



HeartLife's Guide to Heart Function

It's about Life

Not Failure



Printed February 2026
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Introduction



You're Not Alone!

This guide has been designed for you. Whether you're newly diagnosed or have been living with heart failure or cardiovascular disease for years, this guide offers clear, simple information to help you manage your health. It's written by people with lived experience for people with lived experience.

THIS GUIDE IS

- A starting point to understand your condition.
- A tool to help you ask better questions.
- A resource for navigating care, tracking symptoms, and planning next steps.

THIS GUIDE IS NOT

- A replacement for medical advice.
- A one-size-fits-all solution.
- A substitute for speaking with your healthcare team.

HEART FAILURE CARE HAS COME A LONG WAY

In the past, heart failure was often seen as a condition with few options. Today, we know much more. With the right treatments, many people live well for years.

About HeartLife Foundation

HeartLife Foundation is a patient-led voice for heart failure and cardiovascular health, uniting patients, caregivers, and partners in a movement for better care.

HeartLife was started by people with lived experience of heart health challenges. We know what it's like to feel overwhelmed, alone, or unheard in the system. That's why we created HeartLife: so no one has to face this alone.

WE SUPPORT

- ♥ People living with any heart condition
- ♥ Caregivers, families, and friends
- ♥ Healthcare professionals who want to better understand and support their patients

We raise awareness, share knowledge, build community, and push for real change. Together, we're rewriting what it means to live with heart disease — because ...





Who We Are



JILLIANNE CODE, PH.D
Co-Founder & President

Dr. Jillianne Code, two-time heart transplant recipient, Canada Research Chair at UBC, and Co-Founder of HeartLife Foundation, is a leader in patient engagement and health advocacy. She shares her journey at heartfailuretoharvard.com.

MARC BAINS, BBA
Co-Founder & Executive Director

Marc Bains is a heart transplant recipient, heart failure survivor, and patient advocate. He co-leads the Canadian Heart Function Alliance and holds a BBA. Through HeartLife, Marc advances global patient advocacy and heart health access.



JENNY MILNE
Community Engagement Manager

Jenny was diagnosed with heart failure at 23 and had her mitral valve replaced at 24. She now shares her journey to help others feel seen, supported, and hopeful through her advocacy work within her role with the HeartLife Foundation.

Who We Are

SEAN VIRANI, MD, MSC, MPH, FRCPC
Medical Director, Board Member

Dr. Virani is a heart failure cardiologist and healthcare leader in Canada. He holds key roles provincially and nationally, including with the Canadian Cardiovascular Society. His work focuses on health policy, systems redesign and quality of care.



JACKIE RATZ
Women@HeartLife Manager

Jackie, diagnosed with cancer at 24, developed heart disease at 44 and heart failure at 47. She created a women's Facebook group in 2017 and launched Life In Hearts e-magazine in 2024. She now collaborates with HeartLife to empower women.

RHONDA E. MONROE
HeartLife US Lead

Rhonda is a cardiovascular patient advocate and survivor of complex heart disease who leads HeartLife's US strategy and expansion, advancing evidence based care, improving outcomes, and addressing disparities through nationally recognized education and advocacy.



Lived Experiences



“HeartLife has truly been a blessing to be a part of. I’ve found others who are close to my age and have gone through similar experiences, and that really helps me to know that I’m not alone in this.”

JENNA UDOT



“HeartLife is a great community for patients and caregivers to share information, learn, and connect with others facing similar heart challenges. I’ve learned so much and made some wonderful friends with people just like me.”

MIKE WILLIS

“I am stronger today because of the HeartLife network, I am proud to be part of.”

PAULA HENDERSON



“Finding HeartLife has given me a sense of community and family with others who understand all the ups and downs of heart failure.”

JULIE BARD



“When I joined HeartLife, I felt like someone was walking beside me.”

CHARLOTTE GIRARD



“HeartLife became my life support and my family at a time when I needed it most.”

LISE FLYMAN



“HeartLife helped me feel understood, empowered, and never alone on this journey.”

WAYNE SANDVIK



“They’ve given me strength, hope, and a true sense of community as I navigate living with heart disease.”

TODD MURRAY

Advice from People Like You

**You
deserve Joy!**

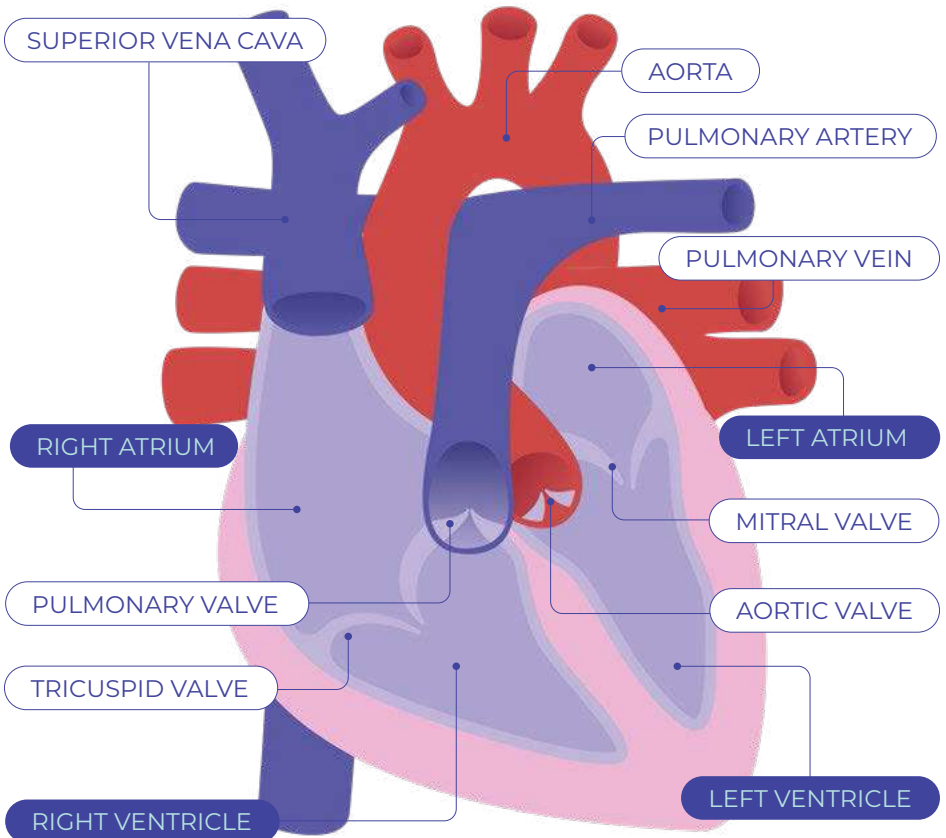
**Find small things every
day that make you smile.**



Your Heart

What does the Heart do?

