



Mended Hearts
Europe



GoToGuide

HEART FAILURE

To provide you and your loved ones with a
comprehensive understanding of heart failure





GoToGuide: **HEART FAILURE**

INTRODUCTION

If you have just been diagnosed with heart failure, you probably have many questions and concerns. Despite its name, heart failure does not mean the heart has stopped working — it means the heart is not pumping blood as well as it should. It is a serious condition, but with the right treatment, support, and self-care, many people live well with heart failure.

The purpose of this GoToGuide is to provide you and your loved ones with a comprehensive understanding of heart failure, covering its diagnosis, treatment, and strategies for living with this disease. Additionally, it aims to connect you with tools and resources to support you on your journey.

By understanding your condition and following the Seven Steps to Becoming an Empowered Patient, you can collaborate effectively with your healthcare team and support network. Working together can help you manage your heart failure well and create a plan adapted to your health needs.

“A diagnosis is not the end – it is a new beginning.

**HEART FAILURE MAY CHANGE YOUR PATH,
BUT IT DOESN'T CHANGE YOUR PURPOSE.**

You are not alone.

**IN THE HEART FAILURE WARRIORS COMMUNITY,
WE FIND STRENGTH, FRIENDSHIP, SUPPORT,
RESILIENCE – AND THE COURAGE TO LIVE
FULLY AND KEEP MOVING FORWARD.”**

Nicole
Heart Failure Warriors Northern Ireland, Chair

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The *Seven Steps* to Becoming an Empowered Patient:



STEP 1 TAKE CONTROL

By using this *Guide*, you are taking control of your healthcare journey and embarking on the first step to becoming an empowered patient. Within this resource, you will find valuable information along with tools and resources to reduce your risk and manage your life with heart failure.



STEP 2 EDUCATE YOURSELF

Knowledge is power. For you to be truly empowered, it is important to understand what your diagnosis means. Talk to your heart failure nurse specialist or your doctor about your condition and ask where you can find trustworthy information to learn more.



STEP 3 KNOW YOUR RIGHTS

Many patients feel they are dependent on the system and simply need to do “what the doctor says”. While it is crucial to follow your treatment plan, you also need to be aware of, and assert, your rights as a patient when necessary.



STEP 4 BE PART OF THE TEAM

You know yourself better than anyone else. Make sure to discuss any questions, issues or concerns with your healthcare team, communicate your needs clearly, and attend all your appointments.



STEP 5 GET INFORMATION

If you need medications, surgery or a device, you can never ask too many questions. Your doctor is there to ensure you feel confident about your treatment plan, so do not hesitate to keep asking questions until you fully understand everything.



STEP 6 VOICE YOUR OPINIONS

Your voice matters. Your needs, thoughts, and opinions are valued. Do not be afraid to speak up if you feel confused or uncomfortable about any decision.



STEP 7 MAKE INFORMED DECISIONS

You might come across the term “shared decision-making”. It involves continuous communication between you and your healthcare provider. Your preferences are important. Make sure you are part of the conversation about your heart failure and participate in decisions about treatment options.



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STEP 1



TAKE CONTROL

When diagnosed with a disease like heart failure, you may feel that your heart — something you have relied on your whole life — has let you down. It is natural to feel like you lack power over your health or future. However, while some things are beyond your control, you can still make decisions and choices that improve your quality of life.

Taking control starts with understanding your condition and what you can do about it. This *Guide* is here to help. It is your companion in building confidence, finding support, and making informed choices. You are more than your diagnosis — and how you move forward is still in your hands.



MORE THAN
1 million
PEOPLE ACROSS
THE UK ARE
LIVING WITH
HEART FAILURE.

1 in 4 adults
ARE AT RISK OF
SUFFERING FROM HEART
FAILURE AT SOME POINT
IN THEIR LIVES.



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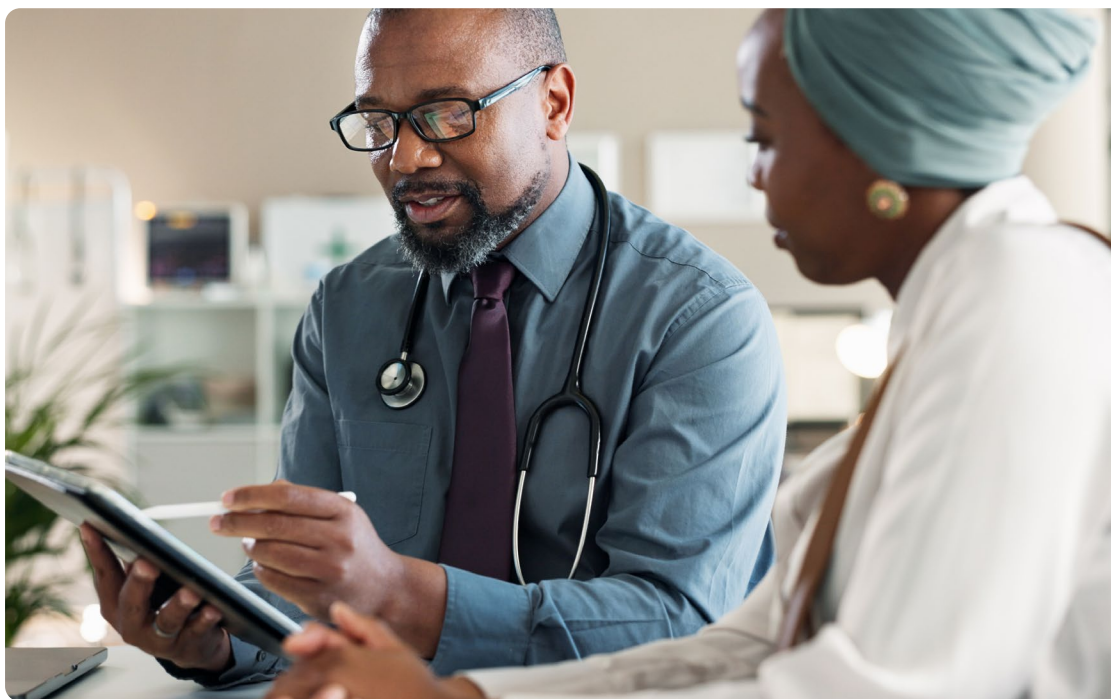
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STEP 2



EDUCATE YOURSELF

Once you decide to prioritise your health and well-being, the next important step is to educate yourself. Learning about heart failure, its symptoms, diagnostic tests, and treatment options empowers you to make informed decisions about your care.

Education is crucial in becoming an empowered patient. At Heart Failure Warriors Northern Ireland, and Mended Hearts Europe, our community of patients affected by cardiovascular disease – along with their caregivers and loved ones – have seen first-hand that “knowledge is power”. By learning more about their conditions, they gain the tools to take an active role in their care and improve their well-being, both physically and emotionally.

Navigating all the available resources can be overwhelming, making it hard to know what is accurate. This *Guide* offers essential insights into heart failure and what you can do to stay as healthy as possible. By reading this, you are also one step closer to becoming an empowered patient.



HEART FAILURE IS ONE OF THE *leading* causes of hospitalisations in the UK

ACCOUNTING TO MORE THAN

65,000 ADMISSIONS EVERY YEAR.



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WHAT IS HEART FAILURE?

When people first hear the words “heart failure”, it can sound frightening – as if the heart has stopped altogether. But that is not the case. Heart failure means your heart is not pumping blood as efficiently as it should to meet your body’s needs. It is a serious condition, but one that can be managed with the right care and support.

While heart failure usually cannot be cured, it can be managed. **More than one million people** in the UK are currently living with heart failure¹ - including over **23,000 in Northern Ireland**². It also accounts to more than 65,000 hospital admissions every year in the UK³. Thanks to improvements in cardiovascular care, the risk of developing this condition has decreased in some countries – but as the population ages, the total number of individuals affected continues to grow. As a result, heart failure remains a major health burden, placing pressure on patients, families, and healthcare systems alike.

