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Understanding Heart Failure

A guide for patients and their families

Being told you have heart failure can feel frightening — but it is important to understand what this diagnosis actually means. Heart failure does not mean your heart has stopped or is about to stop. It means your heart is not pumping as efficiently as it could be. With the right care, many people with heart failure live full and active lives.

WHAT IS HEART FAILURE?

The heart is a pump. Its job is to push blood around the body, delivering oxygen and nutrients to every organ and tissue. In heart failure, the heart muscle becomes less effective — either because it has weakened and cannot squeeze properly, or because it has become stiff and cannot fill properly between beats.

The result is that the body does not receive as much blood flow as it needs. To compensate, the body retains fluid — which explains why breathlessness, ankle swelling and fatigue are such common symptoms.

UNDERSTANDING YOUR EJECTION FRACTION (EF)

Your ejection fraction measures how much blood the left ventricle pushes out with each beat. It is expressed as a percentage, and this is where many patients feel confused.

Why 50% is normal — not a failing grade

Think of it this way: with each heartbeat, the left ventricle pumps out roughly half of the blood it contains — so an ejection fraction of 50% or above means the heart is doing exactly what it should. It is not a score out of 100. A normal EF is 50% or higher.

HFrEF — Reduced Ejection Fraction

EF below 40%. The heart muscle has weakened and squeezes less effectively. Often caused by a previous heart attack, viral illness or long-standing high blood pressure. Responds well to a number of proven medications.

HFpEF — Preserved Ejection Fraction

EF 50% or above. The squeeze is normal but the heart has become stiff and does not relax and fill properly between beats. Often linked to age, high blood pressure, diabetes and obesity. An active area of new research.

COMMON SYMPTOMS — AND WHY THEY HAPPEN

Breathlessness	Fluid backs up into the lungs when the heart cannot pump efficiently, making breathing harder — especially on exertion or when lying flat.
Ankle & leg swelling	Fluid retained by the body pools in the lower limbs. Pressing the skin may leave a temporary indent (pitting oedema).
Fatigue	Reduced blood flow means muscles receive less oxygen, causing persistent tiredness even with minimal activity.
Rapid weight gain	Sudden gain of 2kg or more over 1-2 days almost always indicates fluid retention — an important warning sign to act on promptly.
Waking breathless	Lying flat shifts fluid toward the lungs. Some people need extra pillows or wake suddenly breathless — called orthopnoea or PND.

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MONITORING YOURSELF AT HOME

You are the most important monitor of your own condition. Learning to recognise early signs of deterioration — and knowing when to act — is one of the most powerful things you can do to stay well and out of hospital.

Daily weighing — your most important tool

Weigh yourself every morning at the same time — after going to the toilet, before eating or drinking, wearing similar clothing. Record your weight on page 6.

A weight gain of 2kg or more over 1-2 days almost always means fluid is building up — even before you feel more breathless. Contact your healthcare team promptly.

Your healthcare professional will discuss a personalised action plan with you, including whether you can adjust your diuretic dose if your weight rises.

WARNING SIGNS — WHEN TO SEEK HELP

MANAGING WELL	CONTACT YOUR HEALTHCARE TEAM	SEEK URGENT HELP — CALL 000/911
Stable weight day to day	Weight gain 2kg+ in 1-2 days	Severe breathlessness at rest
Breathless only on significant exertion	More breathless on less exertion	Waking suddenly very short of breath
Ankle swelling no worse than baseline	Ankles more swollen than baseline	Chest pain or heavy pressure
Sleeping comfortably	Needing extra pillows to sleep	Rapid or very irregular heartbeat
	More tired or dizzy than usual	Coughing up pink or frothy fluid

TAKING YOUR DIURETICS — TIMING MATTERS

Diuretics (water tablets) help your kidneys remove excess fluid. They are most effective when taken at the right time of day.

- **Take diuretics in the morning.** This allows the medication to work during waking hours while you are active and near a bathroom, rather than disrupting your sleep.
- **If on twice-daily dosing,** take the second dose no later than midday or early afternoon. Your healthcare professional will advise the best timing for your regimen.
- **Never skip doses without advice.** Missing diuretic doses can lead to rapid fluid accumulation. If you need to delay, discuss a plan with your team in advance.
- **Ask about a flex-dose plan.** Some patients are given guidance to temporarily increase their diuretic dose if weight rises — ask your healthcare professional if this applies to you.

Important: Many people with heart failure have lower blood pressure than average — this is common and does not automatically mean your medicines need to be reduced. Heart failure medications work best when continued and titrated based on your symptoms and overall clinical picture, not blood pressure numbers alone. Always discuss concerns with your healthcare professional before changing your doses.

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YOUR HEART FAILURE MEDICATIONS

Heart failure is one of the most treatable conditions in cardiology. A combination of medications has been shown to improve symptoms, reduce hospital admissions and extend life. Understanding what each medicine does can help you take it consistently and with confidence.

