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Keep It Pumping

Talking to your doctors



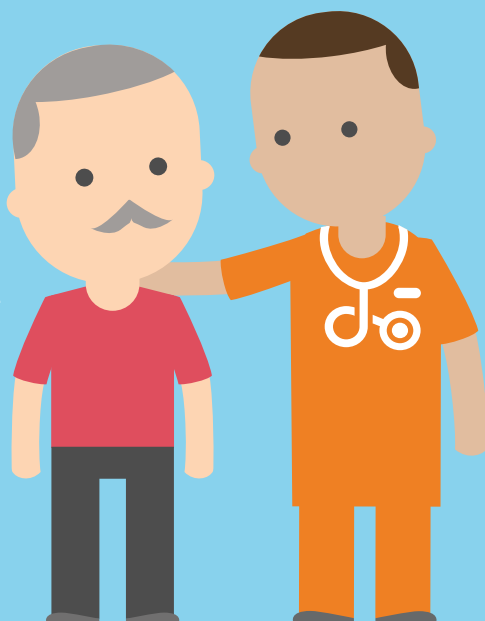
**Keep It
Pumping™**
www.KeepItPumping.com

 **NOVARTIS**

Talking to your doctors

When you have chronic heart failure, clear and **honest communication** between you and your doctors is very important in helping you to understand your diagnosis, your treatment options and how your condition affects your daily life.

This booklet will help you to build a relationship with your doctors, so you can get the most out of each appointment and play an **active role** in your health.



Making the most of your appointments

Your appointment is your chance to discuss how heart failure affects your life and to work closely with your doctors or nurses to discuss and agree your next steps.

Understanding what to do before, during and after your appointment will make sure you make the most of every meeting.

Before your appointment

1) Check your symptoms

- Checking and reporting your symptoms is really important when you have heart failure because they are a **key indicator** of your condition (see reference one on page 13). Use the Keep It Pumping symptom checker on page four before your appointment to **check your symptoms** and help update your doctor on how you have been getting on.
- If you have any **other conditions**, such as diabetes, you could also make notes about these conditions and their symptoms.
- You may also find it useful to **talk through your symptoms** with your family, friends or carer as they might have noticed changes that you might have missed.

2) Consider your treatment history

- As you may see more than one doctor or nurse, it is important to make sure they are all aware of **which treatments you have and medical tests** you have taken.
- **Make a note of all of your medications** (prescription and non-prescription), as well as the dose and the time you take them, before your appointment.

3) Prepare

- Preparing and writing down your questions will make sure that you **raise any concerns** and **gain further understanding** and advice on how you can manage your care effectively. Turn to page eight for some suggestions of questions you might want to ask.
- Ask your carer or a family member to come with you to your appointment so that they can also stay up to date and informed on your condition.

Symptom checker for heart failure

This symptom checker includes the main symptoms of heart failure and is designed to help you evaluate these potential symptoms. It can serve as a basis for discussion with your doctors. The symptom checker is not intended to be used to diagnose heart failure or to replace medical advice.

Download another copy for your next appointment at www.KeepItPumping.com

On a scale of 0 to 3, where 0 is 'None' and 3 is 'Severe', please tell us the effect the following symptoms have had on you in the past two weeks.

Shortness of breath

0

1

2

3

None
Mild
Moderate
Severe

Shortness of breath when lying down

0

1

2

3

None
Mild
Moderate
Severe

Tiredness

0

1

2

3

None
Mild
Moderate
Severe

Swelling in the ankles, legs and abdomen

0

1

2

3

None
Mild
Moderate
Severe

Rapid heartbeat

0

1

2

3

None
Mild
Moderate
Severe

Sudden weight increase

Have you noticed a weight increase of more than 2kg (about 6lbs) in the past week?

Yes No

Loss of appetite

Have you experienced loss of appetite in the past two weeks?

Yes No

Frequency of urination

Have you experienced a change in how often you urinate?

Yes No

Mood

Has your heart failure affected your mood?

Yes No

Effect on lifestyle

Has your heart failure prevented you from doing any activities you used to be able to do or enjoy?

Yes No

This symptom checker has been developed by Novartis with patient groups and expert doctors. It takes into consideration recommendations from medical societies. This symptom checker is designed for your personal use and Novartis will not collect any personal information in connection with its use. Novartis will not have any liability from any and all claims, costs, losses, liabilities and damages of any sort, whether direct, indirect, special, consequential or otherwise, arising out of or related to your use of the symptom checker. The checker has been designed to check symptoms of chronic heart failure only.

