



HURLEY IN THE MORNING > PODCAST TRANSCRIPT

Heart Failure – Fact or Fiction

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FEATURED PROVIDER

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We have a great guest standing by on *Deborah Heart and Lung Center Presents*: Dionne Bademosi, Nurse Practitioner from Deborah Heart and Lung Center; Master of Science in Nursing, Wilmington University, New Castle, Delaware; Bachelor of Science in Nursing, Grand Canyon University in Phoenix, Arizona. And we have a very important topic this half hour on *Deborah Heart and Lung Center Presents* Dionne Bademosi, and it is heart failure. So it's one of the most serious topics you could possibly broach upon. Dionne, welcome. How are you?

Dionne Bademosi, APN

I'm good. How are you?

Harry Hurley

I am doing very well, and we've got a lot of important information to share with your listeners. On to the first question we go: Heart failure—is it a chronic disease, so you can get into that, whether that is so, and then a description of what is heart failure?

Dionne Bademosi, APN

So, heart failure isn't a chronic disease; it's actually a chronic syndrome. The name can sound scary, and it can also be a little misleading. Heart failure doesn't mean the heart has stopped working; it means the heart isn't pumping blood effectively enough to fill properly or keep the body's needs — to keep up with the body's needs, basically. So when heart failure — when you can't, when the body — when the heart can't keep up with these demands, people develop symptoms like shortness of breath, fatigue, swelling, or fluid buildup. These symptoms can change over time, and they may have periods where heart failure worsens. The good news, though, is that we have many effective treatments available today. With the right treatment, lifestyle changes, and ongoing care,

people with heart failure can manage their conditions and maintain a good quality of life for many years.

Harry Hurley

The topic this half hour on *Deborah Heart and Lung Center Presents* is, in fact, heart failure, so we're off and running with a very talented healthcare provider, Dionne Bademosi. And Dionne will be taking my questions on this important topic until about 35 minutes past the hour, and then John will rejoin the program in a split appearance here this morning on *Hurley in the Morning*.

Heart failure — this is another one of these: Is it fact or fiction? Does heart failure only affect the elderly? Who is at risk for heart failure?

Dionne Bademosi, APN

Well, this is — age is certainly a risk factor, but it's only part of the picture. So while heart failure is common as we get older, it can affect a person at any age. When we see heart failure in younger patients, we like to think about whether this could be an inherited or genetic component. So in these patients, genetic testing may need may identify like a heart mutation that's associated with like a muscle disease or cardiomyopathy. So even though we like to think that heart failure is increased risk with elderly, it's definitely something that does not only affect the elderly.

Harry Hurley

And Dionne, what are the causes of heart failure?

Dionne Bademosi, APN

The causes of heart failure are things such as high blood pressure, obesity, and coronary artery disease. One thing we like to say to our patients and we want people to understand is heart failure isn't really one single disease with one single cause. Many years of uncontrolled high blood pressure can make the heart work harder. Blocked arteries or previous heart attacks can damage the heart muscle. Diabetes and obesity can also increase the risk. There are other causes as well: valve disease, abnormal heart rhythms, genetic muscle disease, certain chemotherapy drugs, and inflammation conditions. And another condition, cardiac amyloidosis — cardiac amyloidosis can also lead to heart failure.

Harry Hurley

Dionne, is heredity — heredity a big issue here for folks if, say, a parent had this? Is this something that travels within the family?

Dionne Bademosi, APN

Yes, heredity is a big picture. So when we identify patients with an inherited gene, we do tell them that their first-degree relatives should see a cardiologist, they should get an echocardiogram done, and if indicated, they should have genetic testing as well.

Harry Hurley

Heart failure symptoms — for folks listening right now, what are the symptoms?

Dionne Bademosi, APN

So symptoms can be subtle at first, but shortness of breath is a big one, especially if you're suddenly getting winded doing things you normally do with no difficulty. We also look for things like swelling in the feet, the ankles, the legs, or the abdomen; rapid weight gain from fluid; unusual fatigue; if you have difficulty lying at night because of difficulty with breathing, or waking up with shortness of breath. Coughing can sometimes be a symptom of heart failure, a racing irregular heartbeat. Chest pain is one of them, but it's not a symptom that occurs with every person.

The big message, though, is just to know what's normal for you. If suddenly you get short of breath, your shoes don't fit because your feet are swollen, or you have like rapid weight gain, you should call your provider.

Harry Hurley

Wow, very, very important. And let me share with everyone, because we will share it throughout our time with Dionne this morning, and again, Dionne will be with us until about 9:35. To schedule an appointment at Deborah Heart and Lung Center, it's very, very simple to do. I will give you the phone number and I will also give you the website: 609-621-2080. That's 609-621-2080. Or you can go from any digital device, your smartphone, any laptop, desktop, you name it, iPad, whatever: demanddeborah.org. And you will see it's going to stare you right in the face. You will see, I believe it's a red, very, very visible hyperlink to schedule. And so you could do so either by the phone number I gave, 609-621-2080, or you can do so digitally and it works great: demanddeborah.org to request an appointment.

