

Heart failure: A call to action for community pharmacists

Part 1: recognising the symptoms of heart failure

With the NHS emerging from the pandemic, we are once more facing up to the unmet and ever-growing burden of heart failure. Around a million people currently live with the condition in England, with hospital admissions set to rise by 50 percent in the next 25 years.¹

Multidisciplinary teams working together to tackle heart failure in the community have a dramatic impact on patient outcomes. Community pharmacists are increasingly expected to play a part in these teams. Having a good knowledge of heart failure, a patient diagnosis pathway, and treatment allows you to play a vitally important role.

Heart failure patients and those at high risk of the condition frequently use your services. Good knowledge of heart failure can allow you to spot untreated cases, optimise patient treatment through medicine use reviews and the new medicine services, and ultimately save lives.

Spotting heart failure in the pharmacy

The definition of heart failure as provided by the European Society of Cardiology is as follows:

“Heart failure is not a single pathological diagnosis, but a clinical syndrome consisting of cardinal symptoms (e.g., breathlessness, ankle swelling, and fatigue) that may be accompanied by signs (e.g., elevated jugular venous pressure, pulmonary crackles, and peripheral oedema). It is due to a structural and/or functional abnormality of the heart that results in elevated intracardiac pressures and/or inadequate cardiac output at rest and/or during exercise.”²

Heart failure is a clinical syndrome which results from the heart not being able to pump enough blood to the rest of the body and can be the end consequence of any heart abnormality. It is the leading cause of hospital admissions in the over 65s and has high prevalence among those attending for regular review for long term illnesses such as diabetes, hypertension and chronic kidney disease.

¹ NICE. Chronic heart failure: Management of chronic heart failure in adults in primary and secondary care. August 2010.

² 2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure.

However, heart failure has a variety of different causes, with symptoms and clinical presentations that are often confused with long term co-morbid conditions such as asthma, chronic obstructive pulmonary disease (COPD), or other chronic respiratory conditions.

Due to this, opportunities for early diagnosis are often missed. Less than 10 percent of patients receive their heart failure diagnosis from their GP practice, with most cases being diagnosed in hospital.³

Knowing signs of worsening heart failure can also help you monitor the disease among existing patients. Therefore, being proactive, vigilant, and curious about the signs and symptoms of heart failure can help you refer or triage people to timely and life changing care.

Symptoms

Warnings signs and what to ask

Heart failure symptoms can occur rapidly or develop more gradually over a long-term period.

Someone with chronic heart failure may also have acute episodes of decompensation where their symptom burden increases.

When providing advanced pharmacy services or having over the counter interactions, make sure you and your pharmacy team use open questions to help you spot any red flags. For example, the main symptoms are:

- Breathlessness (particularly on exertion or when lying flat e.g. sleeping at night)

'Have you noticed yourself getting more out of breath recently?'

- Fatigue and a reduced tolerance for exercise. This is particularly important as you will often see people indicating that they have fatigue for conditions such as insomnia or when they have flu or cold.

'Have you noticed yourself getting more exhausted with less effort?'

- Swelling (particularly in the feet and ankles) as a result of fluid retention

'Are your shoes and socks feeling tighter or leaving marks?'

- Palpitations

'Have you noticed a rapid, fluttering or pounding heartbeat?'

³ Census wide data from a survey of 625 heart failure patients in 202 as part of the *Heart Failure: The hidden costs of late diagnosis*. Roche Diagnostics Limited, Pumping Marvellous 2020.

- Family history

'Has anyone in your immediate family ever had heart failure or other heart problems?'

- Having a family history of heart failure, or heart problems, particularly dilated cardiomyopathy raises the risk.

Also consider comorbidities when it comes to diagnosing heart disease:

- Nearly a third of patients admitted to hospital for heart failure have diabetes
- Just under 20 percent have chronic obstructive pulmonary disease (COPD)

Heart failure is most commonly mis-diagnosed as anxiety, asthma, stress, asthma, COPD or chest infections.

It's also worth being aware of the New York Heart Association (NYHA) Functional Classification, which provides a simple way of classifying the severity of heart failure symptoms.⁴ The classification is based on how much a patient is limited during daily physical activity.

- I No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea (shortness of breath).
- II Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea (shortness of breath).
- III Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation, or dyspnea.
- IV Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.

Working as part of a multidisciplinary team (MDT)

Building relationships with your GP and working as a multidisciplinary team (MDT) is important if we are to improve outcomes for individuals living with heart failure. Take some time to understand the Quality and Outcomes Framework (QOF) around heart failure which enables you to understand how you can support your GP practice.

You may wish to find out whether your local surgery has a register of heart failure patients and how you can support their care. Again, think about the prevalence of heart failure in your community; can you work with your ICB to initiate projects or funding that will help improve outcomes for patients with the condition?

⁴ [New York Heart Association Functional Classification - Wikipedia](#)

If you suspect a case, you should act

Knowing the symptoms and the comorbidities associated with heart failure can help transform a life. If you suspect a new case of heart failure, you should communicate your concern to the patient and encourage them to see their GP immediately.

*Alliance for Heart Failure
September 2023*

The Alliance for Heart Failure is a coalition of charities, patient groups, professional bodies and corporate members for the purpose of raising the profile of heart failure in Government, the NHS and the media.

The Alliance for Heart Failure is supported and funded by AstraZeneca UK, Boehringer Ingelheim Limited, Medtronic Limited, Novartis Pharmaceuticals UK Ltd, and Roche Diagnostics Ltd.

www.allianceforheartfailure.org