Date: DD/MM/YY

Reference: Ponikowski P et al. 2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure. European Heart Journal (2016) 37, 2129-2200. Digital Object Identifier: <http://dx.doi.org/10.1093/eurheartj/ehw128>. First published online: 20 May 2016.

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Eight key symptoms of heart failure

(Plain English Campaign's Crystal Mark does not apply to this page.)

Even though heart failure is a **chronic condition**, it can be **effectively managed**. This means that being able to recognize and check the symptoms of chronic heart failure is especially important. Learn more about the signs and symptoms of chronic heart failure below.

Shortness of breath



Heart failure can cause the fluid in your body to gather in your lungs which may cause you to feel short of breath during everyday activities.

Shortness of breath when lying down



Lying flat may also make you feel short of breath so that you need to sleep sat up or with multiple pillows.

Rapid heartbeat



The heart sometimes starts to speed up to compensate for its reduced ability to pump blood around the body.

Loss of appetite



A build-up of fluid around the gut can affect digestion and might cause a loss of appetite, or make you feel sick when eating.



Tiredness



Heart failure means less oxygen-rich blood is circulating the body. Because your muscles and tissues need oxygen for energy, this means people with heart failure can feel tired very easily.

Swelling in the ankles, legs and abdomen



Clothes or shoes might feel tighter as fluid in the body builds up in the legs, ankles or abdomen causing them to swell up.

Sudden weight increase



Worsening heart failure may cause an increase in weight of more than two kilograms (about six pounds) in one week because fluid builds up in your body.

Frequency of urination



A reduced amount of blood reaches your kidneys when you have heart failure, causing you to urinate less frequently. Conversely, if you take diuretics (eg. water pills), you might urinate **more** frequently, when the excess fluid in your body is eliminated.

During your appointment

1) Be open

- Be open about how you are feeling and any noticeable changes in your symptoms or overall well-being, even if they aren't obviously connected to your heart failure. Try to **be specific** and give examples of how your condition is affecting your day-to-day life. For example, ask yourself the following.
 - Have you been having trouble sleeping recently?
 - Have you found it harder to get out of bed this week?
 - Have you found it difficult to talk to your friends and family about how you're feeling?
 - Have you forgotten to take any of your medications?
- Take a look at page six for more guidance on the symptoms of chronic heart failure, and the types of things to look out for. Remember to also use your completed symptom checker on page four to help your doctor understand how your symptoms have changed.

2) Ask questions, and write down the answers

- Don't forget to **ask the questions you prepared**, as well as anything that you do not understand, and make a note of the answers.

3) Make a plan

- Make sure you **agree on your next appointment date**, together with an action plan that sets out what you can do to best look after yourself until your next appointment.



“If I walk for more than say 10 minutes, I get **short of breath** and my **legs feel like jelly.**”

To learn more about the symptoms of heart failure, and how you can check and manage them, explore www.KeepItPumping.com

Questions to ask your doctor

Your appointments are a good opportunity to ask your doctor or nurse any questions you might have, and gain more understanding of your condition. Here are some questions that you could ask at your next appointment, although some of these might not be relevant to you.

Remember there are no 'silly questions'. If you do not know the answer, then it is not a 'silly question'.

1. What should I do **now** to help improve my condition?
2. How **severe** is my heart failure?
3. What is the **main cause** of my heart failure?
4. What are the **most important things** I can do in the future to manage my condition?
5. Are there any **improvements I can make** to my daily activities to live a better and healthier life?
6. Are there any **types of food** I should avoid or include in my diet?
7. How do my **other conditions** affect my heart failure and what can I do to manage this?
8. What should I **expect** within the next few weeks, months and years?
9. What kinds of **health checks** do I need to do at home and how do I do them?
10. If I feel my symptoms get worse or change suddenly, **who should I contact** and what's the best way to reach them?
11. How do you think my heart failure will affect my **day-to-day activities**?
12. What should I do if I am **feeling down or anxious** about my heart failure?

13. Can you recommend any **local support services**?
14. Is there a **specific time of day** I should take my medications?
15. What are the **possible side effects** of my medicines?
16. Is there a **local rehabilitation program** I can sign up to?
17. Will I need a **pacemaker** or other implantable device?
18. What **vaccinations** should I have?



“I now realize **it's important to change what we do, to change what we eat, to change the way we live.**”

A glossary of heart failure terms

The figures at the end of each definition refer to the references on page 13.



