



MICHIGAN HEART & VASCULAR INSTITUTE

heart & vascular HEALTH



So what is heart failure? A healthy heart pumps blood in a synchronized and efficient way. The heart of a person with heart failure does not, often leading to excess fluid in the lungs, legs and abdomen.

Heart failure affects men and women equally. Women with heart failure tend to be older than men and often have a history of high blood pressure. Men with heart failure more often have a history of heart attack and/or blockages in the arteries that supply blood to the heart.

an electrocardiogram, an echocardiogram (ultrasound of the heart) and other tests to evaluate the blood supply to the heart.

Types of failure

There are two categories of heart failure: systolic heart failure (the pumping function is reduced from normal) and diastolic heart failure (the pumping function may be normal, but the heart muscle is stiffer than normal). Systolic and diastolic heart failure may exist alone or together.

You can manage systolic and diastolic heart failure with lifestyle changes such as blood pressure control, smoking cessation, and reducing your salt and fluid intake. Controlling heart failure symptoms requires ongoing weight and symptom monitoring and constant attention to diet, medications and follow-up recommendations.

Although heart failure is usually a progressive disease, close attention to self-care, medications and newer therapies can improve your quality of life and can prevent hospitalizations and even premature death.

WHAT IS heart failure?

By Lakshmi K. Halasyamani, M.D.
St. Joseph Mercy Hospital

More than 550,000 people are diagnosed with heart failure each year. It is one of the fastest growing chronic medical conditions in the United States.

What causes it?

Heart failure is caused by a variety of heart-related conditions, including previous heart attacks and heart valve problems. The most common causes of heart problems are high blood pressure, diabetes and cigarette smoking. Less common causes include viral infections, iron or copper overload, thyroid problems, heart problems present since birth, long-term alcohol abuse, medication side effects and sleep disorders.

Symptoms of heart failure often include difficulty breathing; a chronic lack of energy; a cough with pink, frothy sputum; swelling of the feet, legs and/or abdomen; needing to sleep on more pillows or waking up because of trouble breathing; and increased urination at night.

Specialists at Michigan Heart & Vascular Institute will determine the cause and type of the heart failure you have by assessing your health history, performing a physical exam, and running tests such as a chest x-ray, blood tests,

Speakers' bureau talks available for your audience

Michigan Heart & Vascular Institute has health care professionals available to speak to your group on a variety of cardiovascular-related topics. Free presentations can be personalized to meet the needs of your audience.

To learn more, please visit our Web site at www.mhvi.org or call 734-712-3583.

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Winter 2006

ADVANCED therapy for heart failure

By Marlo Leonen, M.D.

Director, Heart Failure Clinic

Michigan Heart & Vascular Institute

Years of cardiac research have taught us new ways to manage heart failure.

Historically, the “cure” was a heart transplant. We now know that there are hormones the body produces to help circulation. These hormones become overactive and toxic to the heart and can cause heart failure. Treatments now include new medications and pacemaker-like

devices to control heart failure.

Irregular heart rhythms are common in patients with heart failure. One type of treatment device is an implantable cardiac defibrillator (ICD). This is implanted in your body to help detect and treat irregular rhythms. In some people with weaker hearts, a device called a biventricular pacemaker can be implanted. This corrects the heart’s rhythm and helps patients feel better and have more energy.

New medications can block the overactive hormones. These medications and the pacing devices have enabled health care providers to modify treatment so that you feel better and live longer.

monitoring and program adjustments.

Heart failure can be stable for long periods of time. You may feel good, then have periods of feeling worse. Medications need to be adjusted for your individual needs to achieve the best-desired outcome with the fewest side effects.

You can help feel better and live longer by working closely with your health care team to manage your diet, activity, weight and medications. This can help prevent you from feeling sick, having difficulty breathing or being hospitalized.

We support you

You are not alone. The Heart Failure Clinic at Michigan Heart & Vascular Institute is here to help you manage your care. Our highly skilled team of primary care physicians, cardiologists and specially trained nurses will coordinate your care in and out of the hospital. We provide regular checkups and education for you and your family. The goal of our clinic is to provide you with the necessary resources to live a long and healthy life.

