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Health Tips

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Health Tip: Congestive Heart Failure

When the word "failure" is attached to a particular organ, e.g. kidney failure, liver failure, heart failure, etc., it conjures up thoughts of a final or terminal phase in the function of the organ. In most instances of organ "failure", however, there is a variable period of time in which the function is diminished prior to the time that the organ ceases to function altogether. This is particularly true of congestive heart failure (CHF). Depending on the cause for the heart failure, the course may be acute and severe, but typically the "failing" heart keeps working, just not as efficiently as it should. At issue is the underlying cause for the heart failure and how effectively it is managed.

What causes CHF? The most common reasons for developing CHF include:

- Coronary artery disease which results in diminished blood flow to the heart muscle.
- Heart attack with the development of "scar tissue" which interferes with the normal pumping action of the heart.
- High blood pressure which causes the heart to have to pump against higher resistance.
- Disease or deformity of the heart valves.
- Congenital heart disease
- Infection of the heart muscle or valves.

As may be expected, when the CHF is related to an acute event such as a heart attack or an infection, the course may be more rapid than when it occurs in association with a long-standing problem such as hypertension. In most cases, CHF is a chronic, long-term condition.

What happens to the body with heart failure? In heart failure the pumping action of the heart is decreased. To compensate, the main pumping chambers

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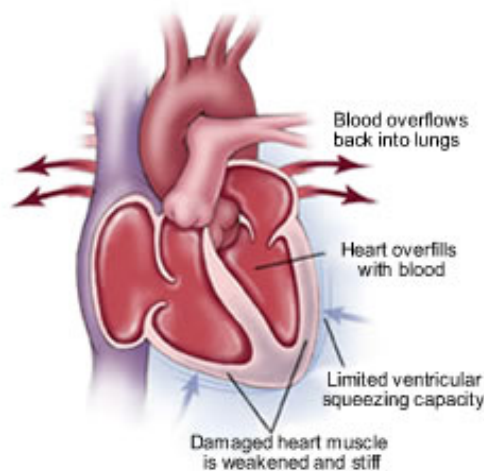
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(ventricles) of the heart dilate allowing them to pump more blood. Eventually, the heart muscle thickens (hypertrophy) and the heart rate increases in an effort to maintain normal blood flow. Increased pressure in the heart causes blood to back up into other areas of the body, including the lungs, lower legs and liver. This results in fluid passing from the blood stream into these organs and the extremities. Heart failure also affects the kidney's ability to dispose of sodium and water, further contributing to fluid overload.

What Are the Symptoms of Heart Failure? Symptoms of CHF vary, depending on whether the left or right side of the heart is primarily involved. With left sided heart failure, blood and fluid back up into the lungs causing shortness of breath, difficulty breathing when lying flat, and fatigue. With predominant right sided failure, blood and fluid back up causing swelling in the abdomen (ascites) and in the legs and feet (edema). Sometimes the heart failure affects both chambers of the heart with a blend of these symptoms. Other symptoms of CHF include rapid heartbeat, exercise intolerance, weight gain and persistent cough or wheezing with white or pink-tinged phlegm.

How is CHF diagnosed? Often, the diagnosis of CHF is suspected when the doctor hears a report of the typical symptoms---shortness of breath, swelling in the legs, etc. Listening to the lungs and heart with a stethoscope may reveal evidence of fluid backing up into the lungs or characteristic sounds that indicate that the heart is working excessively hard. A chest x-ray may demonstrate enlargement of the heart or show evidence of fluid backing up into the lungs. Beyond the history and physical examination, tests that can help confirm the diagnosis include the electrocardiogram, echocardiogram and [the radionuclide angiogram](#). The latter is a test done to determine the heart's "ejection fraction," a measure of the percentage of the heart's pumping volume compared with its total volume of blood.



How is CHF treated? A number of treatments are available that can help ease the workload of the heart and relieve symptoms. Lifestyle changes, medications, and surgery each play a role in the management of CHF. Beneficial lifestyle measures include not smoking, limiting alcohol consumption, eating a diet low in saturated fat and salt, and participating in a doctor-approved exercise program. A number of medications may be used, depending on the type of heart failure and its severity. The most common of these are diuretics (to help rid the body of extra fluid), digitalis, which strengthens the heart's pumping ability, ACE inhibitors, which reduce heart enlargement and improve heart function, and beta blockers, which can reduce the workload on the heart. Since hypertension is a leading cause for the development of CHF, use of

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medications to control blood pressure is highly important also. When coronary artery disease is contributing to the CHF, surgical procedures to open these arteries (angioplasty, stenting and coronary bypass) may be necessary. Other surgical treatments, depending on the underlying cause for the failure, include heart valve repair or replacement, correction of congenital heart defects, and pacemaker insertion.

Final word: The diagnosis of Congestive Heart Failure is not synonymous with a death sentence. In most cases, CHF can be managed with improvement in symptoms and in quality of life. For more on this condition, go to the [American Heart Association](#) section on Congestive Heart Failure.

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