The good news is that, with the right treatment and lifestyle changes, many people with heart failure are able to feel better, stay active, and live fulfilling lives. Managing heart failure often includes:

- ♥ Medical treatment tailored to your heart’s needs
- ♥ Monitoring your symptoms and knowing when to act
- ♥ Eating healthy
- ♥ Staying physically active in ways that feel right for you



1 A. Bottle, D. Kim, P. Aylin, M. R. Cowie and A. Majeed, ‘Routes to Diagnosis of Heart Failure: Observational Study Using Linked Data in England’, *Heart*, 104, no. 7 (2018): 600–605, <https://doi.org/10.1136/heartjnl-2017-312183>.
2 Department of Health (Northern Ireland), *Raw Disease Prevalence in Northern Ireland 2024/25* (Belfast: Department of Health, 2025) <https://www.health-ni.gov.uk/sites/default/files/2025-05/rdp-ni-2025.pdf>
3 National Institute for Cardiovascular Outcomes Research (NICOR), *National Heart Failure Audit 2023/24: England and Wales* (NICOR, 2024), <https://www.nicor.org.uk/national-cardiac-audit-programme/heart-failure-audit-nhfa>



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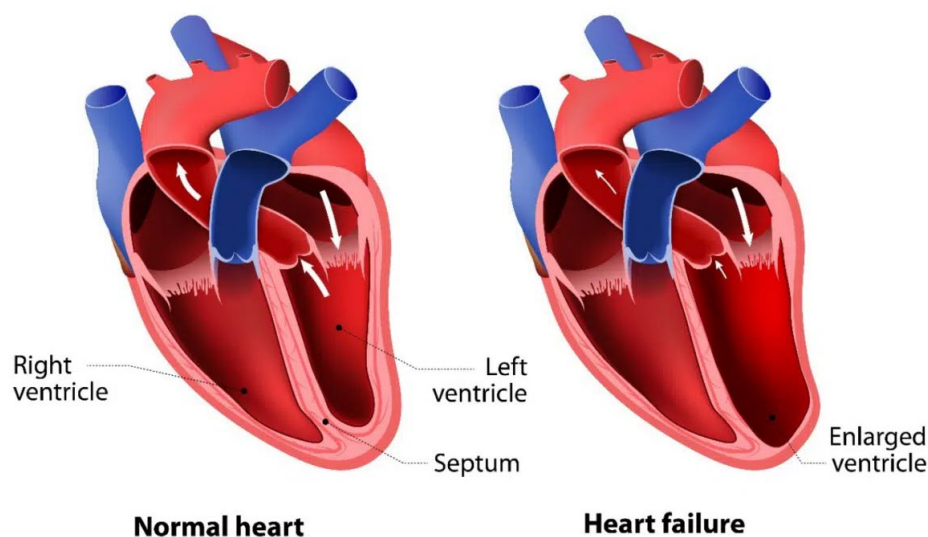
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UNDERSTANDING HEART FAILURE

Your heart is a strong, hard-working muscle that pumps blood throughout your body. In the normal heart, freshly oxygen-rich blood from your lungs is pumped from the left side of the heart to the body. After your body uses the oxygen, the blood returns to the right side of your heart. From there, it is sent to the lungs to pick up more oxygen and flows into the left heart — and the cycle continues. The two main pumping chambers in your heart are called ventricles. They keep everything moving smoothly.

Heart failure occurs when the heart becomes too weak to pump blood properly, or too stiff to relax and fill with enough blood between beats — making it harder for your body to get the oxygen and nutrients it needs. This can happen on the left side, the right side, or both. Left-sided heart failure is more common, but often, if one side struggles, the other may also be affected over time.



MORE THAN

23,000 people in Northern Ireland
HAVE BEEN DIAGNOSED WITH HEART FAILURE –
BUT THOUSANDS MORE MAY HAVE IT *without knowing*.



more than half OF THOSE LIVING WITH
HEART FAILURE TODAY ARE *women*.



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TYPES OF HEART FAILURE

Heart failure can develop over time, with symptoms that come and go and slowly get worse — this is called **chronic heart failure**.

In other cases, it can also happen suddenly and severely. This is known as **acute heart failure**, and it needs immediate medical attention.

Left-Sided Heart Failure

Your heart has two sides that work together to keep blood moving. In left-sided heart failure, the left side of your heart is not working as well as it should. This makes it harder for your body to get the oxygen-rich blood it needs. There are two types of left-sided heart failure:

- ♥ **Systolic heart failure:** This happens when the left side of your heart (specifically the lower chamber called the left ventricle) becomes too weak to pump blood out to the body. Doctors also call this heart failure with *reduced ejection fraction*.
- ♥ **Diastolic heart failure:** In this case, the left ventricle becomes stiff and cannot relax properly, making it hard for the heart to fill with blood. This is also called *heart failure with preserved ejection fraction*.

You will find more information about each type in the next sections.

Your heart failure nurse or doctor may talk to you about **ejection fraction** or EF for short. It is a simple measurement that shows how well your heart is pumping blood. We will explain more about EF a bit later in this *Guide*.

Right-Sided Heart Failure

Right-sided heart failure is usually caused by left-sided heart failure. When the left side of the heart is not working properly, blood can start to build up in the lungs and backs up into the right side of the heart — like a traffic jam. As a result, the right ventricle cannot pump well. When someone has right-sided heart failure, fluid backing up in their veins may cause **swelling in the legs, feet and sometimes the abdomen**.

CONGESTIVE HEART FAILURE (CHF)

Congestive heart failure is a serious form of heart failure that happens when fluid builds up in the veins, causing congestion in the body. CHF may cause fluid to back up in the lungs, causing shortness of breath, even when lying down. Other symptoms include swelling in the legs, feet, ankles and/or in the belly area.



IF YOU EXPERIENCE SYMPTOMS OF CHF, YOU SHOULD GET MEDICAL HELP RIGHT AWAY.



HEART FAILURE IS ONE OF THE *most common* CARDIOVASCULAR DISEASES IN THE WORLD.

WITHOUT PROPER CARE, IT CAN LEAD TO SERIOUS HEALTH PROBLEMS AND EVEN EARLY DEATH.



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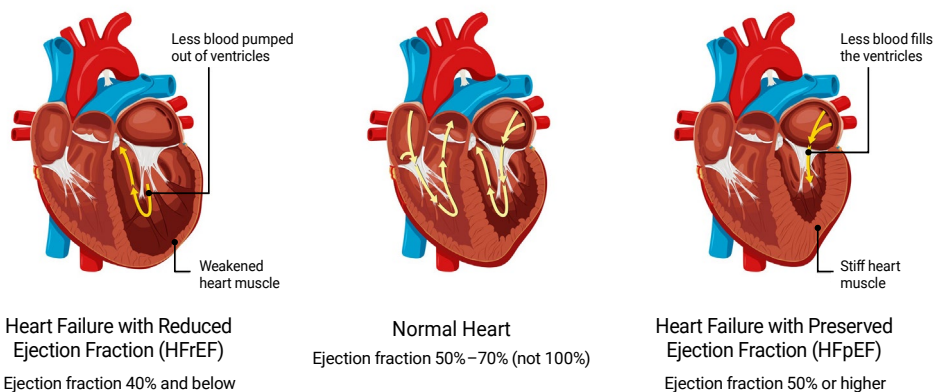
WHAT IS EJECTION FRACTION (EF)?

The ejection fraction (EF) is a way of measuring how well your heart is pumping, and it represents the percentage of blood in the left ventricle that is pumped out during each heartbeat. In a healthy heart, a **normal EF is between 50% and 70%** - not 100% as some might think.

Chronic heart failure can be classified in different categories based on the left ventricular EF. According to the *European Society of Cardiology 2021 Guidelines for the diagnosis and treatment of acute and chronic heart failure*⁴, these include:

- ♥ **Heart Failure with reduced Ejection Fraction (HFrEF):** EF is 40% or lower.
- ♥ **Heart Failure with mildly reduced Ejection Fraction (HFmrEF):** EF is between 41 – 49%.
- ♥ **Heart Failure with preserved Ejection Fraction (HFpEF):** EF is 50% or higher.

The diagram below shows how the heart's structure can change as heart failure progresses.



- ♥ In HFrEF, the heart is **larger than normal** and is **pumping weakly**.
- ♥ In HFpEF, the heart is **less enlarged** than in HFrEF, but the left ventricle is **smaller and stiffer**.
- ♥ HFmrEF falls somewhere between these two in terms of heart structure and function.

Knowing your EF helps your healthcare team choose the best treatments for you.

ABOUT 50% OF PEOPLE WITH HEART FAILURE HAVE REDUCED EJECTION FRACTION.	ABOUT 40% OF PEOPLE WITH HEART FAILURE HAVE PRESERVED EJECTION FRACTION.	AROUND 10% OF PEOPLE WITH HEART FAILURE HAVE MILDLY REDUCED EJECTION FRACTION.
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⁴ T. A. McDonagh, M. Metra, M. Adamo, R. S. Gardner, A. Baumbach and M. Böhm, et al., '2021 ESC Guidelines for the Diagnosis and Treatment of Acute and Chronic Heart Failure: Developed by the Task Force for the Diagnosis and Treatment of Acute and Chronic Heart Failure of the European Society of Cardiology (ESC)', *European Heart Journal*, 42, no. 36 (2021): 3599–3726, <https://doi.org/10.1093/eurheartj/ehab368>.