AHA (American Heart Association) stages of heart failure

This stage-based classification system uses the letters A to D. It ranges from those who are at risk of developing heart failure to those with advanced heart failure.²



Arrhythmia

An abnormal heartbeat. This could be too slow (bradycardia) or too fast (tachycardia).³



Brain natriuretic peptide (BNP) test

A blood test used to help diagnose and track the severity of heart failure.⁴



Cardiac computerized tomography (CT) scan or magnetic resonance imaging (MRI)

These imaging tests can be used to diagnose heart problems, including the causes of heart failure.⁴



Cardiac resynchronization therapy (CRT)

A device that sends small, undetectable electrical impulses to both lower chambers of the heart to help them beat in a more synchronized pattern.⁵



Chest X-ray

A type of X-ray test that shows the size, shape and location of the heart.⁶



Comorbidity

An illness or disorder that is the result of, or related to, a primary disease or disorder. With heart failure, this might be diabetes for example.⁷



Coronary angiogram

A type of X-ray used to examine blood vessels. The images created during an angiography are called angiograms.⁸



Dyspnea

Shortness of breath, a common symptom of heart failure.⁹



Echocardiogram (or 'echo')

A test that can measure how well your heart is pumping.¹⁰



Edema

The build-up of excess fluid in the tissues around the body, caused by a reduced amount of blood circulating in the body.¹¹



Ejection fraction

The proportion of blood pumped out of the heart each time it contracts. A normal ejection fraction is between 50 and 70%.¹²



Electrocardiogram

A test that records the electrical activity of the heart. It can show if your heart is enlarged or has abnormal rhythms, and even if you've previously had a heart attack.¹³



Implantable cardioverter-defibrillator (ICD)

A battery-powered device placed under the skin that keeps track of your heart rate. If an abnormal heart rhythm is detected, the device will deliver an electric shock to restore a normal heartbeat.¹⁴



NYHA (New York Heart Association) Functional Classification

A classification system for chronic heart failure that places people with heart failure into one of four classes based on the amount of physical activity they can do.¹⁵



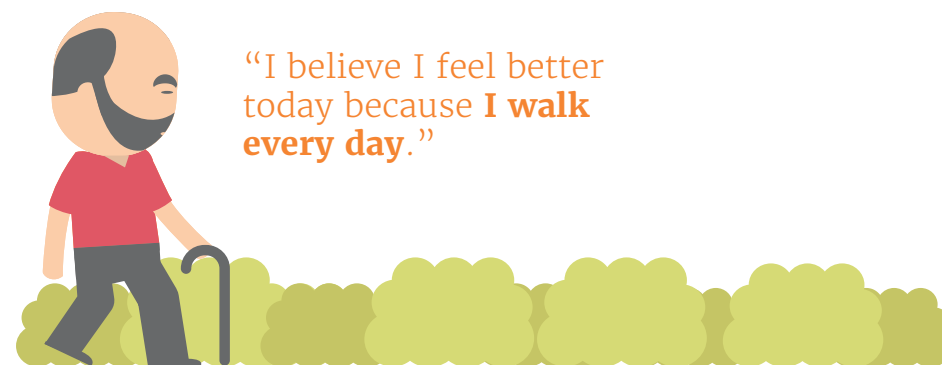
Pulmonary edema

The build-up of fluid in the lungs caused by extra pressure in blood vessels pushing fluid from the blood into the lungs.¹⁶



Stress test

A test to measure how your heart and blood vessels respond to physical effort. You may walk on a treadmill or cycle on a stationary bike.¹⁷



After your appointment

1) Reflect

- **Re-read the notes** you took during your appointment to remind yourself of the next steps and the answers to your questions.

2) Update your family, friends or carer

- **Telling your friends, family or carer about your appointment** will make sure that they are fully up to date with details about your care and are able to support you with your next steps.

3) Remember points for your next appointment

- Take some time after your appointment to **write down any reminders** or points to discuss at your next appointment.

For more information on the symptoms of heart failure and how to talk to your doctor, go to www.KeepItPumping.com

This guide has been awarded a Crystal Mark by Plain English Campaign. Please note, the Crystal Mark does not apply to the disclaimer below.

This guide is designed to help you speak to your doctor about the symptoms of chronic heart failure and how it is managed. It is not intended to be used to diagnose heart failure or to replace medical advice.

This guide has been developed by Novartis with patient groups and expert doctors. It takes into consideration recommendations from medical societies. This guide is designed for your personal use and Novartis will not collect any personal information in connection with its use. Novartis will not have any liability from any and all claims, costs, losses, liabilities and damages of any sort, whether direct, indirect, special, consequential or otherwise, arising out of or related to your use of the Talk to Your Doctor Guide. The guide has been designed for chronic heart failure patients only.



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Notes



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