Your heart is a muscle about the size of your fist. It sits just left of the middle of your chest and has four chambers — two at the top (atria) and two at the bottom (ventricles).



Your Heart

EACH HEARTBEAT
DOES TWO JOBS:



01 It fills the heart with blood

02 It pumps that blood to your lungs and the rest of your body.

Blood carries oxygen and nutrients to every organ and cell. If your heart can't fill or pump well, your body won't get what it needs to work properly.

Your heart also has valves that open and close with each beat, and electrical signals that keep it beating in rhythm. If any part of this system has trouble, heart function can suffer — that's when symptoms of heart failure or other heart problems can start.



What is Heart Failure?

Heart failure means your heart isn't pumping blood as well as it should.

This can happen if your heart muscle is too weak, too stiff, or both. Heart failure can also occur if you have leaky or blocked valves, or if the electrical system of the heart is disrupted.

Heart failure is serious, but it doesn't mean your heart has stopped working. It means your heart is having trouble keeping up with what your body needs.

TYPES OF HEART FAILURE

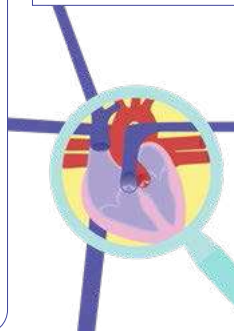
Doctors often describe heart failure in two ways:

01 By how well the main pumping chamber (left ventricle) works:

- ♥ Your heart has weakened and does not squeeze well: This is called **Heart Failure with Reduced Ejection Fraction (HFrEF)**.
- ♥ Your heart squeezes normally but is too stiff to fill properly: This is called **Heart Failure with Preserved Ejection Fraction (HFpEF)**.
- ♥ Your heart's squeeze is slightly below normal — EF¹ between 41% and 49%. This is called **Heart Failure with Mildly Reduced Ejection Fraction (HFmrEF)**.

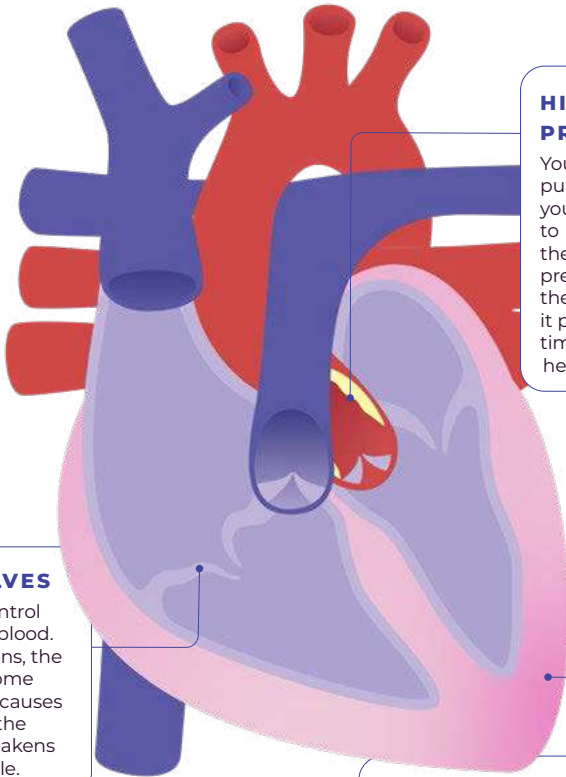
02 By where fluid build ups:

- ♥ If fluid backs up into your lungs, it's called **left-sided heart failure**.
- ♥ If fluid backs up into your legs, belly, or liver, it's called **right-sided heart failure**.



- ¹ Ejection Fraction (EF):
- Normal EF $\geq 55\%$
 - HFrEF: $\leq 40\%$
 - HFmrEF (or HFnrEF): 41–49%
 - HFpEF: $\geq 50\%$

Your Heart



HIGH BLOOD PRESSURE

Your heart has to pump blood through your blood vessels to reach all parts of the body. High blood pressure can cause the heart to strain as it pumps blood. Over time, this weakens the heart muscle.

HEART VALVES

Heart valves control the flow of the blood. For many reasons, the valves can become damaged. This causes extra strain on the heart which weakens the heart muscle.

EFFECTS OF HEART ATTACKS

In a heart attack, blood flow is blocked to muscles of the heart causing some of the heart muscle to die. This makes the heart muscle weaker and less able to pump blood to the body.

WHAT HEART FAILURE IS NOT:

- It's not a heart attack, but people who've had a heart attack can develop heart failure later.
- It's not a death sentence. With the right care and support, many people live well for years.
- It's not the same for everyone. Each person's experience is different.

**You're not alone!
Others are walking this
path too.**

**Find your
people!**





What Can Increase My Risk of Heart Failure?

Heart failure often happens along with other health problems. These conditions put extra strain on your heart, make each other worse, and can make treatment more complicated. Knowing about them can help you manage your health better.



CORONARY ARTERY DISEASE (Atherosclerotic Cardiovascular Disease ASCVD)

Plaque builds up in your arteries, which can lead to heart attacks, strokes, and poor blood flow — all of which raise the risk of heart failure.

