What is Heart Failure, and Why Should I Care?

an interview with Sandra R. Parkington, MPH, RN

Sandra Parkington has over 28 years of nursing experience in a variety of inpatient and outpatient settings: Acute coronary care, occupational health, school health, hospice, cardiac clinical research, and cardiac quality data analysis. After taking time away from her regular job to raise her young children, she returned to work only to discover that heart patients were still being rushed to the hospital, due simply to the lack of education in controlling sodium intake! She decided something needed to be done, so she wrote the book, “How To Keep Track of Your Salt Intake: Easy as 1-2-3.”

Ms. Parkington is now employed as the Quality Improvement Coordinator for a large health maintenance organization in San Diego. She is currently active in local community collaborations for the prevention of child obesity. Married with two grown children, she enjoys walking near home and at the San Diego Zoo.

Why should I, a person with pulmonary problems, be interested in Heart Failure (HF)? Does it have an effect on my lungs?

Often a person with HF also has COPD (Chronic Obstructive Pulmonary Disease) or other pulmonary problems. It can be very confusing when a person is trying to figure out the cause of their cough or shortness of breath. But there are some early warning signs of HF that are often not noticed. If a person with HF monitors their condition daily using certain tools, just as a person with Diabetes checks their blood sugar, many hospitalizations and Emergency Room visits could be avoided. Repeated hospitalizations are not only expensive but long-term damage of the delicate lung tissues can be a problem, making the lungs weaker.

What is CHF?

CHF, or what used to be called congestive heart failure, is now known as heart failure (HF). It is when a person’s heart cannot pump well enough to meet the body’s need for oxygen. The term "heart failure" can make people think that their heart is no longer working and that there is nothing that can be done. Actually, heart failure just means that the heart isn’t pumping as well as it could. Heart failure may have many causes, such as long-standing high blood pressure and / or coronary artery disease (blockages in the small arteries that give oxygen and nutrients to the heart muscle itself).

"Heart failure is a condition that affects nearly five million Americans of all ages and is responsible for more hospitalizations than all forms of cancer combined. Over 400,000 new cases of heart failure will be diagnosed in the next year."

Coronary artery disease (CAD) is the most common cause of heart failure in the U.S. Other causes include heart attack, heart valve problems, and cardiomyopathy. Cardiomyopathy is a disease in which the heart
muscle becomes inflamed, causing it to work poorly. It may be caused by viral infections, pregnancy, or toxins (lead or alcohol, for example). In some cases the cause is unknown. All of these causes result in damage to the heart’s muscle causing it to thicken, dilate (widen) and weaken. This makes it difficult for the heart to pump effectively.

Often in HF, since much of the blood is not being pumped out to the body by the left side of the heart, it will back up into the right side, which will then back up into the vessels that are bringing blood back from the body. This causes the excess fluid to leak out of the vessels, often resulting in swelling in the ankles and legs, known as edema. The blood may also back up into the vessels in the lungs. The extra fluid that leaks into the airspaces of the lung causes what is known as “fluid in the lungs,” or pulmonary edema. The resulting symptoms often can be confused with other lung problems.

How do I know if shortness of breath is due to my lungs or my heart?

One way to tell is to monitor your weight every day using an ordinary bathroom scale. When you weigh every day at the same time in the same amount of clothes, you can easily see small daily changes up or down that may signal that you need to take some action BEFORE the symptoms of cough and shortness of breath appear. In addition, fatigue, weakness, swollen ankles and coughing while lying down can often be other early signs that the heart is the problem.

Just 2 – 3 pounds of weight gain in one day can be a sign that fluid is being retained and that your Health Care Provider should be notified. Simple actions taken at home or at your doctor’s office could mean the difference between going on with normal daily activities or having to spend time in a hospital at great inconvenience and expense.

What is the life expectancy for someone who has been diagnosed with Heart Failure?

This is a very important and often asked question, but very difficult to answer. Each person’s HF is unique; each has a different cause and each person’s medication routine is a bit different. It is always important to discuss this question with your health care provider. He/She will take into account your HF’s cause, your age, your general health and other conditions you might have.

It is important to understand that a diagnosis of Heart Failure is definitely not a death sentence! It is highly treatable disease and can be managed; improvement in management is our goal for educating people about this disease.

How do I know when I should go to a cardiologist, a heart specialist?

This is an excellent question to discuss with your regular doctor when you are feeling well. Generally, you would want to see a cardiologist when you continue to have symptoms that are not adequately controlled with your current medications and diet regimen, when you find you cannot regularly participate in your usual activities due to your symptoms, or when you develop new symptoms, such as an irregular heartbeat or chest pain.

People are usually be seen by a cardiologist for the following: Severe heart failure, heart failure complicated by irregular heart beats, heart
failure symptoms that have worsened despite treatment by a primary care doctor, acute flare-ups of symptoms that require hospitalization, when being considered for a heart transplant or after a transplant, when severe symptoms persist despite maximum doses of all standard drugs, and when there may be benefits from enrollment in a research study or clinical trial of a new treatment.

Why is it so important to limit my salt intake?

Extra sodium / salt that is eaten tends to keep extra fluid in the body which forces the heart and kidneys to work extra hard. A person with HF needs to be especially careful in monitoring the sodium in foods, because even small increases in daily sodium can result in extra fluid retained, which makes the already weak heart work that much harder. Depending on the level of weakness in the heart, the result can be fluid backing up in the vessels, causing the symptoms of swollen feet and legs, cough, shortness of breath, fatigue, chest discomfort, etc.

When a person with HF limits their sodium intake along with using other therapies, they may live nearly a symptom-free normal daily life. Just as a Diabetic must monitor their daily intake of carbohydrates, and a person with asthma does a daily peak flow, a person with HF can keep track of their daily intake of sodium. Once the process of keeping track of the daily intake of sodium is learned, it can become second nature.