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Cardiomyopathy

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GUIDE [HERE](#)



HCM

DOWNLOAD THE
DISCUSSION GUIDE
[HERE](#)



ATTR-CM

DOWNLOAD THE
DISCUSSION GUIDE
[HERE](#)



AL

Amyloidosis

DOWNLOAD THE
DISCUSSION GUIDE
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CAUSES OF HEART FAILURE

Heart failure can happen for many different reasons. It is often linked to conditions that damage the heart or make it work harder than it should – like **heart attacks** or long-term **high blood pressure**.

Here are some of the most common causes:

- ♥ **Coronary artery disease (CAD):** This is the most common form of heart disease. It happens when the coronary arteries – the blood vessels that supply the heart muscle with oxygen-rich blood – become narrowed by fatty deposits (called plaque), reducing blood flow. CAD can also lead to **heart attacks** when the blood supply to the heart becomes blocked. CAD is sometimes also called coronary heart disease or ischemic heart disease.
- ♥ **High blood pressure:** When force of blood against the artery walls stays too high over time, it puts extra strain on the heart and other organs.
- ♥ **Cardiomyopathy:** This is a disease of the heart muscle that makes it harder for the heart to pump blood to the body. The two most common types of cardiomyopathy are: dilated cardiomyopathy (DCM) and hypertrophic cardiomyopathy (HCM).
- ♥ **Congenital heart disease (heart defects from birth):** Some people are born with structural problems in the heart that may lead to heart failure.
- ♥ **Heart valve damage:** Valves help control the one-way flow of blood through the heart. If they are damaged – by high blood pressure or a heart attack for example – the heart has to work harder and may eventually weaken.
- ♥ **Cardiac amyloidosis:** This is another type of cardiomyopathy, where abnormal protein builds up in the heart muscle, causing it to become stiff.
- ♥ **Irregular heartbeat (arrhythmia):** If the heart beats too fast, too slow, or out of normal rhythm, it can affect whether the heart can pump normal amounts of blood without becoming strained.
- ♥ **Lung problems:** Severe lung disease or a blood clot in the lungs can lower oxygen levels and increase blood pressure within the lungs (pulmonary hypertension). This makes the right side of the heart work harder to pump blood through the lungs. These situations can lead to right-sided heart failure.
- ♥ **Severe anaemia or iron deficiency:** Not having enough healthy red blood cells or iron can make it harder for the body to carry oxygen, putting more strain on the heart.
- ♥ **Diabetes:** Having diabetes increases the risk of heart failure and other heart-related complications.
- ♥ **Chronic kidney disease and other long-term chronic diseases:** These ongoing illnesses can raise the risk of heart failure – sometimes because of the condition itself (as in chronic kidney disease), and sometimes due to treatments (such as some chemotherapy drugs) that may place added strain on the heart over time.
- ♥ **Other risk factors:** There are several risk factors for developing heart failure or other heart conditions that may lead to it—like coronary artery disease. These include being physically inactive, smoking, being overweight, or regularly eating foods high in fat and cholesterol. Other risk factors can include certain conditions such as postpartum complications or heart inflammation after an infection (called post-infectious myocarditis). Keep in mind, this is not a full list—many different things can play a role. If you're unsure about your risk or have questions, talk to your heart failure nurse or doctor.



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SIGN AND SYMPTOMS OF HEART FAILURE

While shortness of breath, feeling tired, and swollen ankles are common signs of heart failure, not everyone has the same experience.

Some people may not notice any symptoms, while others might feel different ones than those listed here:



Shortness of breath especially with physical activity or while lying down or reclining



Feeling very tired or weak



Swelling in your legs, ankles, feet



Being unable to exercise or do normal activities like walking up stairs



Persistent cough



Lack of appetite or nausea



Increased heart rate



Wheezing – a whistling sound when breathing



Sudden weight changes



SOME SYMPTOMS NEED URGENT CARE. CALL 999

IF YOU HAVE SEVERE SHORTNESS OF BREATH, CHEST PAIN, FAINTING, EXTREME WEAKNESS, PINK OR WHITE FOAMY MUCUS, SUDDEN SWELLING, OR A FAST, IRREGULAR HEARTBEAT.



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DIAGNOSING HEART FAILURE

If you notice any symptoms that could be related to heart failure, it is important to speak with your healthcare provider. Your doctor will ask you questions about your medical history and lifestyle, will do a physical exam and may run a few tests to help understand what is going on. These tests can show whether you have heart failure – and if so, how well your heart is pumping. From there, your general practitioner will refer you to a specialist, together you will create a treatment plan that is right for you.

The following procedures aim to determine whether you have this condition, and if so, which type:

- ♥ **Questions about your health and physical exam:** Your doctor will ask you questions about your medical history and lifestyle, and will perform a physical examination, including measuring weight, height, blood pressure, heart rate, breathing rate, temperature, to evaluate your overall health.
- ♥ **BNP (short for *B-type natriuretic peptide*) test:** BNP is a hormone produced in the body and can be measured in the blood. High BNP blood may indicate heart failure.
- ♥ **Routine blood tests:** These check red blood cell count, electrolytes, blood sugar, and cholesterol – all of which can affect heart health.
- ♥ **Chest X-ray:** A chest X-ray can show whether the heart is enlarged and/or whether fluid is building up in the lungs.
- ♥ **Electrocardiogram (ECG):** An ECG records the heart's electrical activity. This test can show how fast the heart is beating and if it is beating normally or not.
- ♥ **Exercise stress test:** Involves walking on a treadmill (usually) at increasingly faster pace while your ECG is being recorded to assess how physical exertion affects your heart rate and rhythm.
- ♥ **Echocardiogram (echo):** An echocardiogram uses sound waves to generate a dynamic picture of the heart, revealing its structure, function, size and shape. A "stress echo" involves performing the echo during a stress test.

Depending on the results of your tests, your doctor may also ask for further imaging tests or exercise testing.



early diagnosis and treatment
**CAN EASE SYMPTOMS, PROTECT YOUR ORGANS,
AND IMPROVE YOUR LONG-TERM WELL-BEING.**

Following diagnosis, your doctor will determine if you can be referred to a heart failure nurse, who will support you and your family. They will review your treatment, help you control your symptoms, and educate about how to recognise symptoms and manage them. Discuss with your healthcare provider the possibility to access cardiac rehabilitation services – these will be explained later in this *Guide*.



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There are different ways to define and classify heart failure. Here, we present two approaches you might come across: staging and functional classification. These systems help Guide the right treatment plan and give a clearer picture of how the condition is affecting your daily life.

Stages of heart failure

The European Society of Cardiology *Universal definition and classification of heart failure*⁵ divides this disease into four stages – from A to D – to show how far the condition has progressed.

Before you start: Structural heart disease refers to conditions affecting the heart's chambers or valves. You will come across this term in the different stages.

Here is what each stage means:



STAGE A

At-risk for heart failure

a person with heart failure risk factors, but no symptoms and no structural heart disease.



STAGE B

Pre-heart failure

a person with no heart failure symptoms, but either structural heart disease, abnormal cardiac function, or elevated levels of some specific substances.



STAGE C

Heart failure

a person with structural and/or functional heart disease and current or previous heart failure symptoms.



STAGE D

Advanced heart failure

a person with structural heart disease whose heart failure symptoms are severe and cannot be fully controlled despite maximum treatment.

5 B. Bozkurt, A. J. S. Coats, H. Tsutsui, M. Abdelhamid, S. Adamopoulos, N. Albert, et al., 'Universal Definition and Classification of Heart Failure: A Report of the Heart Failure Society of America, Heart Failure Association of the European Society of Cardiology, Japanese Heart Failure Society and Writing Committee of the Universal Definition of Heart Failure', *Journal of Cardiac Failure*, 27, no. 4 (2021): 387–413, <https://doi.org/10.1016/j.cardfail.2021.01.022>.



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Functional classes

Another way doctors describe heart failure is by looking at how well you do with physical activity. The most commonly used system is the *New York Heart Association (NYHA) Functional Classification*⁶. It places patients into **1 of 4 categories** (called **classes**) based on how much physical activity causes symptoms.

For example, in **Class I**, a person has no limitations on physical activity, while in **Class IV**, they are unable to perform any physical activity without discomfort. It is important to know that functional class can change over time.

Here is what each class means:



CLASS I

No limitation of physical activity

ordinary physical activity does not cause shortness of breath, fatigue, or palpitations.



CLASS II

Slight limitation of physical activity

comfortable at rest, but ordinary physical activity results in shortness of breath, fatigue, or palpitations.



CLASS III

Marked limitation of physical activity

comfortable at rest, but less than ordinary activity results in shortness of breath, fatigue, or palpitations.



CLASS IV

Unable to carry on any physical activity without discomfort

symptoms at rest can be present. If any physical activity is undertaken, discomfort is increased.

⁶ M. Dolgin (ed.), *Nomenclature and Criteria for Diagnosis of Diseases of the Heart and Great Vessels*, 9th edn (Boston: Little, Brown and Company, 1994).