TYPE 2 DIABETES

Affects how your body controls blood sugar. Over time, high blood sugar can damage blood vessels and nerves that help the heart work.

OBESITY

Carrying extra weight puts more strain on your heart. It also raises the risk of high blood pressure, diabetes, and sleep apnea — all linked to heart failure.

HIGH BLOOD PRESSURE (Hypertension)

One of the most common causes of heart failure. Over time, high blood pressure can stiffen and/or weaken the heart.

TYPE 1 DIABETES

Less common than type 2, but it also raises the risk of heart failure — especially if blood sugar is not well controlled over many years.

KIDNEY DISEASE

The heart and kidneys work closely together. If one is damaged, the other often is too. Kidney problems can make it harder to manage fluids in your body.

ARRHYTHMIA

An irregular heartbeat (like atrial fibrillation) can weaken the heart or make heart failure worse.

Risk Factors

VALVULAR HEART DISEASE

Leaky or narrowed heart valves can force your heart to work harder and raise the risk of heart failure.

CONGENITAL HEART DISEASE

Some people are born with heart problems that can raise the risk of heart failure later in life — even if they had surgery as a child.

FAMILY HISTORY & GENETICS

Some heart problems run in families. Genetic conditions like certain cardiomyopathies or amyloidosis can affect how well your heart works. If close family members have had heart disease at a young age, talk to your doctor about it.

HYPERTROPHIC CARDIOMYOPATHY (HCM / oHCM)

A condition where the heart muscle becomes too thick. It can block blood flow and cause chest pain, shortness of breath, or fainting. Obstructive HCM (oHCM) makes it harder for the heart to pump blood out properly.

CARDIAC AMYLOIDOSIS

A rare condition where abnormal proteins build up in the heart, making it stiff and less able to pump. It's often missed, so early diagnosis is important.

STROKE

People with heart failure have a higher risk of stroke. Having a stroke can also make daily life and self-care harder.

OTHER RELATED CONDITIONS

Other issues like anemia, thyroid problems, sleep apnea, depression, gout, arthritis, poor nutrition, infections, lung disease, and frailty can add extra stress to your heart.

CANCER THERAPIES

Some cancer treatments are associated with increased risk of heart failure.

INFLAMMATORY/INFECTIOUS CAUSES

Certain systemic conditions or infections (such as myocarditis, sarcoidosis) can cause inflammation and scarring of the heart muscle.

SUBSTANCE ABUSE

Substance abuse, including alcohol and cocaine, can lead to structural and functional changes in the heart muscle.

All of these conditions can put extra strain on your heart. Managing them well can help protect your heart health.



Advice from People Like You

Rest is not quitting.

**Listen to
your body!**



Signs and Symptoms of Worsening Heart Failure

You may have some or all of these symptoms — and they can change from day to day. Noticing early warning signs can help you get help sooner.

COMMON SYMPTOMS

- Feeling more tired or weak, especially during activity.
- Shortness of breath — during exercise or when lying flat.
- Swelling in your legs, ankles, or belly.
- Sudden weight gain from fluid buildup.
- Coughing or wheezing, especially at night.
- Bluish lips or fingertips.



Call your healthcare team or 9-1-1 right away if you have bluish lips, chest pain, or severe trouble breathing.

Some signs don't happen to everyone, but they still matter. Watch for these and tell your care team if you notice them.

LESS COMMON SYMPTOMS

- Trouble concentrating or memory problems (“brain fog”)
- Feeling sick to your stomach, losing your appetite, or feeling full quickly
- Trouble sleeping or needing extra pillows to breathe better at night
- Irregular or fast heartbeat
- Feeling down or anxious
- Needing to pee more at night
- Cold hands and feet
- Chest pain (in some cases)
- Severe dizziness/fainting



If something doesn't feel right — don't wait. Call your care team.

WHAT SHOULD I DO IF I NOTICE THESE SIGNS?

If you notice any of these signs or symptoms, don't wait — use your action plan. Your Heart Failure Action Plan helps you know when to keep going, when to call your healthcare team, and when to get emergency help.



If you develop diarrhea or nausea, contact your care team. These symptoms, especially if you take diuretics, can lead to dehydration, kidney injury, and electrolyte imbalances.

REMEMBER:

Knowing your signs and acting early can help you stay well and avoid emergencies.

Taking Care of Your Heart

Heart Failure Zones Guide

Having a plan helps you stay calm and in control when things change. Use this guide every day.



Keep this plan where you can see it — on your fridge, phone, or by your bed.

GREEN ZONE “I’m Doing Well”

- No shortness in breath
 - No weight gain
 - Normal energy levels
 - No swelling in feet, ankles, legs, or stomach
- ▶ Keep taking your medications and following your daily routine.

YELLOW ZONE “Something’s Off”

- Gained more than 4 lbs (2 kg) over 2 days in a row or 5 lbs (2.5 kg) in 1 week
 - Feeling more tired than usual
 - Mild swelling (feet, ankles, legs, or stomach)
 - New cough
 - Discomfort or swelling in the abdomen
- ▶ **Call your healthcare team.** You may need a medication change or a check-up.

RED ZONE “I Need Help NOW”

- Hard to breathe even at rest
- Swelling that is getting worse quickly (increased swelling in lower body)
- Chest pain
- Confusion
- Fainting



- **Go to the emergency room or call 9-1-1 right away.**



**“Heart failure
does not
define me.”**

**“It’s part of my life,
but with the right care
and support, I still get
to live my life, just
differently than before.”**

MARC BAINS



Living with Heart Failure

Heart failure is serious, but it can be treated. Many people live well for years with the right care plan and support.

KEY PARTS OF A TREATMENT PLAN:



MEDICATIONS

Medication can help your heart pump better, control fluid, lower your blood pressure, and help you stay out of the hospital.



MENTAL HEALTH

Depression and anxiety are common with heart failure — but they are treatable. Don't wait to ask for help.



