

# 5 An introduction to treating heart failure



## What will I learn?

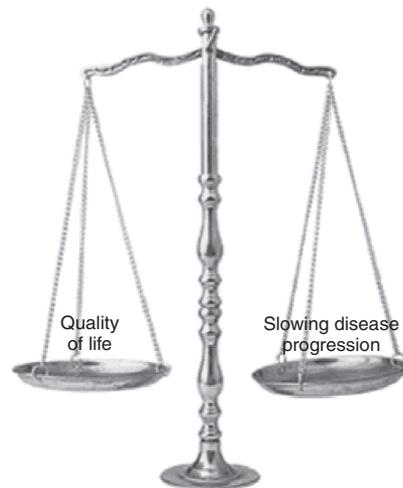
In this section you will learn:

- The importance of balancing quality of life with slowing progression of the disease
- The vital role of the patient in effecting treatment decisions
- The necessity for tailored, individualised prescribing, particularly in heart failure with differing aetiology

There is a difference between the treatment of heart failure and management of the condition. Managing heart failure involves all aspects, including pharmacological and non-pharmacological care. It incorporates the care given by healthcare professionals and others but, more importantly, it starts with the patient himself – his understanding of the condition, and his knowledge of how to be involved in decision making and self care at a level appropriate to his needs and preferences.

It is important to remember that heart failure is a terminal condition with a significant mortality rate. Many of the drugs used in heart failure have potentially unpleasant side effects. The aim should always be to improve quality of life for people with heart failure while at the same time improving mortality rates by slowing the progression of the disease. However, it is not always possible to deliver quality of life and quantity of time left with the same treatment – sometimes

**Figure 1.** Balancing quality of life with slowing disease progression.



it may be necessary to prioritise one over the other (Fig. 1). The next five chapters focus on the drug treatments used, both to relieve the symptoms of heart failure and to improve outcomes, where possible.

Diuretic therapy is given to improve quality of life, as there is currently no evidence that diuretics prolong life. Yet, if diuretic therapy is not prescribed with care, it can adversely affect quality of life by, for example, reducing levels of social contact. Similarly, beta-blockers have very strong data to demonstrate their effect on mortality but they can lead to an unexpected deterioration in symptoms and if this is not explained, anticipated and treated, this deterioration can lead to discontinuation of treatment.

Some of the therapies given in the more severe stages of heart failure (NYHA class III–IV), such as digoxin and spironolactone, have unpleasant gastric side effects, so their use in relieving symptoms such as breathlessness and oedema must be weighed against the risk of the patient losing his appetite, losing weight, becoming listless and generally feel worse overall. Newer drugs may have fewer side effects and are dealt with in more depth in the relevant sections.

All the drugs mentioned in the next few chapters have been shown to have a significant role to play for some or all of those people with a diagnosis of heart failure. Yet in the management of heart failure you simply cannot take a 'one size fits all' approach. Different people will react to these drugs in different ways in terms of their acceptability, response and side effects. Many of them will have other diseases, which limit the therapy options available to them. Some will want quality time and will refuse drugs that make them feel more unwell. Others will be prepared to try anything to gain more time with their loved ones.

The important thing is to involve the patient and, if appropriate, his family in decisions about drug therapy. Informed consent means that the patient should know what the drug has to offer, what the alternatives may be, and what might happen if he chooses not to take this treatment. He must also know that he can change his mind at any time and that collaboration with all of those involved in his care is the key to making informed decisions about treatment for his heart failure.

All decisions about drug therapy should be made with each patient in mind. For example, important drug therapy such as ACE inhibitors can cause further renal impairment; this is especially true in the elderly and in end-stage heart failure. So treatment plans for each individual patient should be made with great care.

It is vital to remember that treating heart failure can be a careful balancing act at the best of times. As the condition inevitably deteriorates, so will the ability to balance the good and harm done with treatment. At

this point, decisions have to be made on a holistic basis – which treatment is doing more harm than good and should therefore be stopped, and vice versa. The focal point of the treatment and management of heart failure is always the person living with, or perhaps dying from, the diagnosis.



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

- Treatment decisions for heart failure always need to balance quality of life with slowing the progression of the disease
- Patients and their families must be closely involved in all aspects of heart failure management
- You can never take a 'one size fits all' approach in the management of heart failure
- Guidelines are an invaluable aid to appropriate evidence-based prescribing but should not replace individualised management for each patient.



### **Self-assessment questions**

Take a minute to test your knowledge:

1. What information is important to share with patients and carers?
2. How would you deal with Zindi's heart failure following rheumatic heart disease? What are her treatment options?