

What you need to know about **CHF**

Congestive Heart Failure

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It is estimated that 5 million Americans have Congestive Heart Failure (CHF), a chronic and often undiagnosed medical condition in which the heart becomes weak and is unable to pump blood effectively throughout the body. Although the words “heart failure” sound alarming, heart failure does not mean that your heart has stopped beating or is about to stop working; it does mean that your heart is unable to pump blood the way it should to deliver oxygen-rich blood to your body or easily remove waste from it. By not being able to effectively remove waste from the body, fluids build up in the lungs and other body tissues (including the abdomen, feet, ankles and legs to name a few). For most people, CHF is chronic, which means it can be managed and treated, but not cured. Day-to-day activities such as walking, climbing a flight of stairs or grocery shopping can be difficult because you can among other things get short of breath and

feel tired.

There are several different causes of CHF. Risk factors include, but are not limited to high blood pressure, coronary artery disease (the most common form of heart disease), irregular heart beat, heart valve disease, congenital heart defects (defects you are born with), heart muscle disorder, previous heart attack(s), diabetes and alcohol & drug abuse.

CHF usually develops slowly as you age. A patient may go years without visible symptoms, and the symptoms typically get worse as you age. As the heart weakens, it pumps less and less blood. CHF develops slowly because the heart itself tries to counteract its weakness by enlarging itself and pumping faster, attempting to keep the same amount of blood moving through the heart. However, this is only temporary. The heart eventually tires and cannot pump enough blood to meet the body’s requirement. Symptoms of CHF include but are not limited to shortness of

breath (wheezing, coughing, difficulty breathing with activity or lying down), feeling weak and/or tired, fatigue, swelling of the ankles, feet or legs, dizzy spells that can lead to decreased attention span and memory loss, frequent urination at night, an irregular or fast pulse and weight gain from excessive fluid.

To evaluate your heart to see why it has weakened, a physician will begin with an examination (history and physician exam), ask you some questions and possibly do some tests. The physician is looking for signs and symptoms of CHF as well as any underlying condition that may have caused your heart to

weaken. During the examination, the physician uses a stethoscope to listen for an irregular or very quick heartbeat, and can also listen to your chest for the sounds of fluid around your lungs or the distinct sounds of a faulty heart valve. Your physician may order a chest x-ray to see if your heart is enlarged and detect any fluid around the lungs. An EKG (electrocardiogram) can be used to check for an irregular heartbeat or prior heart attack. Echocardiography (sonography of the heart) can be used to see the structure and movement of your heart. Other tests such as stress tests, holter monitor, nuclear scans and cardiac cath can be used

as well depending upon the need.

Your physician uses the information learned at your visit in conjunction with your test results to develop a treatment plan. The treatment for CHF depends on the cause and severity of your condition. It is best treated when the underlying cause of your CHF is identified. The treatment plan is designed to relieve some of your symptoms and help make you more comfortable, thus improving your quality of life. Your treatment plan may include medications to help your heart work better, rest periods during the day to give your heart a break, dietary changes to reduce the amount of salt and sodium you

ingest, physical activity as prescribed by your doctor (mild exercise, strength training or cardiac rehab for example), lifestyle changes such as limiting how much alcohol you drink, quitting smoking, learning how to control your high blood pressure, diabetes and cholesterol levels to name a few, and weighing yourself daily to watch for fluid buildup.

Almost 5 million people in the United States have CHF and approximately 500,000 people are diagnosed with CHF every year. This is because people are living longer. So as the baby boomers age, CHF rates will only increase. CHF is the number one cause for hospital admission in the United States for people age 65 and older. The best treatment for CHF is prevention- lose weight, quit smoking if you do, modify your lifestyle. But it is equally important for those that do suffer from CHF to know that they have options. Many treatments available today will reduce your symptoms and improve quality of life. People with CHF can lead happy, productive lives. It is very important for those suffering from CHF to include their families and friends, build a support network, make the lifestyle and dietary changes they need to, and frankly become active participants with their physicians in the management of their health. If you are suffering from some of the signs and symptoms of CHF and have not been to a doctor recently, please call your primary care physician and set up an appointment. If you would like, you may also call us directly at The Heart Center of North Texas. ■