MONITOR YOUR SYMPTOMS

Check how you feel every day. Watch for changes in weight, swelling, or shortness of breath. Track your heart rate, blood pressure and weight. Call your healthcare team if something feels different.



TIP: Ask your healthcare team for a written plan. Bring it to appointments and update it as needed.



LIFESTYLE CHANGES

These changes can make a big difference:

- Eat less salt.
- Get regular, safe physical activity.
- Quit smoking.
- Sleep better.
- Manage stress.
- Limit alcohol.
- Avoid drugs of abuse.



CARDIAC REHAB

A guided program to help you get stronger and stay active safely.



Ask your care team if you are on all four Guideline Directed Medical Treatments.

Taking Care of Your Heart



DEVICES

Some people may need a pacemaker, defibrillator (ICD), cardiac resynchronization (CRT) valve repair or LVAD to help their heart work better



THE MOST IMPORTANT PART

You are the expert in your own body. You know when something feels “off.” Your voice matters — speak up, ask questions, and build a care team that supports you.



HEART TRANSPLANT

A life-saving option for people with severe or advanced heart failure.



Your Care System

Heart failure care works best when everyone is on the same page — you, your caregivers, and your healthcare team.



You have the right to safe, respectful care. You also have the right to ask questions, speak up, and take part in every decision about your health.

HOW TO ADVOCATE FOR YOURSELF

- Learn about your condition. Knowledge is power.
- Write down questions. Bring a list to every appointment.
- Bring support. A friend or caregiver can help listen and take notes.
- Track your symptoms. Share your notes with your care team.
- Speak up. If something doesn't feel right, say so.
- You deserve to be heard.



YOUR CARE TEAM

- Many people help care for you. A heart failure care team can include:
 -
 - Family doctor or nurse practitioner
 - Cardiologist
 - Nurse or nurse navigator
 - Pharmacist
 - Dietitian
 - Social worker or counsellor
 - Physical therapist or cardiac rehab team
 - Mental health professional
 - Family and caregivers

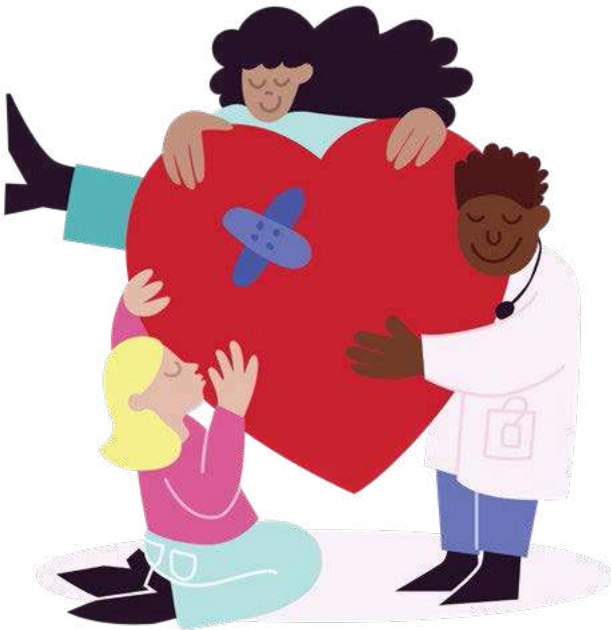


Taking Care of Your Heart

YOUR CARE TEAM

Your support makes a big difference — but so does your well-being.

- **Learn the basics.** Understand heart failure so you can help with confidence.
- **Help coordinate care.** Keep track of appointments and medications.
- **Encourage daily life.** Help your loved one stay active and involved.
- **Watch for burnout.** Take care of yourself too — your health matters.
- **Find support.** Join caregiver groups — you don't have to do this alone.



Top 10 Questions to Ask Your Specialist

Managing heart failure requires active participation in your healthcare. Asking key questions helps you understand your condition and make informed decisions. Here are 10 important questions for your heart failure specialist:

01 What is causing my heart failure?

Understanding your heart failure's cause is important. Ask if it's from high blood pressure, blocked arteries, or another condition. Knowing the reason helps you better manage your treatment.

02 What stage of heart failure am I in?

Heart failure has different stages. Ask your doctor which stage you're in and what it means for your treatment. This will help you know how serious your condition is and what care you need.

03 What are my treatment options?

There are different treatments for heart failure, including medicines, devices, lifestyle changes, or surgery. Ask your doctor about the options available to you, and understand the benefits and side effects of each one.

04 How can I monitor my condition at home?

Ask your doctor how to monitor heart failure symptoms at home. Learn what to watch for—weight changes, blood pressure shifts, or new symptoms—to catch problems early. Visit heartlife.com for our self-management toolkit.

Taking Care of Your Heart



05 What lifestyle changes should I make?

Lifestyle changes can improve your heart health. Ask your doctor for advice on diet, exercise, quitting smoking, and reducing alcohol use. These changes can help you manage your heart failure more effectively.

06 Are there any limits on physical activity?

Ask your doctor about what types of exercise are safe for you. It's important to stay active, but you need to know what activities are okay and which ones to avoid.

07 How will my medications affect my daily life?

With today's treatments, many people with heart failure can live 5–6 years longer and spend more of that time feeling well. That's why it's so important to ask your doctor if you are on all guideline-directed medical therapies.

08 What support resources are available?

Ask your doctor about resources like education programs, support groups, and counseling for emotional and practical support. Visit HeartLife's Help for Hearts Group on Facebook to connect with others living with heart issues.

09 How often should I have follow-up visits?

Regular check-ups are important for tracking your progress. Ask how often you should come in and what to expect during follow-up visits.

10 What should I do if my symptoms get worse?

Know what to do if symptoms worsen. Ask about steps to take for increased shortness of breath, weight gain, swelling, or extreme fatigue. Knowing when to seek help prevents complications.

Keep Your Vaccines Up to Date

Vaccines help protect you from infections that can make heart failure worse. Staying up to date lowers your risk of getting very sick or ending up in the hospital.