Medication Class	Examples	What it does
ACE Inhibitors / ARBs	*e.g. Perindopril, Ramipril, Candesartan*	Relax blood vessels and reduce the heart's workload. A cornerstone of HFrEF treatment. ACE inhibitors may cause a dry cough — an ARB is a well-tolerated alternative.
Entresto	*Sacubitril / Valsartan*	A highly effective combination replacing ACE inhibitors/ARBs in many patients. Significantly reduces hospitalisations and mortality. Now a first-line option for HFrEF.
Beta Blockers	*e.g. Carvedilol, Bisoprolol, Metoprolol*	Slow the heart rate and reduce workload. Started at a low dose and gradually increased. Improve heart function over time. Do not stop suddenly without medical advice.
Mineralocorticoid Antagonists	*e.g. Spironolactone, Eplerenone*	Block aldosterone, reducing fluid retention and improving cardiac remodelling. Require monitoring of potassium and kidney function.
SGLT2 Inhibitors	*e.g. Empagliflozin (Jardiance), Dapagliflozin (Farxiga)*	Originally developed for diabetes — now proven to benefit heart failure patients regardless of diabetes status. Reduce hospitalisations and protect the kidneys. Recommended for both HFrEF and HFpEF.
Diuretics	*e.g. Frusemide, Bumetanide, Torsemide*	Water tablets that reduce fluid congestion and relieve breathlessness and swelling. Dose may need adjustment based on weight and symptoms — discuss a flex-dose plan with your team.
Ivabradine	*Coralan / Procoralan*	Slows the heart rate without affecting blood pressure. Used in HFrEF when heart rate remains high despite beta blockers, or when they cannot be tolerated.
Vericiguat	*Verquvo*	A newer agent for patients with worsening heart failure despite optimal therapy. Relaxes blood vessels and reduces cardiac stress. Used in selected higher-risk patients.
Digoxin	*Lanoxin*	One of the oldest cardiac medicines. Helps control heart rate and provides modest benefit in HFrEF. Requires careful monitoring of blood levels.
Anticoagulants	*e.g. Apixaban, Rivaroxaban, Warfarin*	Used when AF coexists with heart failure, or in patients with elevated clot risk. Significantly reduce stroke risk. Require regular monitoring.
Antiarrhythmics	*e.g. Amiodarone*	Used to manage abnormal heart rhythms that can worsen heart failure. Require careful long-term monitoring given potential side effects.
CV Risk Factor Medications	*Statins, antihypertensives, diabetes medications*	Managing cholesterol, blood pressure and diabetes reduces risk of further cardiac events and is an important part of comprehensive heart failure care.

MANAGING MULTIPLE MEDICATIONS — POLYPHARMACY

It is common for people with heart failure to take many medications simultaneously. While each serves an important purpose, managing multiple pills can be challenging.

- **Your pharmacist is a vital resource.** They can review all your medications, identify interactions, and simplify your regimen — an underused and invaluable service.
- **Consider a Webster or blister pack.** Pre-packed daily doses organised by time of day reduce errors and make it easy to track what you have taken.
- **Request a medication review regularly.** Ask your GP or cardiologist for a review after any change in your regimen or hospital admission.

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LIFESTYLE, DIET & FLUID

Alongside medication, lifestyle choices play an important role in managing heart failure and maintaining your quality of life.

- **Salt reduction is important.** Reducing salt is one of the most effective lifestyle changes for heart failure. Avoid adding salt at the table and check labels on processed foods. A low-sodium diet reduces fluid retention and eases the workload on your heart.
- **Fluid restriction is not routinely needed.** Current evidence does not support strict fluid restriction for most people with heart failure. Staying well hydrated is important. Your healthcare professional will advise if any limits apply to your situation.
- **Exercise is actively encouraged.** Regular gentle activity — walking, swimming, cycling or supervised cardiac rehabilitation — improves symptoms, exercise capacity and quality of life. Start slowly and build gradually.
- **Alcohol should be limited.** Alcohol can weaken the heart muscle and worsen fluid retention. Discuss what is appropriate for your specific situation with your healthcare professional.
- **Smoking cessation is essential.** If you smoke, stopping is the single most impactful lifestyle change you can make for your heart. Ask your healthcare team about support options.
- **Emotional wellbeing matters.** Living with heart failure can affect mood and mental health. If you feel anxious, low or overwhelmed, speak with your healthcare team — this is part of good heart failure care.

QUESTIONS TO ASK YOUR HEALTHCARE PROFESSIONAL

- What type of heart failure do I have and what does my ejection fraction mean?
- Which medications am I on and what does each one do?
- What weight gain should prompt me to contact you?
- Can I have a flex-dose plan for my diuretics?
- Is cardiac rehabilitation available in my area?
- Are there any activities I should avoid?
- How often should I be reviewed, and by whom?
- Should I request a medication review with my pharmacist?
- What symptoms should prompt me to seek urgent help?

TRUSTED RESOURCES FOR FURTHER INFORMATION

The following organisations provide reliable, evidence-based information on heart failure management.

- **Heart Foundation (Australia)** *heartfoundation.org.au*
  Comprehensive patient resources including heart failure guides and local support programmes.
- **American College of Cardiology** *acc.org / cardiosmart.org*
  Patient-friendly summaries of clinical guidelines and decision-support tools.
- **European Society of Cardiology** *escardio.org/patients*
  International guidelines and patient information across all areas of cardiology.
- **American Heart Association** *heart.org*
  Extensive library of heart failure patient education, including videos and toolkits.

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MY MEDICATION RECORD

Record all your current medications below. Bring this page to every appointment and share it with any new healthcare provider or in an emergency.

Medication Name	Dose	How often	Time of day	What it is for

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MY DAILY WEIGHT LOG

Weigh yourself every morning at the same time — after going to the toilet, before eating or drinking, in similar clothing. Contact your healthcare team if you gain 2kg or more in 1-2 days.

Action point: Contact your healthcare team promptly if your weight increases by 2kg or more over 1-2 days, even if you do not feel more breathless.

Date	Weight (kg)	Change from yesterday	Notes / Symptoms