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TREATING AND MANAGING HEART FAILURE

Many people with heart failure live full and happy lives by following their treatment plans. Your plan may include medication, devices, and making changes for a healthier lifestyle.

Lifestyle changes



Sometimes, your doctor will ask you to make some lifestyle changes (further discussed later in this booklet) to support your heart health and prevent certain complications from heart failure. Adopting habits that are beneficial for everyone — such as eating a heart-healthy diet, exercising regularly, and limiting or avoiding alcohol consumption — can also benefit individuals with heart failure. Consult your doctor regarding the lifestyle changes that will help you.

Medications



If you are diagnosed with heart failure, your healthcare provider will likely start you on medication right away. You may be prescribed more than one medication to prevent your heart failure from getting worse and reduce your symptoms.

It is important to understand what each medication is for, when to take it, and what possible side effects to watch for. If a medication does not seem to be helping, if your symptoms get worse, or if you notice new symptoms, talk to your heart failure nurse specialist right away.



NEVER STOP TAKING YOUR MEDICATIONS WITHOUT CHECKING WITH YOUR DOCTOR OR HEART FAILURE NURSE FIRST.

There are several types of medications that are considered front line in the treatment of heart failure. These medicines, recommended in *Guidelines*⁷ from the European Society of Cardiology and other scientific societies, have been shown in research studies and clinical trials to help patients improve and reduce symptoms, hospitalisations, and risk of death.

7 McDonagh, 2021 ESC Guidelines for the Diagnosis and Treatment of Heart Failure.



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The main classes of heart failure medications include:

- ♥ **Beta Blockers:** these slow heart rate and lower blood pressure, making it easier for the heart to pump and reducing its workload.
- ♥ **Angiotensin Converting Enzyme (ACE) Inhibitors or Angiotensin Receptor Blockers (ARBs):** these medicines help the blood flow by expanding the blood vessels and lowering the blood pressure, allowing more oxygen to reach the muscles and organs, and reducing the strain on the heart.
- ♥ **Angiotensin Receptor-Nepilysin Inhibitors (ARNIs):** these have similar effects as ACE inhibitors – improve blood flow and relax the arteries, easing strain on the heart. They also help the body to get rid of sodium (salt) and improve kidney function.
- ♥ **Mineralocorticoid Receptor Antagonist (MRA):** also known as aldosterone receptor antagonists, these drugs block the effects of the aldosterone (a hormone produced by the adrenal glands), which helps control the balance of salt and water in the body. MRAs help get rid of extra salt and water, lowering blood pressure and reducing fluid buildup around the heart.
- ♥ **SGLT2 Inhibitors:** these have been used to lower blood sugar in people with diabetes. More recently, they have been shown to benefit patients with heart failure – with or without diabetes. They help the body get rid of extra fluid and sodium, improving heart function, and protecting the kidneys in patients with heart failure.

In addition to these medications, your doctor may also prescribe a **diuretic** – often called a “water pill” – especially if you have signs of excess fluid buildup in the lungs or other parts of the body. Diuretics help the kidneys remove extra sodium and fluid, reducing the heart’s workload.

According to the European Society of Cardiology, the medications listed above are the first-line treatment for patients with chronic HFrEF (heart failure with reduced ejection fraction). However, medications from this list are also prescribed for those patients with HFmrEF and HFpEF.

In Northern Ireland, your heart failure team might follow the NICE (National Institute for Health and Care Excellence) guidelines for diagnosis and treatment of chronic heart failure in adults⁸.

Remember, it may take some time to find the right combination and doses of medications that work best for you. **Talk with your heart failure nurse regularly to adjust your treatment as needed so you can feel your best.**



IF YOU HEAR ABOUT NEW OR DIFFERENT TREATMENT OPTIONS, DO NOT HESITATE TO BRING THEM UP WITH YOUR DOCTOR. ASKING QUESTIONS IS A GREAT WAY TO STAY INFORMED AND INVOLVED IN YOUR CARE.

⁸ National Institute for Health and Care Excellence (NICE), *Chronic Heart Failure in Adults: Diagnosis and Management (NG106)* (London: NICE, 2018), <https://www.nice.org.uk/guidance/ng106>.



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Medications tips

Insights from patients managing cardiovascular diseases have provided valuable advice on effectively managing medications. You can download their **Top 10 Tips** from this page. Additionally, here are some more suggestions:

- ♥ **Fill your prescriptions on time** – Be sure to get your prescriptions refilled before you run out. If automatic refills are an option in your country, consider requesting them. In addition, investigate the possibility of having your prescriptions delivered to your home by mail, if available.
- ♥ **Follow instructions** – There are instructions on medications labels and accompanying information regarding when and how often to take them, as well as any precautions to observe. If you do not understand the instructions, promptly call your doctor or pharmacist for clarification.
- ♥ **Adhere to your medications** – Do not stop taking your medications without consulting your heart failure nurse first. If you experience side effects, discuss with them the appropriate course of action.
- ♥ **Create your own routine** – Creating your own daily routine can make it easier to stick to your treatment. Try taking your medications at the same time each day and linking them to something you already do, like brushing your teeth or having breakfast. A steady routine can help you stay on track without even thinking about it.
- ♥ **Prepare when travelling** – When travelling, pack all your medications and include a few extra doses in case of unexpected delays. When flying, keep your medications with you, and never place them in a checked bag. If you will be away for an extended period of time, ask your doctor or pharmacist about getting a multi-month refill. Moreover, be aware that medications availability may differ from country to country.
- ♥ **Fake medications** – Fake medicines can be contaminated or mislabelled. Do not take the chance; instead of improving your health, they can harm you. Whenever feasible, stick to your usual pharmacy, and never buy medicines from unknown websites or marketplaces.
- ♥ **Non-prescription medications** – Talk to your healthcare provider before initiating any over-the-counter medications (such as vitamins, cough or cold remedies, for instance). Some of these products may contain ingredients that could interact with your prescribed heart medications. Remember, just because a medication does not require a prescription does not mean it is harmless.

Keep your medication on track



DOWNLOAD THE TRACKING FORM [HERE](#)

Top 10 medications tips



DOWNLOAD THE TIPS [HERE](#)

Along the way, you will come across plenty of tips and advice about managing your disease. Try them out, and keep what works best for you—your journey is unique.

Patient Experience – Laurence's Tip:

“

CLARIFY THE TIMING OF TAKING YOUR MEDICATION WITH YOUR MEDICAL TEAM. ASK IF YOU CAN TAKE YOUR DIURETIC IN THE MORNING, TO AVOID WAKING UP IN THE MIDDLE OF THE NIGHT, OR TO TAKE YOUR BETA BLOCKER AT NIGHT, SINCE IT MIGHT MAKE YOU DIZZY OR GROGGY. IT REALLY HELPED ME MANAGE BETTER.



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Devices, Procedures and Surgery



Some patients who have heart failure may need a device. Some devices are used as treatment, some are a bridge to heart transplant, and some help monitor heart failure to keep you out of the hospital as much as possible.

- ♥ **Pacemaker** – A pacemaker is a small device that is implanted under the skin in the chest to help the heart to beat normally, often used for treating slow or irregular heart rhythms. The implantation is a minor surgical procedure typically done on an outpatient basis.
- ♥ **Implantable cardiac defibrillator (ICD)** – An ICD is similar to a pacemaker, but it works a little differently and is designed for people with life-threatening arrhythmias. It detects dangerous heart rhythms and delivers a shock to the heart, known as defibrillation. Many newer ICDs can function as both a pacemaker and a defibrillator. The implantation process is like that of a pacemaker.
- ♥ **Cardiac resynchronisation therapy (CRT)** – CRT uses a device called a biventricular pacemaker, or cardiac resynchronisation device. The device sends electrical signals to the two lower chambers of the heart (ventricles) to help them contract simultaneously. It can also be combined with an ICD.
- ♥ **Mechanical circulatory support (MCS)** – these are implanted devices that can take over or assist pumping function of the heart in patients with advanced heart failure. They may be used as short-term (days to weeks) or as longer-term (months or longer) therapy. The most common MCS devices are VADs (see below).
- ♥ **Ventricular assist devices (VADs)** – VADs assist in pumping blood from a weakened left ventricle (LVAD), weakened right ventricle (RVAD), or both ventricles (BVAD). They are typically used in patients with severe heart failure awaiting a heart transplant, or for longer-term therapy in those unable to receive a transplant. Implanting a VAD usually requires open-heart surgery.
- ♥ **Heart transplant surgery** – This open-heart procedure replaces the diseased heart with a healthy donor heart and is often the last resort for individuals with extremely severe (end-stage) heart failure.
- ♥ **Other procedures or surgeries** – These may be performed to treat underlying cardiac conditions such as coronary artery disease, heart valve disease, or atrial fibrillation.