IMPORTANT VACCINES FOR PEOPLE WITH HEART FAILURE

- **INFLUENZA (FLU SHOT)**
Get a flu shot every fall. It helps prevent serious illness and hospital stays.
- **COVID -19**
Stay up to date with the latest COVID-19 boosters for your age and health. This protects against severe disease and long-term effects.
- **PNEUMOCOCCAL (PNEUMONIA) VACCINE**
Usually given once or in two parts, depending on your age or condition. It protects against serious lung infections and hospital stays.
- **SHINGLES (HERPES ZOSTER)**
Recommended for adults 50 and older. Shingles can be very painful and put extra stress on your heart.
- **TETANUS, DIPHTHERIA & PERTUSSIS (TDAP)**
Get this shot every 10 years to protect against serious bacterial infections.
- **RSV (RESPIRATORY SYNCYTIAL VIRUS)**
This new vaccine is now available for older adults and people with chronic conditions. Ask if you're eligible.

Taking Care of Your Heart



QUESTIONS TO ASK YOUR DOCTOR:

- Am I up to date on all my vaccines?
- Are there any vaccines I should avoid?
- Can I get these at my clinic or pharmacy?
- Will any vaccines interact with my medications?



REMEMBER!

- Vaccines are safe for people with heart failure and other heart conditions.
- Getting vaccinated protects you and those around you.
- Even if you're managing your health well, vaccines add another layer of protection.

Main Heart Failure Medications

Here are some common medicines used to treat heart failure with reduced ejection fraction (HFrEF) — and what they do to help.



- ARNI (E.G., ENTRESTO, SACUBITRIL-VALSARTAN)
Helps your heart pump more easily and lowers pressure inside your heart.
- BETA-BLOCKERS (E.G., METOPROLOL, CARVEDILOL)
Slows your heart rate so your heart doesn't have to work as hard.
- MRAS (E.G., SPIRONOLACTONE, EPLERENONE, FINERENONE)
Helps your body get rid of extra salt and water. Also protects your heart from scarring and damage.
- SGLT2 INHIBITORS (E.G., DAPAGLIFLOZIN, EMPAGLIFLOZIN)
Helps your body get rid of extra sugar and fluid through urine. Also helps protect your heart and kidneys.
- IVABRADINE
Slows heart rate.
- OTHER MEDICATIONS YOU MIGHT TAKE DIURETICS (E.G., LASIX, FUROSEMIDE)
Helps you pee out extra fluid so you can breathe easier and have less swelling.
- BLOOD THINNERS (E.G., ASPIRIN)
Helps prevent blood clots if you have an irregular heartbeat or a stent.
- IRON (IV)
Helps improve symptoms, quality of life, exercise tolerance, and reduces hospitalizations if you have heart failure and iron deficiency.
- ACEI (E.G., ENALAPRIL)
Reduces strain on heart and lowers BP.
- VERICIGUAT
Relaxes blood vessels, reduces stress on the heart.

Taking Care of Your Heart

○ HYDRALAZINE/ISOSORBIDE DINITRATE

Widens blood vessels.

○ DIGOXIN

Helps the heart pump stronger
and slows fast heart rate.



With today's treatments, many people with heart failure can live **5–6 years longer** and spend more of that time feeling well. That's why it's so important to ask your care team if you are on all four of the key treatments.



Talk to your doctor about guideline directed medical therapy like ACE inhibitors, ARBs, ARNIs, beta blockers, MRAs, and SGLT2 inhibitors. These treatments can help you feel better, live longer, and strengthen your heart.



WHAT ABOUT HFPEF?

If you have Heart Failure with Preserved Ejection Fraction (HFpEF), your heart pumps normally but is stiff and doesn't fill well.

There are fewer proven medications for HFpEF, so treatment focuses on:

- Controlling blood pressure and fluid buildup
- Managing other conditions like diabetes, sleep apnea, or obesity
- Staying active and keeping a healthy weight
- Watching symptoms and working closely with your care team

Your doctor may still prescribe some of the same medicines, for example, SGLT2 inhibitors (dapagliflozin, empagliflozin) and mineralocorticoid receptor antagonists (MRAs) (spironolactone, finerenone), as these have been shown to improve outcomes and help the heart work more efficiently. ARNIs may also be considered in select patients, while diuretics are often used to manage fluid buildup.

What to Track: Your Heart, Kidneys, and Whole Health

Tracking your numbers and symptoms can help you catch small problems before they turn into big ones. It also helps your care team decide what treatments are best for you.



HEART FUNCTION

Weight (daily): Sudden weight gain can mean fluid buildup.

Heart Rate: Resting and active, if your care team asks you to.

NT-proBNP or BNP: A blood test that shows how stressed your heart is, higher numbers mean more strain.

Blood Pressure: Track both numbers, the top (systolic) and bottom (diastolic).

Ejection Fraction (EF): Shows how well your heart pumps blood, ask your doctor for your number.

Symptoms: Write down fatigue, shortness of breath, swelling, chest pain, or dizziness.



MENTAL AND EMOTIONAL HEALTH

Mood changes: Depression and anxiety are common with heart failure — watch for them.

Energy and focus: Notice if you feel extra tired or have trouble concentrating (“brain fog”).

Taking Care of Your Heart



OTHER HEALTH MARKERS

Oxygen levels: Use a pulse oximeter at home if your care team recommends it.

Sleep quality: Track sleep if you have sleep apnea or feel very tired.

Urination changes: Note any big changes in how often, how much, or the color.



Tip: Bring your notes to every appointment. This helps your care team spot changes and adjust your treatment if needed.



BLOOD WORK

Keeping an eye on your blood work helps you and your care team see how your heart, kidneys, and whole body are doing.

KIDNEY FUNCTION

- **Creatinine** shows how well your kidneys filter waste.
- **GFR (Glomerular Filtration Rate)** your kidney's overall function score.
- **Urine albumin** checks for protein leaking into urine, which can mean kidney stress.
- **Potassium management**
- **Renal function:** creatinine and eGFR

DIABETES MARKERS

- **Blood sugar (fasting or random)** shows current sugar levels.
- **HbA1c** your average blood sugar over about 3 months.