True success relies on your understanding and participation in the management of your care. For the most effective results, the partnership between doctors, nurses, dietitians, social workers and you is most important.

heart & vascular HEALTH

HEART & VASCULAR HEALTH is published by Saint Joseph Mercy Health System. The information provided in this publication is intended to educate readers about subjects pertinent to their health and is not a substitute for consultation with a personal physician.

Information in HEART & VASCULAR HEALTH comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care professional.

Models may be used in photos and illustrations.

We hope you have found this newsletter informative. If you don’t want to receive this publication in the future, please call 734-712-3546.

Saint Joseph Mercy Health System’s Michigan Heart & Vascular Institute has one of the largest and most comprehensive cardiovascular programs in the country. Visit our Web site at www.mhvi.org.

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REMARKABLE MEDICINE.
REMARKABLE CARE.

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Work with your physician

Heart failure is a chronic illness. To maximize your outcome, you need to work closely with your physician. Medications for heart failure are complex, involving many pills that may be difficult to tolerate. Frequent changes in medications and doses may be necessary. Also, managing device therapy for heart failure involves follow-up appointments,

MHVI Physician Spotlight



Marlo F. Leonen, M.D., is board certified in cardiology, echocardiography, nuclear cardiology and internal medicine. He has been with Michigan Heart & Vascular Institute since 1998, and his special interest is heart failure. Currently he is the director of the Heart Failure Clinic at St. Joseph Mercy Hospital.

Dr. Leonen is affiliated with St. Joseph Mercy Hospital in Ann Arbor, Saline and Livingston. In his leisure time, he enjoys vacationing and spending time with friends and family.

Dr. Leonen sees patients in Ann Arbor and Brighton and may be reached at **734-712-8000**.

Visit our Web site at www.mhvi.org.

Living with heart failure



Jan
Shanahan,
APRN, BC

By Jan Shanahan, APRN, BC
*Cardiac nurse practitioner, Heart
Failure Program, Michigan Heart
& Vascular Institute*

Living well with heart failure requires taking an active role in your care and having a disease management plan. Your plan includes not only taking your medications but also making the lifestyle changes that will help decrease the workload of your heart.

Heart failure won't go away, but by following your plan, you can help yourself feel better.

Daily weigh-in

Weighing yourself daily is an important tool in your disease management toolbox. Weight gain of 2 or more pounds overnight or more than 4 pounds in a week may be the first sign that you are retaining fluid. Reporting this to your nurse or doctor right away may prevent serious problems and keep you out of the hospital.

Weigh yourself first thing in the morning after using the bathroom. Be sure to write it down so that you can look for changes from day to day.

Too much fluid?

Many people with heart failure are asked by their health care provider to limit the amount of

fluid they drink. In general, it is recommended that you consume no more than 64 ounces, or 2 quarts, of fluid per day.

Fluid includes anything that is liquid at room temperature, such as water, coffee, tea, milk, juice or soda. Even soup, ice cream and Jell-O are considered fluids.

A good way to keep track of how much you are drinking is to keep a 2-quart pitcher on your kitchen counter. Each time you have a drink or eat a food that is liquid, pour an equal amount of water into the container.

Keep physically active

Regular activity such as walking, swimming or biking helps keep your heart strong and helps control weight and blood pressure. Exercise and activity are good not only for your body but also for your emotional well-being.

Start your exercise program slowly and increase gradually. You might start by walking for 10 minutes each day at a moderate pace. Try to increase your time by five to 10 minutes every week until you reach 30 to 45 minutes on most days of the week.

Stop exercising if you experience chest pain, dizziness or shortness of breath. And don't exercise in extremely hot or cold weather or if you are not feeling well.

Regular activity is good for your body and your emotional well-being.