How Monitoring Heart Failure Protects You

When people with heart failure are hospitalised, it is often because of fluid buildup in the lungs and body. Monitoring your heart failure can prevent problems and keep you healthier. Your cardiologist can monitor heart failure through blood tests, chest rays, ECGs, echocardiograms and other tests, and by listening to your heart and lungs.



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Cardiac Rehabilitation

Cardiac rehabilitation is a comprehensive, personalised programme designed to help people with heart disease and heart failure regain strength, improve overall well-being, and reduce future cardiovascular risk, so they can go back to their functioning in their communities.

The cardiac rehabilitation team consists primarily of cardiac rehabilitation nurses and specialised physiotherapists. However, it could also be composed of a wider multi-disciplinary team, including:

- ♥ Counsellor
- ♥ Dietitian
- ♥ Exercise specialist
- ♥ Nurse specialist
- ♥ Occupational therapist
- ♥ Pharmacist
- ♥ Physician with special interest in prevention and rehabilitation
- ♥ Physiotherapist
- ♥ Practitioner psychologist

The cardiac rehabilitation team will help you monitor your symptoms and learn how to manage them. It typically includes⁹:

- ♥ **Cardiovascular risk management** to help you in monitoring risk factors (like blood pressure, cholesterol, or diabetes), as well as medication
- ♥ **Lifestyle change support** to help you quit smoking, improve your diet, and make other adjustments to your daily habits. You may also be referred to a multidisciplinary team for additional guidance and education, complementing the support provided through cardiac rehabilitation
- ♥ **Psychological support and social prescribing** to improve mood, reduce anxiety, and prevent feelings of isolation or loneliness
- ♥ **Supervised exercise training** to help prevent the physical decline often associated with heart failure. It works by improving muscle strength and making everyday activities less tiring for your heart. This type of training can reduce symptoms, increase quality of life, lessen frailty, and support better mental health—ultimately helping to improve your overall cardiovascular fitness.
- ♥ A focus on **improving quality of life** and helping patients return to daily activities or work

The NHS targets 85% access to cardiac rehabilitation in England, but rates are around 50% in England and Northern Ireland¹⁰. Just 15% of hospitalised heart failure patients are referred to these services¹¹.

9 R.S. Taylor, H.M. Dalal and S.T.J. McDonagh, *The role of cardiac rehabilitation in improving cardiovascular outcomes*, *Nature Reviews Cardiology*, 19.3 (2022), 180–194 <https://doi.org/10.1038/s41569-021-00611-7>.
10 British Heart Foundation, National Audit of Cardiac Rehabilitation: Quality and Outcomes Report (2019), <https://www.bhf.org.uk/informationsupport/publications/statistics/national-audit-of-cardiac-rehabilitation-quality-and-outcomes-report-2019>.
11 British Heart Foundation, Cardiac Rehabilitation: The Big Picture (n.d), <https://www.bhf.org.uk/for-professionals/healthcare-professionals/data-and-statistics/cardiac-rehabilitation-the-big-picture>.



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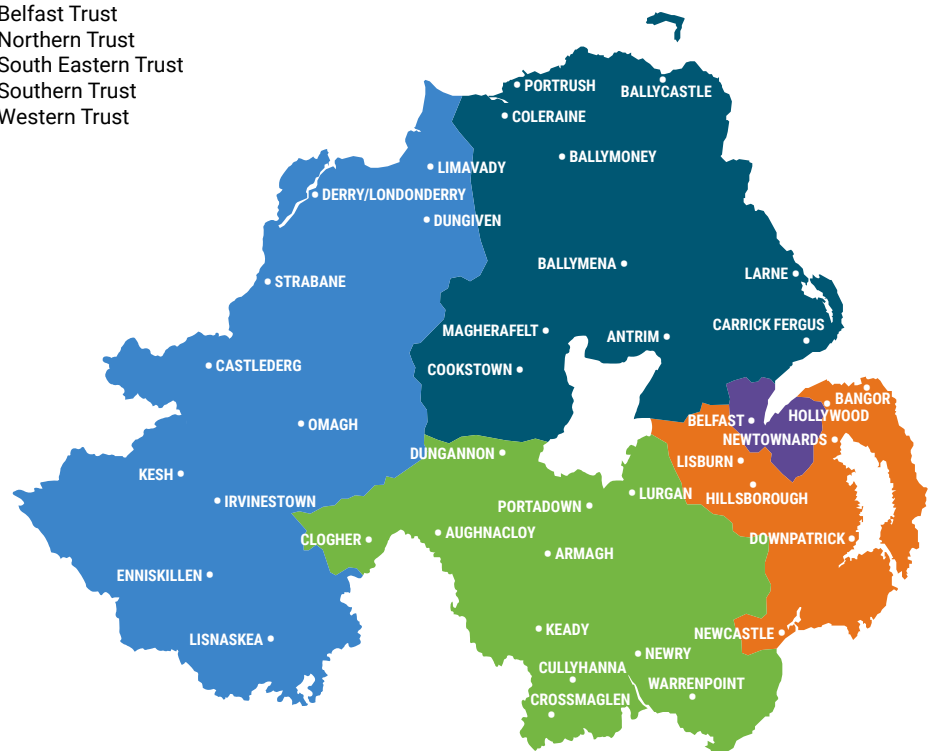
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HEALTH AND SOCIAL CARE TRUSTS IN NORTHERN IRELAND

- Belfast Trust
- Northern Trust
- South Eastern Trust
- Southern Trust
- Western Trust



Cardiac rehabilitation can be delivered:

- ♥ At home
- ♥ At a hospital or gym
- ♥ Online
- ♥ A combination of the three

Discuss with your healthcare provider about the possibility of being referred to cardiac rehabilitation. In Northern Ireland, the availability of services may vary depending on your Health and Social Care Trust.

In the UK, cardiac rehabilitation consists of three components:

- ♥ **Early component:** if a patient is referred to cardiac rehabilitation while hospitalised, the cardiac rehab team might start working with them during their inpatient stay. However, this component is not available in every trust in Northern Ireland.
- ♥ **Core component:** After leaving the hospital, patients begin with a personal assessment where they set goals together with the healthcare team. They receive clear information about their medicines and how to take them so they work best, along with support to reduce the risk of future heart problems. This stage also addresses emotional and social wellbeing, with help available if patients feel anxious or low. Finally, patients have an exercise assessment so a safe, personalised activity plan can be created to fit their needs.
- ♥ **Phase 4:** This is the final phase of cardiac rehabilitation. After completing the core component of rehabilitation, patients are referred onto this stage by the trust cardiac rehab team. This phase is provided by the local Northern Ireland/UK councils and Leisure Centres by properly trained staff.



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KNOW YOUR RIGHTS

Even empowered patients may feel hesitant to ask questions or express concerns, but it is essential to do so. Your health is on the line, and you are the best person to manage it in a way that suits you. As a patient, you have rights that should be respected.

You have the right to:

- ♥ Be treated as part of the team
- ♥ Ask questions and receive answers
- ♥ Have your concerns heard
- ♥ Have easy access to notes and medical records
(in Northern Ireland you can request them in writing directly with your GP or your Health Trust, or via the mobile app MyChart, available on Google Play and Apple Store)
- ♥ Get another opinion
- ♥ Suggest alternatives
- ♥ Feel confident in your healthcare team
- ♥ Change your mind
- ♥ Appeal a decision if you disagree
- ♥ Ask about your rights to medical leave and workplace protections related to your condition. Note that these regulations may change by country
- ♥ Know your rights and insist that they are respected



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BE PART OF THE TEAM

Being part of your care team might feel unfamiliar — especially if you are used to seeing healthcare professionals as the ones with all the answers. While doctors and nurses bring medical expertise, you bring something just as important: knowledge of yourself. You understand your lifestyle, needs, preferences, and what truly matters to you, better than anyone else.

While it might be simpler to follow the guidance of the healthcare provider, patients tend to do better and are more likely to stick to their treatment plan when they are actively involved in their care. Today, doctors encourage patient engagement.

Being part of the team also means you need to take responsibility and attend all your appointments. To support you with your appointments and other hospital information, you can access the [MyCare patient portal](#) available in the UK, which was launched by the NHS Foundation Trust.

When you ask questions, express your opinions, and share what works (or does not) in your daily life, your care becomes more personal and more effective. Do not hesitate to speak up or suggest changes if something does not feel right. You are not just a patient — you are a key member of the team.



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GET INFORMATION

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You have already completed Step 2 by educating yourself, yet there is additional information required from your healthcare professionals to effectively manage your condition. Hence, Step 5 in becoming an empowered patient is to make sure you understand everything you can about your disease – not just its general aspects, but also how it specifically impacts you and what actions you can take in response.