Taking Care of Your Heart

CHOLESTEROL AND LIPIDS

- LDL (“bad” cholesterol) lower is better
- HDL (“good” cholesterol) higher is better
- Total cholesterol overall number
- Triglycerides type of fat in your blood.
- Lp(a) (Lipoprotein(a)) a genetic marker that can raise heart disease risk.

ELECTROLYTES

- Sodium, potassium, magnesium is important if you take diuretics or other heart meds.

IRON AND BLOOD HEALTH

- Hemoglobin checks for anemia.
- Ferritin shows iron stores.
- TSAT (transferrin saturation) how well your body uses iron.



HOW TO TRACK YOUR HEALTH

- Use a notebook, phone app, or a printed chart.
- Weigh yourself in the morning after your first pee — this is your “dry weight”.
- Take your blood pressure sitting down, feet flat, after resting for 5 minutes.
- Write down symptoms or changes every day.
- Bring your log to every appointment.



Toolkit

Monitoring My Health

Keeping track of your health status is important to maintain a healthy heart and can help guide changes to your lifestyle or care plan.



BLOOD PRESSURE

My normal blood pressure is between

____ / ____ and

____ / ____ mmHG

If your blood pressure is consistently higher

than _____ mmHg* or lower than

_____ mmHg*, or you have a headache, or feel dizzy or faint, discuss this with your doctor or nurse.



HEART RATE

My normal heart rate is between

_____ and

_____ beats/min

If your heart rate is consistently higher than

____ beats/min* or lower than

_____ beats/min*, or you have a headache, or feel dizzy or faint, discuss this with your doctor or nurse.



WEIGHT

My normal weight is between

_____ and

_____ lbs

If your weight increases more than

____ lbs* in a day or

____ lbs* in a week then contact our doctor.

ADDITIONAL NOTES:

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.....

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.....

.....



Advice from People Like You

**Track changes,
not perfection.**

**Every
little step
counts!**



Heart Failure in Women

Heart failure can affect anyone, but women often face unique risks, symptoms, and challenges. Knowing these differences can help you and your care team spot problems early and choose the right treatments.



UNIQUE RISKS FOR WOMEN

PREGNANCY

Pregnancy complications such as preeclampsia, gestational hypertension, gestational diabetes, or peripartum cardiomyopathy increase long-term heart failure risk.

CANCER TREATMENTS

Cancer treatments (such as some chemotherapy and radiation used for breast cancer) may weaken the heart muscle.

MENOPAUSE

Menopause and the loss of estrogen can raise blood pressure, cholesterol, and artery stiffness, all linked to heart failure.

AUTOIMMUNE CONDITIONS

Autoimmune conditions like lupus or rheumatoid arthritis (more common in women) can affect the heart.

HeartLife Women



DIFFERENT SYMPTOMS

Women may experience less “classic” symptoms of heart failure. Common signs include:

- Swelling in the **hands, face, or abdomen** (not only the ankles and legs).
- Sudden weight gain, which may or may not be from fluid buildup.
- Crackling in the chest or feeling breathless without clear lung congestion.
- Fatigue, palpitations, or anxiety.

Because these symptoms are sometimes overlooked, women may be diagnosed later.



TREATMENT CONSIDERATIONS

- Women are **more likely to have HFpEF** (heart failure with preserved EF). Ask your doctor about treatments tailored to HFpEF.
- **Devices like cardiac resynchronization therapy (CRT)** may benefit women even more than men, but referrals are less common.
- Some medicines may affect women differently. If you are of childbearing age, talk to your doctor about safe medicines during pregnancy.

HeartLife Women



EMOTIONAL & SOCIAL HEALTH

Women with heart failure are more likely to also be caregivers, which can make self-care harder.

Anxiety and depression are common. If you are struggling, tell your care team — support is available.



ADDITIONAL HEART HEALTH COMMUNITIES

WOMEN@HEART (OTTAWA HEART INSTITUTE)

peer support from women with lived experience

→ ottawaheart.ca/patients-visitors/centres-and-programs/canadian-women-s-heart-health-centre

CANADIAN WOMEN'S HEART HEALTH ALLIANCE

education, advocacy, and peer programs

→ cwhha.ca

HEARTLIFE COMMUNITY

connect with women across Canada who share your journey

→ heartlife.com/women

Advice from People Like You

**HeartLife is more than
just a support system,**

**it's a
lifeline!**



Further Information

Peer Support & Community Academy

It may feel overwhelming to receive a heart disease diagnosis. You may not know where to start, but you're not alone in this journey.

HeartLife Foundation is here to help you find the community, resources, and support you need. Together, we form a caring network that understands your journey and offers hope, encouragement, and practical guidance.



HEARTLIFE FOUNDATION SUPPORT

HEARTLIFE FOUNDATION WEBSITE

A safe, welcoming space for patients and caregivers to connect and share experiences.

[→ heartlife.com](https://heartlife.com)

HEARTLIFE FOUNDATION FACEBOOK GROUP

Community support for heart patients and caregivers.

[→ facebook.com/groups/heartlifecanada](https://facebook.com/groups/heartlifecanada)



HEARTLIFE ACADEMY

Leading patient-led heart health community.

[→ heartlife.academy](https://heartlife.academy)

Further Information



ADDITIONAL HEART HEALTH COMMUNITIES

HEART AND STROKE FOUNDATION COMMUNITY CONNECT

Members-only Facebook groups for those living with heart disease.

→ heartandstroke.ca

CANADIAN WOMEN WITH HEART HEALTH ISSUES

Canadian women's lifestyle group dedicated to the support & information sharing about living with heart health issues.

→ facebook.com/groups

TED ROGERS CENTRE FOR HEART RESEARCH

Research Center for children, adults, and families through integrated research, education, and clinical care.