Winter 2006

Calendar of UPCOMING EVENTS

ALL CLASSES ARE FREE!
**Call 734-712-3105 for
more information.**

ANN ARBOR MICHIGAN HEART & VASCULAR INSTITUTE Auditorium

Cardiovascular health classes

Wednesdays

8:45 to 9:30 a.m.,
11:30 a.m. to 12:15 p.m.,
2:15 to 3 p.m.,
or 5 to 5:45 p.m.

Classes rotate on a regular basis.

Topics offered

- Risk Factors
- Stress
- Dietary I—Supermarket Tour
- Dietary II—Dining Out
- Dietary III—Reading Food Labels
- Psychosocial (for heart patients and their families)

Please visit our Web site at www.mbvi.org or call 734-712-3105 for a calendar and class descriptions.

FREE BLOOD PRESSURE CHECKS

First Tuesday of each month
1 to 2 p.m.

Michigan Heart & Vascular
Institute, Suite 101, Ann Arbor



HEART FAILURE AND A LOW-SODIUM diet

By Marie Neaton, APRN, BC
Michigan Heart & Vascular Institute

A low-sodium diet is important in treating heart failure. Heart failure causes your body to hold on to sodium and fluid. Eating more sodium causes more fluid buildup, which makes your heart work harder and can lead to worsening heart failure symptoms.

A low-sodium diet can help you feel better. It also may help your heart medications work better and keep you out of the hospital.

Limit your sodium intake to no more than 2,000 milligrams (2 grams) each day. This is less than 1 teaspoon of salt. This amount includes the salt you add to your food at the table or during cooking, as well as the salt in processed foods.

Here's how to reduce the sodium in your diet.

Stop adding salt to food.

- Remove the salt shaker from your table and from your cooking areas.
 - Do not add salt to the foods you cook, such as vegetables, potatoes, rice and noodles.
 - Use seasonings low in sodium.
- Pick foods low in sodium.**
- Choose fresh foods, which are



naturally low in sodium.

- Plain, frozen vegetables are low in sodium and a better choice than canned vegetables.

- Find low-sodium versions of your favorite foods. Look for the “no salt added” versions of canned soups and tomato sauces.

Limit the use of processed, packaged and ready-made foods. Sodium is often added as a preservative or flavor enhancer.

Read all food labels for sodium content. Avoid or limit foods with more than 350 milligrams of sodium per serving. Think about the size of one serving and the number of servings you are having.

For more information and recipes for no-salt seasonings, visit www.mbvi.org.

HEALTHY. recipe

Vegetarian chili

Ingredients

- Vegetable oil spray
- 2 teaspoons vegetable oil
- 2 cups chopped onion (2 large)
- 2 cups chopped green bell peppers (3 medium)
- 2 medium garlic cloves, minced, or 1 teaspoon bottled minced garlic
- 2 cups water
- 1 cup no-salt-added canned diced tomatoes
- 1 cup bulgur
- 2 tablespoons ground cumin
- 1½ tablespoons no-salt-added chili powder, to taste
- 1 tablespoon lemon juice
- ½ teaspoon pepper
- ¼ teaspoon cayenne
- 2 16-ounce cans no-salt-added kidney beans, rinsed and drained

Instructions

1. Heat a large saucepan or Dutch oven over medium-high heat. Remove from heat and spray with vegetable oil spray (being careful not to spray near a gas flame). Add oil and swirl to coat bottom.
2. Cook onion, bell peppers and garlic for 8 to 10 minutes, or until bell peppers are tender, stirring frequently. Reduce heat if necessary to prevent burning.
3. Stir in remaining ingredients except beans. Reduce heat and simmer, covered, for 45 to 60 minutes, or until bulgur is done and flavors are blended.
4. Stir in beans and simmer, uncovered, for 10 minutes. Makes 10 1-cup servings.

Nutrition facts (per serving)

Calories 167	Protein 9g
Carbohydrates 33g	Cholesterol 0mg
Total fat 2g	Fiber 8g
Sodium 14mg	Calcium 81mg
Potassium 575mg	