

How is heart failure treated?

There are three main elements of care for people with heart failure: medicines, devices and interventions, and self-care. Together these elements aim to reduce hospital visits and risk of death due to heart failure; provide relief from your symptoms; make it easier for you to do everyday activities (also called functional capacity); and allow you to have the best possible quality of life.

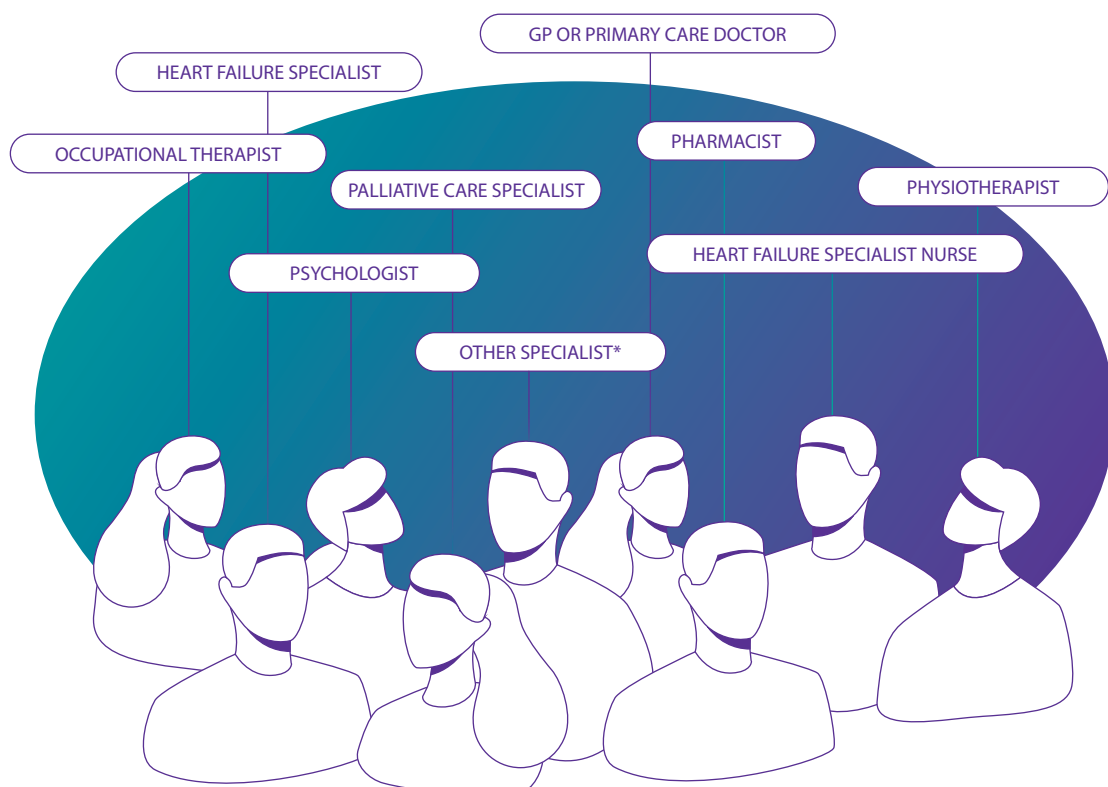
Treatment goals depend on the stage of heart failure

- Treatment goals for people at-risk of heart failure or pre-heart failure are to prevent heart failure.
- Treatment goals for people with symptomatic heart failure include making symptoms better, making everyday activities easier and reducing the risk of advanced heart failure.
- For advanced heart failure, some people are suitable for advanced therapies (such as a cardiac assist device or a heart transplant). But every person with advanced heart failure should receive supportive care, sometimes called palliative care, which focuses on making symptoms better. Please note that palliative care does not mean treatment ends.

These stages are not fixed so people can move between stages. At each step, people with heart failure need to consider the balance between quality of life and quantity of life. This balance may change along the journey.

Who is involved in my care?

Ideally you will have a heart failure multidisciplinary care team to help you during this journey. This team may include the following members:



How do I agree with my care team which medicine is right for me?

The choice of medicine depends on lots of things, including the cause, severity and stage of your heart failure, any comorbidities, other treatments you require and your age. Before starting any medicine, make sure you understand why the drug is right for you as well as what its benefits are, what is the correct dose, the drug effects and side effects. Tell your care team about any drug you are using without a prescription, even herbal and other alternative treatments. Some of these may interact with your prescription medicines.

Never stop or lower the dose of any prescribed medicine without speaking to your care team.

What do heart failure drugs do?

There is a small chance some of your heart failure medicines will cause side-effects. So, your care team will check your blood pressure, heart rate, take blood tests and consider your symptoms to make sure the benefits of the medicine outweigh the risks.

See below for a brief table which shows the actions of main heart failure medicines.

MEDICINES	ACTION IN THE BODY
Angiotensin-converting enzyme inhibitors	Relaxes and opens (dilate) blood vessels.
Angiotensin receptor blockers	Opens blood vessels (they dilate) so the heart does not have to work as hard.
Angiotensin receptor blockers and neprilysin inhibitors (ARNI)	Increases the amount of sodium and water removed from the body, and relaxes blood vessels.
Beta-blockers	Reduce blood pressure, slow the heart rate and help the heart relax.
Diuretics	Increase excretion of sodium and water and cause you to pass more urine. This reduces blood pressure. So, the heart is not working as hard, and excess fluid is removed.
Hydralazine plus isosorbide dinitrate	Relaxes blood vessels, which reduces the work that the heart needs to do.
Mineralocorticoid receptor antagonists	High aldosterone levels can cause high blood pressure, inflame, stiffen and scar heart muscle, which contributes to heart failure. Mineralocorticoid receptor antagonists block aldosterone's harmful actions in people with heart failure with reduced ejection fraction.
Sodium-glucose cotransporter 2 inhibitors (SGLT2 inhibitors)	SGLT2 inhibitors are widely used to treat type 2 diabetes. Researchers are still trying to work out how SGLT2 inhibitors work in heart failure, but people with heart failure benefit whether or not they have type 2 diabetes.

Comorbidities

You and your care team may need to deal with other conditions, known as co-morbidities. Some co-morbidities may arise through coincidence, but some co-morbidities can cause or worsen heart failure. Many people with heart failure have iron deficiency and may need iron supplements, so, speak to your care team if you have not had your iron levels measured recently.

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