

## TREATMENT

**Beta blockers** (metoprolol, bisoprolol, carvedilol)- get between adrenaline and the heart.

**Nitrates** medicines like nitroglycerin that may reduce symptoms but have no other useful value.

**ACE-I** (lisinopril, ramipril) this group of medicines is very important to help the heart work more efficiently. Their cousins, the ARB's (losartan, valsartan, Irbesartanan) may have similar effects.

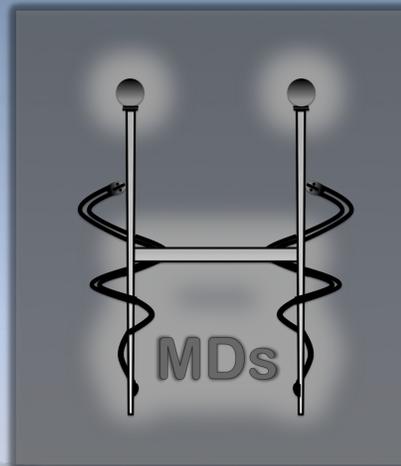
**Diuretic** commonly referred to as a "fluid" pill actually removes salt from your body. Furosemide/bumex/torsemide are potent diuretics used to keep salt and fluid off in order to prevent swelling and difficulty breathing. Spironolactone is a diuretic used to keep potassium in the body that is almost always needed when the more potent medications are used daily. Diuretics may be used on a scheduled basis. However, it may be more useful for you to use a weight based treatment that will allow some flexibility. Weight based recommendations are available at the desk.



Echocardiogram

In addition, when the heart is weakened and the degree to which recovery can be expected is unknown, we will often use a computerized version of a nurse to watch every heartbeat. Many people refer to this as a *special pacemaker*. The term used by medical professionals is implantable cardioverter/defibrillator (ICD).

Lastly, no matter how good the medications and your compliance with recommendations, changes in these medications or recommendations may occur. This it is necessary to have intermittent follow up with someone with knowledge of the treatment of heart failure.

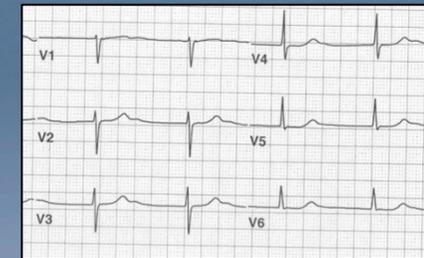
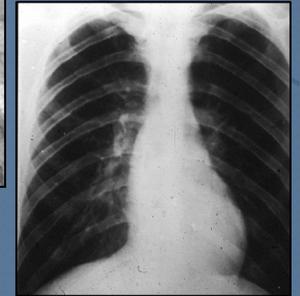


James M. Wilson, MD

6550 Fannin #1836 Houston, TX 77030

[www.HoustonMDs.org](http://www.HoustonMDs.org)

(832)336-1530



# HEART FAILURE

## A Summary

## What is Heart Failure?

Heart failure refers to the inability of the heart to perform its normal function under normal or expected conditions. About 10% of americans will experience heart failure.

Heart failure isn't really a final diagnosis any more than "headache" or my stomach hurts. Many times, we can find a cause though sometimes we can't. Therefore, you will frequently hear descriptive terms used that group many causes of heart failure together. This is useful because the behavior of the problem and its treatment tend to follow these descriptive classifications.

## TYPE

**Dilated** The main pumping chambers of the heart become enlarged due to muscular weakness.

**Normal** The heart does not function normally but looks perfectly fine. Many people worry that they complain to their doctor only to be told that, "everything looks normal".

**Thickened** Abnormal heart muscle thickening makes the organ inefficient. This problem comes in two major forms.

*Hypertensive.* Poorly controlled blood pressure produces thickening and stiffness of the heart muscle wall. This and years of physical inactivity are probably the most common sources of symptoms felt to be heart failure.

*Congenital.* About 1/500 people are born with a genetic error that produces a thickened heart muscle that works poorly or develop electrical/rhythm disturbances.

## SYMPTOMS

Shortness of breath, particularly with activity

Fatigue

Leg swelling

Difficulty lying flat

Frequent night-time urination

## DIAGNOSIS

**Symptoms/Exam** The most important part of finding out if your symptoms are heart failure and the possible cause is the interview and examination.

**Echo** Using sound waves much like SONAR, the heart may be examined and its function measured. This is painless and takes about 45 minutes

**MRI** is a more involved method of seeing the heart and its function. It is more accurate and informative than echocardiography and often allows us to avoid other types of testing like angiography or heart catheterization.

**Stress/Angiography** When coronary artery disease is the suspected source of symptoms, an angiogram is often needed. In this test, a long tube is inserted through an artery allowing us to take pictures of the arteries that feed the heart.

