

# Destination Healthy Heart:

## A ROADMAP TO MANAGING HEART FAILURE



# Heart Failure

## WITH A PRESERVED EJECTION FRACTION NURSE TALKING TIPS SHEET

*This Nurse Tip Sheet was developed by AAHFN as a resource in facilitating patient education. It provides additional information so that the Nurse can supplement patient teaching with the corresponding Patient Tip Sheet. A list of resources is provided for additional information.*

### Background:

- Heart failure (HF) with preserved ejection fraction (HFpEF) or diastolic dysfunction) is characterized by left ventricular stiffness and abnormal left ventricular (LV) relaxation (during diastole) and results in structural heart disease.
- HFpEF is diagnosed when a patient presents with symptoms of the clinical syndrome of heart failure but the ejection fraction is normal (50% or more)
- Patients with a LVEF of 40-50% are classified as borderline HFpEF and are treated similarly to patients with HF with a reduced ejection fraction (HFrEF)
- To date, there are no guideline-directed medical therapies that have shown positive survival outcomes from pharmacotherapies to treat patients with HFpEF
- Patients with HFpEF have the same symptoms as patients with HFrEF including fatigue, weight gain, activity intolerance, peripheral edema, dyspnea and/or chest pain
- Approximately 50% of all heart failure patients have HFpEF
- Patients with HFpEF patients are typically older, more often female, have less obstructive CAD, but higher rates of atrial fibrillation, higher body mass index and arterial hypertension.

### Causes:

- Uncontrolled hypertension is the most common cause of HFpEF
- The renin-angiotensin-aldosterone system (RAAS) and sympathetic nervous systems are upregulated in HFpEF and contribute to disease progression
- The roles of comorbidities in the HFpEF population, including arterial hypertension coronary arterial disease (CAD), diabetes, atrial fibrillation, obesity, obstructive sleep apnea, chronic kidney disease (CKD) and alcohol abuse are all associated with the syndrome and can contribute to structural changes to the heart.
- Exclusion of other non-cardiac causes of symptoms should be explored

### Patient teaching:

- Self-monitoring of symptoms is critical in managing heart failure
- Treatment of patient's comorbidities and risk factors for heart failure are associated with improved outcomes
- Salt reduction, exercise/staying active, weight loss and medication management are important self-care strategies
- Review all medications the patient is taking including OTCs and supplement.
- Advise patient to avoid non-steroidal anti-inflammatory drugs (NSAIDs) as this can worsen their symptoms
- Counsel patient to take all medications as directed and to communicate intolerances to their provider
- Encourage patients to keep all follow up appointments
- Teach patients the symptoms they need to report to their provider
- Close collaboration among caregivers is also recommended

## Treatment/Prevention:

- Management of comorbidities is the most important treatment strategy
- Follow the current AHA/ACC guidelines for management of the patient with heart failure with a preserved ejection fraction.

## For Future Reference

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