Cutting Through the Foggy Myths Using Best Practice Guidelines in Long Term Care

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BP Blogger

Myth Busting: Heart Failure Issue

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Myth 1: Heart failure means your heart has stopped beating

Although it is called heart 'failure', it doesn't mean that the heart is about to stop working. It does mean that the heart is having difficulty working to meet the body's needs, especially during activity. Heart failure is a serious medical condition where the heart does not pump blood around the body as well as it should. This means that blood can't deliver enough oxygen and nourishment throughout the body to allow it to work normally. LTC residents may complain of fatigue in their muscles, trouble breathing, tightness in their chest or a build up of fluid in their lungs, legs and abdomen. Heart failure (HF)is a collection of signs and symptoms that result from various causes. Heart failure is usually due to coronary artery disease, heart attack or high blood pressure. These diseases have either damaged or are causing the heart to work harder. Residents with heart failure will have their heart failure severity categorized into 1 of 4 Classes. Residents in Classes I-IV will benefit from interventions in LTC.

Severity of Heart Failure Classification (NYHA)	
Severity	**Heart Failure Symptoms**
Class I	Have symptoms only at exertion levels similar to relatively healthy people
Class II	Have symptoms with ordinary exertion
Class III	Have symptoms with minimal exertion
Class IV	Have symptoms at rest

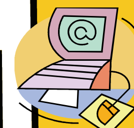
Myth 2: Heart failure is normal with aging

Heart failure is not a normal part of aging, although many older people do have heart failure. HF can develop at any age but becomes more common with advancing age. Among older adults, HF failure rates range from 1-30%, about 1% for those under 65 years, 7% of those 75-84 years and over 15% in people older than 85 years. HF is the most common reason for hospitalization and the leading cause of death among adults over 65 years. In fact, older adults over 75 years account for 2/3 of hospitalization stays for heart failure. Death rates among LTC residents with HF are 50% higher at 6 to 12 months compared to those residents without HF. Almost 1 in 7 LTC residents hospitalized for HF will die in hospital, whereas the average survival of those discharged back to LTC is 4 months. Moreover for residents, their HF may be complicated by frailty, functional decline, and cognitive impairment. Residents with HF have an increased risk of cognitive impairment.

Did you know?
In LTC, up to 50% of residents have heart failure and it's more common in women over 80 years with multiple medical conditions

More information on This and Other Best Practices

- **Contact** your **Regional LTC Best Practices Coordinator**. They can help you with Best Practices Info for LTC. Find them at:
- **www.rgpc.ca** Click on Long Term Care
- **www.shrtn.on.ca** Click on Seniors Health
- **Check out** the **Hamilton Long Term Care Resource Centre www.rgpc.ca**
- **Surf the Web** for BPGs Some sites and resources are listed on pg 2.



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Myth 3: Heart failure is tricky to recognize

Recognizing heart failure can be tricky especially if the resident has other major medical problems such as chronic obstructive lung disease, other lung conditions, venous insufficiency or angina. However, LTC staff who provide direct care to residents have the greatest opportunity to recognize early signs and symptoms of HF which ultimately impact the resident's quality of life. On admission look for risk factors such as coronary artery disease (angina or heart attack) heart disease (valvular heart disease, sarcoidosis, cardiomyopathy) hypertension, arrhythmia (atrial fibrillation) anemia, thyroid disease, diabetes and records of previous HF treatments or hospitalizations and fluid volume overload. Personal support workers need to watch for early changes in the resident and report them to help minimize an exacerbation of HF.

Signs and Symptoms of HF among Older Adults	
Established / Typical / Expected Presentation	**Atypical Presentation and /or Geriatric Syndrome**
•Dyspnea •Orthopnea •Paroxysmal nocturnal dyspnea •Fatigue •Weakness, exercise intolerance •Cough •Weight gain, abdominal distension and discomfort	•Insomnia •Delirium •Sudden functional decline •Falls •Incontinence, nocturia •Anorexia

PSWs Report Changes Suggestive of HF
• Decreased activity level
• Shortness of breath
• Shortness of breath in bed
• Unexplained cough esp at night
• Unexpected weight gain
• New or increasing leg swelling
• Fatigue
• Confusion, delirium
• Abdominal symptoms (nausea, pain, distention)
• Decreased food intake
• Functional decline

A N-E-W L-E-A-F *A screening tool for direct caregivers* *2005 Candace Harrington*	
A	Acute agitation / anxiety
N	Night time shortness of breath or increased night time urination
E	Edema in lower extremities
W	Weight gain (2-4 lb or 4.5-9kg/wk)
L	Lightheadedness
E	Extreme shortness of breath lying down
A	Abdominal symptoms (nausea, pain, decreased appetite, distension)
F	Fatigue

Myth 4: Can't treat heart failure in LTC

Treatment of reversible causes and exacerbations of chronic heart failure can often be done within the LTC home but transfer to the hospital may be necessary. There are many treatments available that are very effective at reducing symptoms and slowing the progression of HF. Unfortunately, LTC residents often do not receive the medications recommended by the Canadian Cardiovascular Society's Recommendations on Heart Failure. While prescribing medications to frail older adults needs to be done cautiously, appropriate heart failure treatments, focusing on reversible causes may improve cognition and function, and may reduce the need for sleeping pills or antidepressants. Interventions focusing on preventive care of the vulnerable elderly within LTC homes are crucial to prevent hospitalization and subsequent irreversible decline in function.

Physicians Treat Reversible Causes of HF	Nonpharmacological / Health Promotion Interventions
• Arrhythmia (atrial fibrillation) • Pulmonary embolism (lung clot) • Hypertension • Thyroid disease • Valvular heart disease • Unstable angina • High output failure • Renal failure • Medication-induced problems • High salt intake • Severe anemia	•Monitor blood sugars •Monitor weight •Monitor heart/lung sounds •Weight reduction for obesity •Low sodium diet •1.5-2L fluid restriction /day •Smoking cessation •No alcoholic beverages •Flu vaccine every fall •Exercise

Heart Failure and End-of-Life Care For residents at the end-of-life, the goals of treatment may shift to more palliative or comfort modes of care in which relief of shortness of breath; dry mouth, nausea, fatigue, pain, anxiety, and restlessness become the focus.

Check out these Best Practices & Guidelines. Answers to the Myths came from them. Find out more!

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