→ <https://tedrogersresearch.ca/>

CANADIAN HEART FAILURE SOCIETY

CHFS improves patient care through research, advocacy, education, and best practices in heart failure.

→ heartfailure.ca/patient-resources/patient-education-and-support-resources



Resources & Tools

Visit heartlife.com to download free tools and resources, join the community, or contact the foundation directly for personalized support. Many resources are available in multiple languages to serve Canada's diverse communities.



HEARTLIFE FOUNDATION RESOURCES

PATIENT MANAGEMENT TOOLS

MONITORING MY HEALTH

Track your health status to maintain a healthy heart and guide lifestyle or care plan changes.

HEALTH PASSPORT

Helps you track your metrics for easy access to medical care in cases of emergency.

SELF-MANAGEMENT TOOLS

Our Self-Management Tools are designed to empower individuals with heart health issues to take control of their well-being.

CHARTER OF RIGHTS

A Patient/Caregiver Charter outlines rights and responsibilities to support creating a National Standard of Care for Canadians with heart failure and their caregivers.

→ heartlife.com/clinic-resources/

ADDITIONAL RESOURCES

HEARTLIFE ACADEMY

A learning platform designed for those living with and caring for people with heart disease and heart failure.

→ heartlife.academy

PATIENT JOURNEY MAP

The patient journey map captures real stories, emotions, questions, and challenges heart failure patients experience throughout their care.

→ <https://heartlife.com/journey-map/>

NATIONAL HEART FAILURE POLICY FRAMEWORK

Strategy for tackling heart failure around 3 main pillars (Diagnosis/Screening, Management/Care, Research/Evaluation) to improve heart failure care.

→ heartlife.com/framework/

Glossary

ACE Inhibitors

Medicines that relax blood vessels and help your heart pump more easily.

ARNI

A heart failure medicine that helps your heart pump more easily and lowers pressure inside your heart.

Arrhythmia

An irregular heartbeat. It can make your heart pump less effectively.

Beta-blockers

Medicines that slow your heart rate so your heart doesn't have to work as hard.

BNP / NT-proBNP

Blood tests that show how stressed your heart is. Higher numbers can mean more fluid or strain.

Cardiac Amyloidosis

A rare condition where abnormal proteins build up in the heart and make it stiff.

Congenital Heart Disease (CHD)

Heart problems you're born with. Some people need surgery or special care as adults.

Creatinine

A blood test that shows kidney function. Higher levels can mean the kidneys are working harder.

Diuretic

A "water pill" that helps your body get rid of extra fluid so you can breathe easier and have less swelling.

Ejection Fraction (EF)

The percentage of blood your heart pumps out with each beat. A normal EF is about 50% or higher.

Ferritin

Shows how much iron your body has stored.

GFR (Glomerular Filtration Rate)

A test that shows how well your kidneys are working.

HCM / oHCM

Hypertrophic Cardiomyopathy — a thickened heart muscle that makes pumping harder. Obstructive HCM (oHCM) means the thick muscle blocks blood flow out of the heart.

Heart Failure (HF)

A condition where your heart can't pump blood well enough to meet your body's needs.

HbA1c

A blood test that shows your average blood sugar over about 3 months.

Hemoglobin

Shows if you have enough red blood cells to carry oxygen. Low levels mean anemia.

HFrEF / HFpEF

Types of heart failure. HFrEF means your heart doesn't pump well (reduced EF). HFpEF means your heart pumps normally but is too stiff to fill properly (preserved EF).

Lp(a) (Lipoprotein(a))

A type of cholesterol that can raise your risk of heart disease. It runs in families.

MRA (Mineralocorticoid Receptor Antagonist)

Helps your body get rid of extra salt and water and protects your heart from damage.

Glossary

Pulse Oximeter

A small device you put on your finger to check your oxygen level at home.

SGLT2 Inhibitors

A newer type of medicine that helps your heart and kidneys by removing extra sugar and fluid through urine.

Stroke

When blood flow to part of your brain is blocked. Heart failure can raise your risk of stroke.

TSAT (Transferrin Saturation)

Shows how well your body uses iron.

Urine Albumin

Checks for protein leaking into your urine, which can mean kidney stress.

Valvular Heart Disease

When one or more heart valves are leaky or narrowed. Makes the heart work harder.