How can I monitor my heart failure?

Tools for Heart Failure include weighing daily, using a food diary, reading food labels to monitor salt intake, and adjusting medications as necessary. An additional tool to help people have an easier time counting their daily sodium is what my book is all about. It is an easy conversion factor so that no matter how salt is measured, in grams, milligrams, teaspoons, etc., it can easily be converted to a simple 1 or 2 digit number called, “SalTrax™ Points”.

I’ve heard many heart patients say, “I always enjoyed eating tasty foods. I might as well just enjoy what I can and then just go ahead and die if the only stuff I can eat has no flavor!” How can you answer this?

People who stop smoking often come to dislike the smell of tobacco smoke. Many people with HF find that they dislike the taste of salty foods after they learn to limit their sodium. Many foods such as lemons, limes, and spices such as oregano and rosemary can add flavor to foods, making them tasty without added sodium.

It may take a few weeks to adjust to the taste of food without added salt, but for many people the result is worth it. Along with the proper medications, exercise and rest, the benefit will be a chance to lead an active normal life without having to go to the hospital or health care provider very often. Having a newfound confidence and a sense of control because of learning to lower the amount of dietary sodium can lead to a better quality of life.

How can I find the right foods and recipes that are lower in sodium?

There are many resources for foods lower in sodium. The American Heart Association, www.americanheart.org, has recipes, and there are many low salt recipe books in the bookstores and online. Foods labeled low in
sodium are becoming more available. It is always best to stick with healthy whole fresh foods such as fruits, vegetables and fresh low-fat meats, fish, and chicken. When fresh food is difficult to find, the best thing to do is to read food labels, carefully noting the sodium content per serving, as well as how much is considered a “serving size”.

Even foods not often thought as “salty”, such as bread, can actually contain quite a bit of sodium. Processed meats and cheeses also contain a lot of sodium. Perhaps the highest in sodium are the foods served in many “fast food” restaurants. Be sure to ask for the nutritional information for these foods . . . you might be shocked to find an entire day’s worth of sodium in one sandwich! Don’t add any salt when cooking or at the table, but also be careful of hidden sodium in condiments such as catsup and soy sauce, just to name a few. As you can see, just “taking the salt shaker off of the table” is not enough to maintain a low-sodium diet.

I’m confused, what is the difference between salt and sodium?

When we say “salt”, we actually mean sodium chloride (table salt), which is a combination of salt and chloride. When we speak of “sodium” restriction, we are actually talking about the sodium part of table salt. Sodium content is what is listed on the food labels. A teaspoon of table salt has about 2,300 mg. (milligrams) of sodium – more than a person without heart failure should eat in a day!

How much sodium should I have a day? How much is too much?

How much sodium you may have in one day depends on your level of heart failure. Sodium causes the body hold fluid (like the swelling you feel after eating certain salty foods). In order to pump the extra fluid, the heart has to work harder. People with heart failure should not put this extra strain on their hearts. The average American eats more than 6,000 mg of sodium in one day! We used to put people with HF on what is known as a “2 – 3 Gram sodium diet” (in other words limiting sodium to no more than 2,000 – 3,000 mg. per day). However, the recommendations have decreased in recent years. It’s always best to discuss your daily sodium restriction with your Doctor.

Why should I learn to keep track of my dietary salt intake?

People with Diabetes learn early in their diagnosis about how to take control of their condition with a daily tool kit consisting of blood glucose monitors, medication, diet and exercise.

Why shouldn’t people with HF also have the option to take control of their condition, have more energy and feel better using their own tool kit consisting of a scale, medication, diet and exercise?

How can I learn to keep track of my daily sodium intake?

Fortunately, there is a simple way to learn to do this. Using the book, “How to keep track of your salt intake . . . Easy as 1-2-3” is one way. The SalTrax™ system converts the various ways of measuring dietary salt into a simple 2-digit number. The method described in the book takes the reader through a step-by-step process of applying the conversion formula to their daily diet.

Why did you write this book?

I’ve been a Registered Nurse for 30 years. I started out in the Critical Care Heart Unit in the 1970’s and often saw the frustration my HF patients experienced when they would repeatedly have to come back to the hospital in an emergency with pulmonary edema (fluid in the lungs) after overindulging in dietary sodium. While raising my children in the
1980’s I spent years working in various other nursing settings.

When I returned to working with HF patients in the 1990’s, I was angered to find that no progress had been made: patients were still coming back to the hospital with frequent episodes of pulmonary edema, often because of eating too much sodium. I was frustrated with the current methods of telling people to “just take the salt shaker off of the table” and “just don’t eat salt.” That is simply not enough of the help patients need!

One of my favorite HF patients was an active, independent elderly widower who volunteered at our hospital and attended the HF support group. One day, he could no longer live at home because of his repeated hospitalizations. In our support group one day, with tears in his eyes, he stated with frustration, “everyone tells you to lower your salt intake, but no one tells you HOW to do it!” It was then that I knew I had to make a difference somehow, so that people who happen to have HF have the ability to stay at home, dine with friends and family, and live active, confident, and normal lives.

**Besides your book, where can I get more information about Heart Failure?**

- The American Heart Association  
  [www.americanheart.org](http://www.americanheart.org)
- The Heart Failure Society of America  
  [www.hfsa.org](http://www.hfsa.org)
- Heart failure support groups
- Your health care team (doctors, nurses, respiratory therapists, etc.)

You can order *How to Keep Track of Your Salt Intake: Easy as 1-2-3*, by emailing Sandra Parkington at srpark7856@yahoo.com The cost is $24.95, including shipping and handling.

Sandra Parkington, MPH, RN

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