

RECOGNISING HEART FAILURE

A guide for early diagnosis and effective patient management



Heart failure in Australia

500,000

Australians are living with heart failure

61,000

heart failure related deaths per year

For people aged **65 years +**

heart failure is the leading cause of hospitalisation

Heart failure admissions equate to **1,000,000 +** days in hospital annually



GPs and MDTs play a critical role

General practitioners and medical disciplinary teams can play a key role in helping heart failure patients lead productive and fulfilling lives. The key is recognising symptoms, early detection, and knowing the right clinical pathway to treat heart failure.

Key symptoms associated with heart failure

Have a conversation with your patient.

Ask if they experience any of the following symptoms 'rarely', 'sometimes', 'most of the time' or 'all of the time.'



Extreme tiredness, low energy, or no energy



Shortness of breath during minimal exercise or exertion



Needing to use extra pillows when lying down to breathe easier



Irregular heartbeat or palpitations



Swelling of legs, feet, or stomach



Weight gain over a short period of time (eg: >2kg over 2 days)



Coughing/ wheezing



Loss of appetite

If any of these symptoms are severe it is essential to follow the outlined clinical pathway for heart failure.

References

Chan YK et al. BMC Health Serv Res 2016;16(1):501.

Chen L, Booley S, Keates AK, Stewart S. Snapshot of heart failure in Australia. May 2017.

Mary MacKillop Institute for Health Research, Australian Catholic University, Melbourne, Australia.

For more information and to download the Heart Failure & Caregiver Charter, visit hearts4heart.org.au.

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Classifications of heart failure

Heart failure phenotypes

Heart failure (HF) is generally categorised as HF associated with a reduced left ventricular ejection fraction (LVEF) below 50% (HFrEF) or HF associated with a preserved LVEF of 50% or higher (HFpEF).

The diagnostic algorithm for heart failure

- Echocardiography is the single most useful investigation in patients with suspected HF.
- If echocardiography is not available in a timely fashion, measurement of plasma B-type natriuretic peptide (BNP) or N-terminal pro-BNP levels improves diagnostic accuracy.
- Please refer to the guidelines for information regarding treatment optimisation.

