

# 11 Lifestyle interventions in heart failure



## What will I learn?

You will learn about lifestyle changes that can improve control of the symptoms of heart failure and slow the progression of the disease.

These include:

- fluid balance
- alcohol consumption
- weight
- diet
- exercise
- smoking
- psychological issues



In this chapter we consider the changes that William can make to improve control of his symptoms of heart failure and to minimise the rate at which his condition deteriorates.

## Fluid balance

If William's condition worsens for any reason, he will end up retaining fluid. This may become obvious to William in two ways: an increase in his symptoms and/or an increase in his weight. Daily weighing is often advised to check for any indication of fluid retention, and a weight gain of 2 kg within three to five days needs attention. Ideally, William will keep a check on his weight, and then adjust his dose of diuretic once he has been taught how to do so. In addition, he should be aware that he needs to temper his fluid intake to approximately 1.5–2 litres of fluid a day. In summary, you should encourage William to record his weight, fluid intake and symptoms every day.

## Alcohol

You should assess William's alcohol intake. It is not necessary to be teetotal, and one to two glasses of red wine may be beneficial if you have heart failure (unless the heart failure is caused by alcohol abuse). It is advisable to stay below the weekly alcohol limit of 14 units for women or 21 units for men (a unit is regarded as one beer, or one glass of wine, or one tot of fortified drink such as brandy). If William drinks two cans of beer each evening, he might be consuming a lot of extra fluid. This may affect his fluid balance and impact on the quality of his sleep if he has to get up to pass urine at night. Furthermore, people with heart failure often become hypotensive as time goes on and this will increase the risk of falls if he has to get up at night.

## Weight management

William has a BMI of 26 kg/m<sup>2</sup>, which would normally be considered too high. The usual advice would be that he should try to reduce his weight if possible, for general health benefits. However, there is some evidence to suggest that people with a higher BMI have better outcomes in heart failure, so this may not be a priority. This could be welcome news to William!

## Nutritional status

Dietary intake should be carefully assessed. Weight loss is common in heart failure because the body burns up energy due to the extra demands being put on it by the failing heart. The input of a dietician may be useful. Many of the drugs used to treat heart failure have side effects such as nausea and vomiting, which will obviously impair the appetite.

There is good evidence to show that higher levels of salt in the diet increase the risk of exacerbating heart failure. Restriction of salt intake is therefore important and you should encourage William to eat plenty of fresh food and avoid adding salt to his meals. Salt substitutes should be discouraged too, as they contain high levels of potassium, which can be dangerous in heart failure.

## Exercise

In spite of William's breathlessness, he is likely to benefit from some gentle exercise each day. Heart failure results in deconditioning of the muscles and this may lead to worsening of symptoms. Gentle activity will assist muscle health as well as provide an increased overall sense of well being. William clearly has an interest in keeping his caretaker job, so this can be used to encourage him to keep active but without overdoing things.

## Smoking

Smoking should be discouraged and help offered for the patient to quit. There may come a point, however, where taking a holistic approach to caring for a patient with heart failure means that this becomes less important. The prognosis once a diagnosis of heart failure has been made is very poor and it is important to consider the benefits of cessation of smoking within the whole picture.

## Psychological considerations

There is limited evidence that interventions aimed at improving levels of depression in patients with heart failure lead to improved outcomes, although the general advice given is to treat using selective serotonin re-uptake inhibitors (SSRIs) such as fluoxetine. Tricyclic antidepressants such as amitriptyline are usually avoided due to their cardiotoxic side effects, along with other side effects such as a dry mouth, which can be particularly unpleasant for someone taking diuretics and who may also be on fluid restriction.

It is important to recognise, though, that offering drug therapy for depression means the person with heart failure will have to take yet another pill on top of the many tablets already being taken for the heart failure itself. The psychological impact of taking a further tablet should not be underestimated, however, the depression itself will reduce the chance of good adherence to drug regimes. There is also an increased risk of drug interactions.



Self-management plans can be a useful tool to help people take a holistic approach to the management of heart failure. What do you think should be included in a simple self-management plan for someone like William?



Further information for healthcare professionals and members of the public about heart failure is available from NICE ([www.nice.org.uk](http://www.nice.org.uk)) and from the South African Heart and Stroke Foundation ([www.heartfoundation.co.za](http://www.heartfoundation.co.za)).



### **What you need to know**

- Fluid balance is important to ensure that the system is not overloaded.
- Alcohol is allowed (unless the heart failure is alcohol related) but intake should remain within recommended limits.
- Weight should ideally be maintained within normal BMI limits (20–24.9 kg/m<sup>2</sup>) but weight loss may not be a priority when making changes with regard to the risk factors for a person with heart failure.
- Dietician advice may be useful to help balance the need for adequate calories and nutrients with a low salt intake.
- Exercise should be encouraged through the usual activities of daily living and walking.
- Support for cessation of smoking should be given to those patients who want it.



### **Self-assessment questions**

Take a minute to test your knowledge:

1. Give some suggestions on what you would advise William about exercise.
2. What would you say about smoking and alcohol consumption?
3. What would you do if William were showing signs of depression?