



Signs and Symptoms of Heart Failure

The diagnosis of HF is difficult because many of the signs and symptoms are neither sensitive nor specific. This is especially true when HF is in the early stages, when evaluating women, obese patients, the elderly or those with chronic obstructive pulmonary disease (COPD) and chronic kidney disease (CKD).

To help identify those patients at-risk for HF, there is a spectrum of co-morbidities that may predict the future development of HF. These include: hypertension, diabetes, and prior myocardial infarction. A review of new HF cases in BC suggests that 80% of individuals were previously diagnosed with hypertension, 40% with diabetes, and 45% with ischemic heart disease. On average, these co-morbidities were apparent 8, 6 and 4 years before their diagnosis of HF, respectively.

To confirm the diagnosis of HF, conduct a thorough medical history, physical examination and initial investigations (see Table 3). Use this information to identify potential causes for a patient's HF, any relevant co-morbid conditions or precipitating factors, and to serve as a baseline when assessing the impact of HF therapies.

<u>Signs</u>	<u>Symptoms</u>	<u>Red Flags</u>
<ul style="list-style-type: none"> ➤ Weight gain (2 kg (4 lb) in two days or 2.5 kg (5 lb) in 1 week ➤ Swelling and/or Abdominal bloating ➤ Peripheral Edema ➤ Extra heart sounds ➤ Plural Effusion ➤ Elevated JVP ➤ Ascites 	<ul style="list-style-type: none"> ➤ Fatigue ➤ Breathlessness ➤ Swelling of lower extremities ➤ Decreased exercise capacity ➤ paroxysmal nocturnal dyspnea ➤ Orthopnea ➤ Confusion ➤ Reduced appetite 	<ul style="list-style-type: none"> ➤ Systolic BP < 80 ➤ Sa O₂ , < 92% ➤ Tachycardia > 100 ➤ New onset Cyanosis <p style="text-align: center;">Apply O₂ Call 911</p> <p style="text-align: center;">And/or</p> <p style="text-align: center;">Refer to Acute care Hospital</p> <p style="text-align: center;">And /or</p> <p style="text-align: center;">Consult a Cardiologist</p>