Advice from People Like You

**Don't be
afraid**

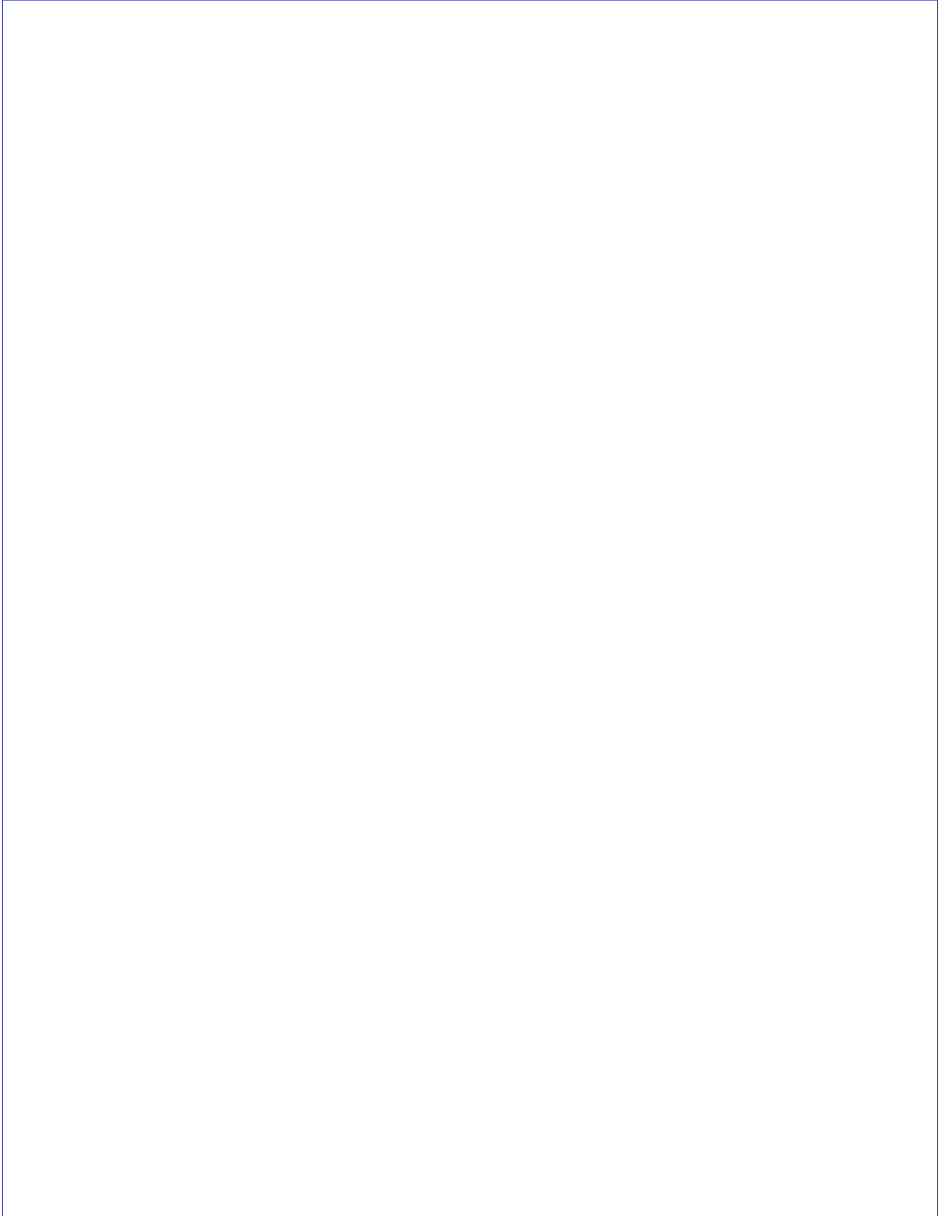
**to ask for help, from
your doctor, your
family, or HeartLife.**



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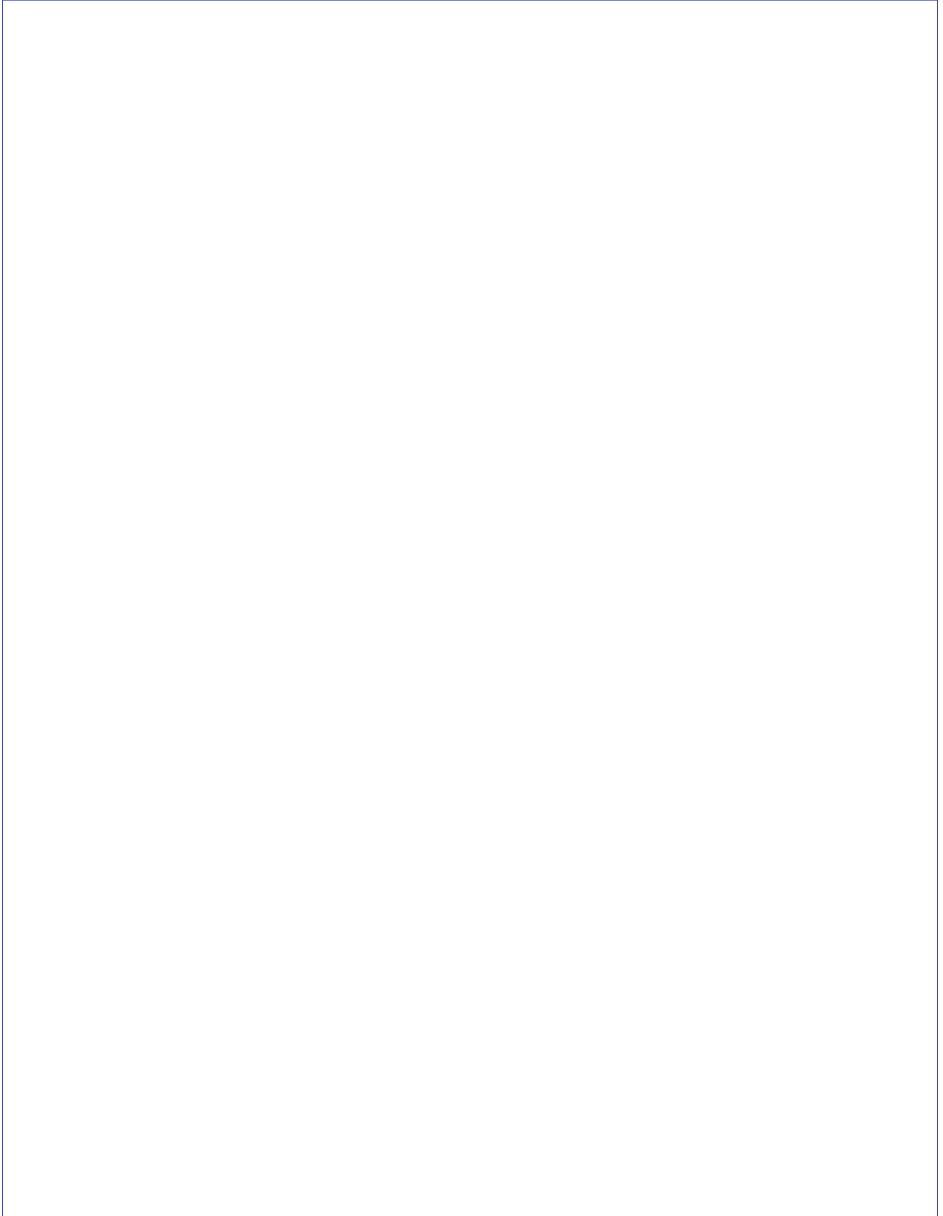
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