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Your**Health**



Dr Wong Teck Wee says warning signs of heart failure include fatigue, giddiness, shortness of breath, coughing, loss of appetite and scrotal and leg swelling.

**BEGIN THE WORRYING
WHEN YOU START
huffing & puffing**

You may not have had a heart attack but that doesn't mean you are not suffering from heart failure. **ANNIE FREEDA CRUEZ** takes a deeper look into heart failure

DOCTORS describe heart failure as an enlarged, swollen or weak heart. Sometimes, it may be referred to as congestive heart failure, where patients have fluid accumulation or "congestion" primarily in the lungs.

Heart failure is not a heart attack. A heart attack usually results from blockage in the blood vessels that cut off the supply of blood to the heart muscle.

Unlike a heart attack, heart failure is a chronic progressive weakening of the heart muscle.

It develops when the heart's muscle becomes weakened after it is injured and loses its ability to pump enough blood to supply the vital organs.

Those remaining healthy parts of the heart get more and more stretched out and weaker, almost like a stretched out balloon or rubber band.

Cardiologist and physician Dr Wong Teck Wee, who is also a senior lecturer at Universiti Putra Malaysia, said improved treatment of cardiovascular disease, particularly of acute heart attacks, had kept more people, especially the elderly, alive, although at the cost of weakened heart muscles.

In the West, the average prevalence of heart failure is two to 2.5 per cent, increasing to more than 10 per cent in octogenarians.

The Framingham Heart Study showed that for those aged 40 and above, their lifetime risk of heart failure was 20 per cent. There is no data in Malaysia but extrapolation estimates half a million patients are affected locally.

Dr Wong said heart failure was the most frequent cause of hospitalisation in people aged 65 and older.

"Healthcare costs of heart

failure are high because of frequent and often lengthy hospitalisation, particularly in the elderly patient with more comorbidity," he said.

In the United States, hospitalisation costs account for 60 to 70 per cent of all heart failure expenditure and is twice the amount spent on cancer treatments.

Dr Wong said heart failure did not occur in isolation, as most patients had other diseases as well.

The European Heart Failure Survey in patients aged 70 and above indicated that 27 per cent had diabetes mellitus, 16 per cent had chronic kidney failure, 32 per cent had lung diseases and 20 per cent were anaemic.

"Patients with heart failure have a worse quality of life than those with other chronic diseases, including bronchitis/emphysema, kidney failure and arthritis."

Dr Wong added that end stage heart failure patients would suffer from breathlessness while resting.

For these patients, he said, walking to the toilet would be like running a marathon.

Heart failure has a worse prognosis than most cancers. Up to 40 per cent of patients die within a year of diagnosis.

Sudden deaths are six to nine times more common than in the general population. A five-year survival rate is 25 per cent in men and 38 per cent in women (Framingham study) but in breast cancer, five-year survival is 70 per cent.

The symptoms

Many people are not aware they have heart failure because the most common symptoms are of-

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*Dr Wong Teck Wee
cardiologist and physician*

ten confused with normal signs of ageing. Many patients may also be asymptomatic.

Some of the warning signs of heart failure are fatigue, giddiness, coughing and, loss of appetite.

Since the blood is not being squeezed out of the heart effectively, it tends to pool up or dam in

the lungs and into the rest of the body, which also produces shortness of breath and intestinal and leg swelling.

Some people even wake up suddenly from sleep feeling the need to catch their breath. Patients may not be able to lie flat and prefer to sleep on elevated pillows.

The causes

Heart failure is the final outcome of any injury to the heart. Risk factors include heart attack, high blood pressure, damage to heart valves, heart muscle viral infection and genetic predisposition.

Muscle damage and scarring caused by a heart attack is the most common cause of heart failure.

Persistent uncontrolled high blood pressure and cardiac arrhythmia (irregular heartbeat) also increases heart failure risk.

Advanced age also adds to the potential impact of heart failure outcome.

Knowing the enemy

When you visit the doctor, he will study your medical history and check for signs of heart failure.

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One of most important diagnostic tools for heart failure is an echocardiogram (Echo), which is a painless and non-invasive procedure using ultrasound that allows the doctor to see how vigorously the heart is contracting. The ejection fraction is a measurement of how well your heart is pumping.

Another is an electrocardiogram (ECG) that involves a chest X-ray.

Some centres may offer a

simple blood test called BNP (B type natriuretic peptide) to screen for heart failure.

Is there a cure?

There is no known cure for heart failure but early diagnosis and proper treatment can help patients live longer by slowing the progression of disease.

A critical part of heart failure therapy involves medication. Experts recommend a multi-drug treatment

regimen as part of the standard of care. Some medications are prescribed to control symptoms caused by the "congestion" while others are used to slow down the progression of heart failure.

Diuretics, sometimes called water pills, help remove extra fluid in the body and reduce swelling in the legs and ankles.

It is important to remember that even when the congestion goes away, heart failure does not. That's why it is important to treat not just the

symptoms, but the underlying disease. Heart failure does not mean the heart suddenly stops working or that you are about to die.

"Heart failure is not a death sentence. With the right treatment, and salt and fluid restriction, you can live comfortably with heart failure."

Dr Wong said it was important for a heart failure patient to play an active role in managing his condition.

"You'll need to watch your diet, particularly the salt intake. Too much salt causes the body to retain too

much water, making the fluid buildup even worse.

"If you notice weight gain for three days continuously, you're probably retaining too much water. You'll want to keep in regular touch with your doctor, too."

Exercise, provided it does not make you breathless, is good. Your heart and circulation can benefit from regular exercise when you are not breathless but consult your doctor before starting any exercise programme.

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