

Recognizing signs and symptoms of acute HF

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Although heart failure is a chronic condition, acute exacerbations are frequent and occur with serious complications; patients with heart failure and their families can help improve prognosis in acute events if they are taught to recognise the tell-tale signs of worsening condition and seek immediate medical help. "Any delayed recognition of these signs is associated with an increased rate of hospitalisation and complications, including mortality," says Professor Ferenc Follath from the University Hospital of Zurich, Switzerland.

Speaking at [Heart Failure Congress 2009](#), Professor Follath explained that around two-thirds of these acute events occur in patients with known heart failure, and around one-third as a first event in those with undiagnosed heart failure.^{1,2} Recognition of the signs and [symptoms](#) of a worsening condition, therefore, will help minimise any delay in treatment and reduce complication rates.

Citing existing data, Professor Follath said that heart failure patients and their families should be on the alert for any evidence of the symptoms presented by patients admitted to hospital for emergency treatment. These symptoms include:

- shortness of breath (dyspnea), found to be evident in 92% of acute heart failure patients
- peripheral oedema (in 35%)

- cough (in 33%)
- breathing difficulty when lying flat (orthopnea, in 30%)
- chest pain (in 29%)
- nocturnal dyspnea (in 28%)
- fatigue (in 17%)
- palpitations (in 7%)

Shortness of breath, said Professor Follath, is by far the most common presenting symptom, and families should recognise that it can be described in various ways - from "suffocation" to "tight chest" to "heavy breathing". At the same time, he warned that many elderly patients with heart failure may have co-existing conditions with non-cardiac symptoms, and these may be misleading. Careful instruction, therefore, in a simple understandable way is essential to ensure early warning and speedy treatment.

An American study reported in 2008 found that patients hospitalised with acute heart failure had experienced considerable delays in seeking medical care (with an average delay time of 13.3 hours).³ Male sex, multiple presenting symptoms, absence of a history of heart failure, and seeking medical care between midnight and 6 a.m. were associated with prolonged prehospital delay.

"This is why it is so important to instruct patients and their families how to recognise the symptoms of acute heart failure," said Professor Follath, "to seek medical help without losing critical time of hours or even days before appropriate treatment can be started."

According to Professor John McMurray, President of the Heart Failure Association of the ESC, cases admitted to hospital for acute heart failure had until recently a very poor prognosis, but the better identification of symptoms - and thus their more appropriate treatment - have brought about a 40-50% reduction in mortality rates in a short time.

More information:

Follath F. Apprendre aux patients a reconnaître les signes d'alerte. 31 May 2009, 08.30-10.00 Heart Failure Congress 2009.

Goldberg RJ, Goldberg JH, Pruell S, et al. Delays in seeking [medical care](#) in hospitalized patients with decompensated heart failure. *Am J Med* 2008; 121: 212-218.

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