyone has a low EF.

There is another type of heart failure that occurs if the heart is too stiff. In this case, not enough blood is pumped to the body but it’s because the heart cannot fill with enough blood with each beat. This is called heart failure with “preserved” EF.

What do the Numbers Mean?

- **50-70%** Normal ejection fraction
- **41-49%** Borderline
- **40% or less** Low – someone is said to be “in heart failure”

When EF is low, it means your tissues receive less blood and oxygen. As a result, they are unable to work properly. That’s why activities such as walking, climbing stairs and carrying objects become more difficult.

Tests that measure EF include:

- Echocardiograms
- MUGA scans
- Cardiac catheterization
- Nuclear stress tests
Stages of Disease

Your care team may talk with you about the “stage” of your heart failure. Heart failure gets worse with time. There are 4 stages of heart failure – Stage A, B, C and D. Because there are two different methods to stage heart failure, your provider may also use numbers from 1-4. In general, here’s what each stage means:

**STAGE A**
You may not even know you have it. But the chance you will develop heart failure is high.

*What it might feel like:* No symptoms. No limits in your activity.

**STAGE B**
There are changes in your heart structure. You may have symptoms, but they likely haven’t been connected to (early stage) heart failure.

*What it might feel like:* You may notice feeling short of breath or difficulty having a conversation with someone when walking up several flights of stairs or a steep hill.

**STAGE C**
You have been diagnosed with heart failure and have, or have had, signs and symptoms of the condition.

*What it might feel like:* You feel out of breath even with very little activity; for example, getting up and walking from the kitchen to the bathroom or going out to get the mail. You may also notice swelling in your legs, ankles or stomach because your body is not able to get rid of extra fluid.

**STAGE D**
Advanced heart failure.

*What it might feel like:* You will have symptoms most of the time. It might be difficult, if not impossible, to do activities even at rest without feeling winded, tired and generally not well.
# Key Things to Focus on by Stage

Treatment at each stage may involve lifestyle changes, changes to medications (adding another medicine or adjusting the dose) and devices. The goal is to slow the disease and keep you from moving to the next stage for as long as possible.

<table>
<thead>
<tr>
<th>STAGE A</th>
<th>Treat the causes of heart dysfunction, such a high blood pressure and diabetes.</th>
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<tbody>
<tr>
<td>STAGE B</td>
<td>There may be some early changes to the structure of the heart that you have not noticed but are found on echocardiogram or other cardiac testing. Talk with your provider about possibly taking medications that ease the stress on the heart.</td>
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<tr>
<td>STAGE C</td>
<td>Your heart is weak or stiff. You should keep a close eye on your daily weight, cut out sodium (salt), exercise based on your health team’s advice and take medications as directed to reduce the workload on your heart.</td>
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<tr>
<td>STAGE D</td>
<td>You will have symptoms most of the time. Your care team will talk with you about strategies to help. These may include a left ventricular assist device (LVAD), heart transplant, palliative or end-of-life care.</td>
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**FOR MORE INFORMATION**

Visit CardioSmart.org/HeartFailure for more information, tools and questions to ask.