Consider these suggestions for questions you may want to ask your doctor – ensure you inquire about any concerns you may have as well. Writing them down in advance will help you remember them. Bring them along to your appointments and do not hesitate to contact your doctor for clarifications between visits. And if you think of new questions afterward, be sure to jot them down and take them with you to your next visit.

- ♥ What caused my heart failure?
- ♥ How severe is my heart failure?
- ♥ What is the stage and functional class of my heart failure?
- ♥ What is my ejection fraction?
- ♥ Can I be referred for Cardiac Rehabilitation and Secondary Prevention?
- ♥ What might happen if I do not do anything about my heart failure?
- ♥ What changes should I make to diet and fluid intake?
- ♥ Can I drink alcohol?
- ♥ What activities can I do and what activities should I avoid?
- ♥ Can I drive? Are there any restrictions to my driving license category?
- ♥ Can I travel by airplane?
- ♥ How will my sex life and relationships be affected by my heart failure?
- ♥ When can I go back to work?
- ♥ What help is there for vocational or financial support?
- ♥ Are there medications I can take to help me feel better?
- ♥ What treatment options are available for me, and what are the risks and benefits of each option?
- ♥ What should I do to monitor my heart failure at home and with my doctor?
- ♥ What signs should I look for to let me know when to get medical help right away?

For
vocational
or financial
support in the UK



**ACCESS
CITIZEN ADVICE**

Top 5 tips
to finding
trustworthy
resources



**DOWNLOAD
THE TIPS [HERE](#)**



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VOICE YOUR OPINIONS

You have recognised the importance of being an integral part of the team in Step 4. Step 6 in becoming an empowered patient is to learn how to be comfortable expressing your opinion within that team.

Speaking up for yourself can be challenging, especially when you disagree with your healthcare provider. However, as a valued member of the team, you are encouraged to voice your opinion respectfully. You should not feel like you are bothering them or being a difficult patient. Remember – your input is essential because you are the one living with heart failure. Your needs, preferences and concerns matter.

Top 10 tips from patients about communicating with your healthcare provider

- 1** Be clear about your health goals and specific about what you want to know.
- 2** Do not hesitate to keep asking questions until you understand.
- 3** Learn about your condition so you are better prepared.
- 4** Choose the right healthcare professional for you and consider seeking a second opinion if needed.
- 5** Ask about the best way to communicate with your healthcare professional.
- 6** Keep a list of questions and bring it along to your appointments.
- 7** Request resources and educational materials from your healthcare provider so you can learn more.
- 8** Remember, you are the expert on your own health – share your thoughts and opinions openly.
- 9** Bring someone with you to appointments for an extra set of ears.
- 10** Do not wait for your next appointment to raise questions or concerns – reach out when something is on your mind. Your healthcare team, including your doctor, nurses, nurse practitioners, or physician assistants, can help between visits.



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MAKE INFORMED DECISIONS

The final step in becoming an empowered patient is putting everything together and making informed decisions that are right for you. By educating yourself, embracing teamwork, and becoming comfortable with the idea that your opinions matter, you gain a sense of control. When you are empowered, you can make informed choices about your healthcare. When you and your doctors agree on the treatment plan, you are more likely to adhere to it.

This following section explains the actionable steps and lifestyle changes you can make to improve your chances of living a healthy life with heart failure.

LIVING WITH HEART FAILURE

There are many things you can do that will help you stay healthy longer and avoid hospital visits. While it can sometimes seem overwhelming, many people living with heart failure are not just managing — they are thriving. Try doing certain tasks on your own when you feel able to—it can help build your confidence and remind you of your strength. We know you can do it too!

Before we get into the lifestyle changes that can help, it is important for you to set some health goals, so you know what you are trying to achieve. Some patients want to reduce their symptoms, some hope to be more physically active, and others simply want to feel more energetic. Sharing your personal health goals with your doctor is an important first step in turning them into reality.



HEART FAILURE CAN BRING

significant changes

TO EVERYDAY LIFE

PHYSICALLY, EMOTIONALLY, AND SOCIALLY.



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Please record your health goals here:



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1. Follow your treatment plan

You have hopefully developed a good treatment strategy together with your healthcare team. This approach may include dietary adjustments, physical activity routines, medications and in some cases, medical devices, such as pacemakers. It is very important to follow your treatment plan and discuss any needed changes with your doctor.

Your treatment regime might also require symptom monitoring or tracking certain metrics like sodium, fluid intake or other things. Your heart failure nurse may recommend specific apps or provide alternative methods if you do not have access to a smartphone or device.

In addition to planning your treatment, make sure to talk with your healthcare professional about how often you should have check-ups—both during your treatment and after you have been discharged. Regular follow-up appointments are key to monitoring your progress and adjusting your care if needed.

Keep in mind that your plan should be tailored to your needs. If you notice any side effects with your medications, if you have questions or concerns, or if something does not feel right or is making you feel worse, call your doctor or heart failure nurse right away so you can make any needed adjustments. It is common to revise a treatment strategy as necessary, particularly if your health does not seem to be improving or if certain aspects of the plan are not effective for you.

Lastly, always consult your doctor before making any changes to your medications or physical activity routine.



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My treatment plan is:

Note: If your plan includes medications, we have a separate medication tracker for you to use. Simply name the medications here, and you will be able to fill in more detail in the medication tracker.



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2. Manage your symptoms

One of the best things you can do for yourself is to manage your symptoms. Earlier in this *Guide*, we gave you a list of common symptoms. You might have some or all of these. Be sure to list all of your symptoms, even if they seem unrelated to your heart condition.

Talk to your doctor or heart failure nurse about your symptoms, what to do if they get worse, what warning signs mean you should call your heart failure nurse or doctor, hospital, healthcare team or local emergency services.



**IF I EXPERIENCE HEART FAILURE SYMPTOMS –
OR IF THEY BECOME WORSE – I SHOULD
CONTACT MY DOCTOR OR HEALTHCARE TEAM.**

Doctor or healthcare professional I should contact:

Name:

Phone number:

Email:

Preferred way to contact my doctor or healthcare team:

Phone

Text

Email

Online health portal:

If you use an online health portal on your computer, laptop, phone or device, be sure to keep the login and password in a safe and secure place.



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3. Manage any needed dietary changes

Eating healthy is always beneficial, particularly for individuals with conditions like heart failure. A balanced, nutritious diet can support your heart, boost your energy levels, and help reduce fatigue. For those struggling with excess weight, healthy eating can also support gradual and sustainable weight loss.

Many people with heart failure need to make some changes to their diet. Always follow the advice of your doctor or healthcare provider when it comes to what food to eat and which to limit or avoid. Some foods might interfere with your medications, so it is important to know exactly what they are and whether you need to avoid those completely or just reduce how much you consume. Make sure your doctor or healthcare provider reviews and approves your dietary plan.

It can be discouraging to limit favourite foods and beverages that do not fit into your healthy eating plan. But remember — you do not have to change everything overnight. In most cases, there are plenty of helpful resources and heart-friendly alternatives that can still be enjoyable and satisfying.

MEAL PREP TIPS FROM PEOPLE WITH HEART FAILURE

Managing a new diet can feel overwhelming at first. Start by listing your goals and focussing on the most important steps. As you develop new, healthier habits, you can gradually take on more. Throughout the process, continue to follow any dietary or fluid guidelines your doctor has given you.

People with heart failure have shared the following practical tips:

- ♥ Plan your meals for the week ahead.
- ♥ Prepare extra food and freeze it, to avoid eating store-bought microwave meals that are high in salt.
- ♥ Use measuring cups and spoons to help you follow portion sizes recommended by your heart failure nurse or dietitian.
- ♥ Cut back on frying. Instead, try baking, grilling, roasting, broiling, steaming, and/or cooking food in liquid (poaching).
- ♥ Use a smaller plate. A luncheon-sized plate (about 23 cm or 9 inches) can help control portions — it also helps your brain feel satisfied with less food.
- ♥ Ask for support. Involve friends or family in your heart-healthy goals. Preparing and sharing meals together can make the changes feel easier — and more enjoyable.



Eat to help your heart. Eat more fruits and vegetables — fresh or frozen are both great options. Choose lean sources of proteins like beans, tofu, fish, eggs, and skinless chicken and turkey (or remove the skin before eating).



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Watch your salt (sodium). Many people with heart failure are advised to limit their salt intake. Too much sodium can cause the body to hold onto fluid, which puts extra strain on your heart.

Most of the salt we eat comes from packaged and prepared foods. Your doctor or dietician can tell you the right sodium level for you. The good news? There are plenty of delicious recipes that use little or no added salt – and still taste good. You can also enhance flavour by using salt-free herbs, spices and other healthy seasonings. Here are some salt-smart tips inspired by the *Heart Failure Matters initiative*, a resource developed by the Heart Failure Association of the European Society of Cardiology (ESC)¹²:

- ♥ Eat fewer packaged, canned, or restaurant foods.
- ♥ Avoid microwave meals and frozen vegetables in sauces.
- ♥ Look for labels that say “no salt added” or “low sodium”.
- ♥ Use fewer condiments like ketchup, mustard, and soy sauce and find low-sodium versions.
- ♥ Flavour meals with garlic, onion, herbs, spices, or lemon juice.
- ♥ Cut the salt in recipes by half.



Restrict fluids if needed. Some people with heart failure are advised to limit how much fluid they drink each day. If your doctor or healthcare provider asks you to restrict your fluid intake, or drink less, there are still simple ways to manage it while continuing to enjoy your meals. Here are two tips that many people find helpful:

- ♥ Freeze grapes or other fruit and chew on them during the day.
- ♥ Brush your teeth more often to keep your mouth feeling fresh and moist.



Avoid alcohol. Since alcohol consumption can worsen heart failure, it is best to limit or avoid alcoholic drinks altogether.

In the UK, the NHS recommends to not drink more than 14 units of alcohol a week. A unit of alcohol corresponds to 10 ml or 8 gr of pure alcohol. You can find more information in the [NHS website](https://www.nhs.uk/live-well/healthier/limiting-alcohol/).

ALCOHOL UNIT REFERENCE

One unit of alcohol



Half pint of “regular” beer, lager or cider



Half a small glass of wine



1 single measure of spirits



1 small glass of sherry



1 single measure of aperitifs

Drinks more than a single unit



Pint of “regular” beer, lager or cider



Pint of “strong” or “premium” beer, lager or cider



Alcopop or a 275ml bottle of regular lager



440ml can of “regular” lager or cider



440ml can of “super strength” lager



250ml glass of wine (12%)



75cl Bottle of wine (12%)

“Know your units”, North Tees and Hartlepool NHS Foundation Trust, <https://www.nth.nhs.uk/live-well/alcohol/know-your-units/> Copyright © 2025 North Tees and Hartlepool NHS Foundation Trust



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HOW TO READ THE NUTRITION INFORMATION ON PREPACKED FOOD

By law, all prepackaged food sold in the UK requires a nutrition information back-of-pack label that informs consumers about its energy and nutrient content¹³.

The back-of-pack label must include:

Energy value – this indicates the amount of energy you will get from the food, and it is measured in kilojoules (kJ) and kilocalories (kcal – often referred to as “calories”). Calories consumed should be in balance with the ones burned.

Fat – this shows the total grams of fat in the food, including both healthy fats and saturated fats, which are considered less healthy.

Carbohydrates – this represents the total amount of carbohydrates, including sugars, in the food.

Proteins – this indicates the amount of protein (essential for building and repairing tissues) in the food, in grams.

Salt – this shows the amount of salt in the food, in grams. Talk to your doctor to determine your recommended daily salt intake.

Even if it is not mandatory by law, many food packages in the UK use a traffic light system to show if a food or drink is high, medium, or low in fat, saturated fat, sugar, and salt.

♥ **Green** means low – this is the healthier choice.

♥ **Amber** means medium – okay to have sometimes.

♥ **Red** means high – try to have these less often.

This colour coding makes it easier to compare products and choose healthier options. Aim to pick more items with **greens and ambers**, and fewer with **reds**.

You might also see something called % RI (Reference Intake). This shows how much of your daily recommended limit for fat, saturates, sugar, or salt is in one portion of the product. It's a helpful way to see how that food fits into your daily diet.

Nutrition Facts

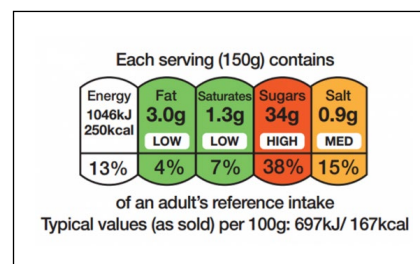
Per 100 g

Energy	485 KJ / 117 kcal
Fat	8 g
Of which Saturates	3,7 g
Carbohydrate	9 g
Of which Sugars	8 g
Protein	1,4 g
Salt	0,02 g
Vitamin C	14,81 mg 19% RI*

Salt content is exclusively due to the presence of naturally occurring sodium.

*Reference intake of an average adult (8 400 KJ / 2 000 kcal)

INGREDIENTS: Mandarin Oranges (37.9%), Light Whipping Cream (Milk), Pears (12.4%), Peaches (7.7%), Thompson Seedless Grapes (7.6%), Apple (7.5%), Banana (5.9%), English Walnuts (Tree Nuts)



'Traffic Light Labelling Example', taken from *Looking at Nutrition Labels*, British Nutrition Foundation (London: BNF, 2021), p. 2.

13 British Nutrition Foundation, *Looking at Nutrition Labels* (London: British Nutrition Foundation, 2021), <https://www.nutrition.org.uk/media/ivypvcoi/looking-at-nutrition-labels.pdf>



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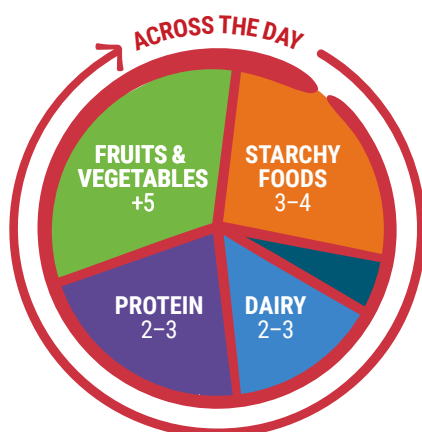


CHOOSE YOUR PLATE

A balanced diet includes a variety of foods such as fruits, vegetables, whole grains, nuts, and lean proteins. It should be low in saturated and trans fats, sugars, and salt, while high in fibre¹⁴. Portion control is also vital to align calorie intake with energy needs. For personalised guidance, it is beneficial to consult with a nutritionist or dietician who can help tailor a meal plan suited to individual factors like height, weight, and overall health goals.

Being overweight or living with obesity can make heart failure symptoms worse, so it's important to manage your weight. You can keep track by checking your Body Mass Index (BMI) and your waist-to-height ratio. For more detailed information, go the [NHS website](https://www.nhs.uk). At the same time, people with heart failure may lose their appetite, weight, and muscle mass. To help maintain a healthy weight and support your body, it is a good idea to eat small, frequent meals throughout the day. This can make eating easier and help improve your appetite.

EACH DAY, AIM FOR:



At least 5 portions of fruit and vegetables	5+
3-4 portions of starchy foods	3-4
2-3 portions of protein foods	2-3
2-3 portions of dairy/alternatives	2-3
Small amounts of unsaturated oils and spreads	SMALL AMOUNTS

'Suggested daily portions for each food group', Portion sizes, British Nutrition Foundation (n.d.), adapted from <https://www.nutrition.org.uk/creating-a-healthy-diet/portion-sizes/>

¹⁴ World Health Organization, 'Healthy Diet', WHO Fact Sheets, 29 April 2020, <https://www.who.int/news-room/fact-sheets/detail/healthy-diet>.



4. Get regular physical activity

Being more active – even in small ways – can help you feel better both physically and emotionally. Regular movement can boost your energy, improve your mood, and support your heart health.

As mentioned on **Step 2**, most heart failure patients benefit from cardiac rehabilitation. This structured programme combines safe exercise, education, and support to improve your cardiovascular fitness, muscle strength, and overall well-being. It can also help prevent frailty and further muscle loss linked to heart failure. If cardiac rehab is available to you, ask your doctor how to get started.

Talk with your cardiac rehab team or your heart failure nurse about which types of physical activities are safe for you. You may have some limits, but that does not mean you cannot stay active. Together, you can create a plan that fits your needs and energy levels. When you enjoy the activity, you are more likely to stick with it.

You do not necessarily need a gym or special equipment to stay active. Try walking around the block or dancing at home – alone or with a family member or friend. If you prefer a more structured approach, look into local classes, community centres, or online videos. Many free or low-cost options are available, especially for older adults.

Always consult your doctor before starting any physical activity program. Ask about the importance of energy conservation and pacing techniques on a day to day basis – this can help you better manage your daily activities.



STOP EXERCISING IMMEDIATELY IF YOU EXPERIENCE PAIN, SHORTNESS OF BREATH, DIZZINESS OR NAUSEA.

Reduce stress. One of the added benefits of regular physical activity and exercise is that often it can help lower stress levels – which may support your heart in many ways. Try gentle exercises, deep breathing, stretching and other activities that help release tension in both your body and mind.

Healthy Habit Tracker. At Mended Hearts, we have created a simple and easy-to-use **Healthy Habit Tracker** to support you as you build heart-healthy routines. It is designed to help you start making small changes to your eating and activity habits – and to feel stronger and confident over time.

You choose the habits you want to focus on and track them using the form provided. Once you feel those habits have become part of your routine, you can select new ones to work on. It is a helpful way to stay motivated and on track with your goals.

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Top 10
exercise
tips



**DOWNLOAD
THE TIPS [HERE](#)**

Healthy
Habit Tracker



**DOWNLOAD
THE FORM [HERE](#)**



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5. Take medication as prescribed

Most people with heart failure will benefit from taking medication. If your doctor prescribes medicine, make sure you understand what you are taking, when to take it, what it is for, possible side effects, and which side effects should prompt a call to your prescribing physician.

Keep in mind that many medications will take time to start working – often days to even weeks – before you notice a difference. If your medication is not working as described by your doctor, if your symptoms get worse, or if you develop new symptoms, contact your heart failure nurse right away.



NEVER STOP TAKING YOUR MEDICATION OR CHANGE THE DOSE WITHOUT FIRST TALKING TO YOUR DOCTOR OR TREATING HEALTHCARE PROVIDER.

Medication
Tracker



**DOWNLOAD
THE FORM [HERE](#)**

Medication tracker. Use this medication tracker to keep a clear record of your medicines – not just when to take them, but also what each one is for and any possible side effects. You can print one for each medication and keep them together to bring to your medical appointments.



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6. Make additional lifestyle adjustments

Adopting healthy lifestyle habits can significantly reduce your risk of complications from heart failure and improve your overall well-being.

Stop Smoking – Smoking—and even exposure to second-hand smoke—greatly increases your risk of heart disease, stroke, lung conditions, and cancer. Chewing tobacco and vaping are also harmful. The good news? Quitting brings immediate benefits: it can improve your blood pressure, breathing, and heart rate. Talk to your doctor about support options, including programs and groups that can help you take the first step toward a smoke-free life.

In Northern Ireland, you can access information and services to support your quitting journey. The Public Health Agency has created a dedicated website – Stop smoking, helping you to quit – with everything you need to get started.

Reduce or Manage Stress – Living with heart failure can be stressful. While some stress is normal, excessive stress raises blood pressure, complicates breathing, and accelerates heart rate. Unhealthy coping mechanisms like overeating, drinking or smoking should be avoided. Instead, find healthy ways to relax and manage stress, such as meditation, or spending some time outside. If stress and anxiety persist, seek help from a healthcare provider for therapist or support group referrals.

Get Enough Sleep – Ideally, adults should aim for seven to eight hours of sleep per night. However, heart failure can disrupt sleep. Research shows that more than a third of people with heart failure have sleep-disordered breathing, including sleep apnea. If you have a sleep disorder, or you experience narcolepsy (a condition in which people fall asleep during the day while doing normal activities), it is important to manage them for adequate rest. Create a comfortable environment, avoid eating heavy meals and drinking alcohol before bedtime, and maintain a consistent sleep schedule. If sleep disorders persist, seek medical advice.



7. Monitor your progress

When making lifestyle changes — especially to your diet or physical activity — it can sometimes feel like nothing is happening. This can be frustrating and may even make you want to give up. That is why it is helpful to monitor your progress. It allows you to look back and see how far you have come.

It is normal to have ups and downs. Many patients have times when they feel well and others when they do not. Try to not let that discourage you — stay with your treatment plan.



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Watch for weight increases. Your doctor may ask you to monitor your weight at home to watch for sudden increases caused by fluid buildup. Be sure to follow the plan your doctor gives you. Most people should contact their doctor or heart failure nurse if they:

- ♥ Gain more than 1–1.5 kilograms (about 2–3 pounds) in 24 hours
- ♥ Gain 2.3 kilograms (about 5 pounds) in a week

Monitor other areas if needed. Some people are also asked to monitor things like:

- ♥ Blood pressure
- ♥ Fluid intake
- ♥ Breathing

Your heart failure nurse can show you how to monitor these and may recommend tools or technology to help you stay on track.

Below you can find a tool developed to help you monitor your heart failure, with recommendations on how to act depending on your symptoms.

TRAFFIC LIGHTS SELF-MANAGEMENT TOOL FOR HEART FAILURE

Every day:

- ♥ Weigh yourself in the morning before breakfast, write it down and compare to yesterday's weight.
- ♥ Take your medicine as prescribed.
- ♥ Check for swelling in your feet, ankles, legs and stomach.
- ♥ Eat low salt food.
- ♥ Balance activity and rest periods.

Which heart failure zone are you in today?

Green

Amber

Red

Your usual symptoms are under control and you have:

- ♥ No increased breathlessness.
- ♥ No extra swelling of your feet, ankles, legs or stomach.
- ♥ No significant weight gain (it may change by 1-2lbs some days).
- ♥ If weight increases up to 3lb and continues to increase the next day move to amber zone.

Contact your doctor or nurse as soon as possible if you have any of the following:

- ♥ Rapid weight gain of more than 4–5lbs over 2 consecutive days or weeks.
- ♥ Increased breathlessness and tolerating less activity.
- ♥ Increased swelling of feet, ankles, legs or stomach.
- ♥ Loss of appetite/nausea different to usual.
- ♥ Worsening dry cough.
- ♥ Dizziness or feel different to usual.
- ♥ It's harder for you to breathe when lying down.
- ♥ You need to sleep sitting in a chair.

Call 999 immediately if you have any of the following:

- ♥ Struggling to breathe.
- ♥ Severe and persistent breathlessness whilst sitting up.
- ♥ Chest pain not relieved by GTN spray if you use it.
- ♥ Fainting.

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8. Look after your emotional well-being

Living with heart failure can be stressful – and it is normal to feel worried, sad, or even overwhelmed at times. Many people with heart failure experience anxiety or depression. These feelings are not just “in your head” – they can affect your energy, sleep, appetite, and even how well you manage your treatment plan.

Depression and anxiety can also make it harder to stick to healthy routines like taking medicines, following a heart-healthy diet, or staying active. Over time, this can increase the risk of your heart failure getting worse or needing to go back into hospital.

That is why looking after your mental health is just as important as caring for your heart. If you are struggling with low mood, constant worry, or a loss of interest in things you normally enjoy, talk to your healthcare provider.

There are many ways to get support and feel better emotionally – from counselling or support groups to gentle exercise, which can boost both mood and heart health.



ASKING FOR HELP IS

not a sign of weakness

**IT IS AN IMPORTANT PART OF LIVING
WELL WITH HEART FAILURE.**



9. Get Connected

Connecting with others who have a similar diagnosis can provide emotional support and help you stay on track with your health goals. Peer support reduces feelings of isolation and has shown to decrease doctor visits and hospitalisations¹⁵.

♥ **Peer Support** – Getting emotional support from another heart failure patient can help you feel less scared and alone. Peer support benefits both your emotional and physical health. Consider joining a national peer support group or seek support by phone or online.

♥ **Supporting Others** – If possible, get involved in a community dedicated to helping others. Participating in a local support group where you can both give and receive support can greatly enhance your sense of well-being. Volunteering can also boost your mood. By sharing your experiences with heart failure, you can help others facing the same challenges. Connecting with others is an essential part of the healing process.

¹⁵ Nesta, *The Power of Peer Support: What We Have Learned from the Centre for Social Action Innovation Fund* (London: Nesta, 2016), <https://www.nesta.org.uk/report/the-power-of-peer-support/>.



STEP 1

STEP 2

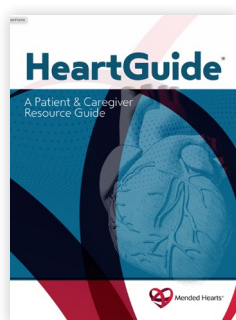
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Learn More Today

The Mended Hearts, Inc. HeartGuide® is a comprehensive resource for those living with heart disease. Use it as your trusted companion along your journey to heart health.

READ IT ONLINE OR DOWNLOAD YOUR COPY [HERE](#).

ABOUT MENDED HEARTS EUROPE

Mended Hearts Europe (MHE) is a non-profit organisation dedicated to fostering hope and enhancing the lives of cardiovascular disease patients of all ages, their families, and caregivers. Through ongoing peer-to-peer support, patient education, and advocacy, its mission is to build a community characterised by resilience, care, and collective strength in overcoming challenges. Headquartered in Geneva, Switzerland, MHE marks the expansion of The Mended Hearts, Inc. (MHI) into Europe.

ABOUT HFWNI

Heart Failure Warriors Northern Ireland is a charity devoted to empowering and supporting everyone affected by heart failure. With determination and compassion, they bring people together to share experiences, knowledge, and hope—helping patients and families find strength and resilience. Through education, advocacy, and outreach, they work to improve quality of life and ensure that every heart failure warrior in Northern Ireland knows they are not alone.

Created in August 2025



Mended Hearts
Europe

WWW.MENDEDHEARTSEUROPE.ORG



WWW.HEARTFAILUREWARRIORSNI.COM