You are listening to Dionne Bademosi from Deborah Heart and Lung Center, and the topic this half hour is heart failure. I'm sure when people hear "heart failure," it just has to be incredibly scary because it almost sounds like heart failure means a death sentence or something. When someone hears the news that they have heart failure, they're dealing with heart failure, what would you say relative to that?

Dionne Bademosi, APN

So, I think in the past people have thought heart failure meant a death sentence, but it doesn't now. We have different medications, treatment options. We have implantable

devices now that have helped all of our patients with heart failure live longer and actually feel better.

Harry Hurley

So for somebody out there that hears this news and they're dealing with it, they can still have quality of life, and there is hope; it's not hopeless.

Dionne Bademosi, APN

No, it's definitely not hopeless. There's hope, and they can have a great quality of life.

Harry Hurley

Dionne, are there different types of heart failure?

Dionne Bademosi, APN

Yes. You can have someone tell you that your heart percentage or ejection fraction is abnormal, but like the different types of heart failure we see is patients who have a weakened heart that doesn't squeeze strongly enough — we call this one heart failure with reduced ejection fraction — and other patients have a heart that squeezes normal, but it's stiff; it doesn't relax or fill properly. This is heart failure with preserved ejection fraction. Heart failure can also primarily affect the right side of the heart, the left side of the heart, or both. So knowing which type of heart failure someone has is important because it helps us choose the right treatment.

Harry Hurley

Such important information. We're going to be right back. When we come back, the topic will be the stages: First, are there stages of heart failure, and what are they? We continue with our distinguished guest from Deborah Heart and Lung Center, Dionne Bademosi, visiting right here on the *Hurley in the Morning* program on *Deborah Heart and Lung Center Presents*. Today's discussion, a very important discussion about heart failure.

To schedule an appointment at Deborah Heart and Lung Center: 609-621-2080. 609-621-2080, simple to do; you'll get very, very fine service. demanddeborah.org. I mean, there are folks listening right now that do everything possible digitally on websites and on apps and things like that, and then there are people that prefer to dial a phone number and have the conversation. And by the way, when you do the 609-621-2080, it's effortless, the prompt to get you to scheduling. demanddeborah.org, same situation, very, very simple to navigate.

We will be right back with Dionne after this. It is the *Hurley in the Morning* program partnering with Deborah Heart and Lung Center. Back in a few.

Harry Hurley

It is 22 minutes past the hour, and it has been a real honor to present—and we have a lot more important content that Dionne will be sharing with you. It's a real honor to present Dionne Bademosi from Deborah Heart and Lung Center. The topic: very profound, serious, very important topic, heart failure, no joke, that we're doing this half hour. To schedule an appointment with Deborah Heart and Lung Center: 609-621-2080, or on the web at demanddeborah.org.

And we did tease it right before—and it's the only break that we'll take; we'll now go straight through until 9:35 with Dionne on the topic of heart failure. And the question that we teased right before the break, Dionne, was: Are there stages of heart failure, and if so, what are the stages?

Dionne Bademosi, APN

Yes, there are actually four stages of heart failure: A through D, and these stages are progressive. So Stage A means like you're at risk for heart failure like those previous risk factors with high blood pressure, diabetes, obesity, but you don't have heart failure. Stage B means we can see changes involving the heart, but the person doesn't have any symptoms. Stage C is when someone develops heart failure symptoms and we see those changes. And Stage D is advanced heart failure, and this is where the symptoms may continue despite our usual treatments. I just like to say it's really important that these stages are really important because we don't want to wait till someone is very sick to start protecting their heart.

Harry Hurley

So if you — you catch it — this is why it's so important for everyone that's listening to — because you know, you know your body. You know if that flight of stairs that you used to navigate with no problem at all, you maybe even ran up them, all of a sudden now you are heaving and wheezing. So you know yourself better than anybody possibly could. If you get early detection, early diagnosis, then that would be optimal for best results, correct?

Dionne Bademosi, APN

Correct. Early diagnosis is definitely the best.

Harry Hurley

Now if you got an early diagnosis and you were Stage 1, let's say, can you stay because of proper treatment — and I guess we'll get into some of it, you know, exercise, diet, proper diet, and things like that — if you do the right things in Stage 1, can you stay in Stage 1 and not advance?

Dionne Bademosi, APN

Yes, because again, it's progressive. So, you know, you can go in between stages—well, not stages, we can go in between functional classes. But yeah, so again, Stage A is just someone who has a risk factor. So if you're maintaining like basically taking your medications properly, you're treating your diabetes, you're treating your high blood pressure, then you may not progress to Stage B.

Harry Hurley

Great, which would mean you would have a normal life expectancy.

Dionne Bademosi, APN

Exactly.

Harry Hurley

You know what we didn't mention, and I'm just going to throw it in sort of as a wild card, and I know you deal with it all the time, Dionne: How about chest pain and/or palpitations? Could they be precursors to heart failure as well?

Dionne Bademosi, APN

They can. Chest pain and palpitations can be precursors. Another thing that I would like to consider, though, is it can be precursors to heart failure again because of the other risk factors like the irregular heartbeats and the coronary artery disease.

Harry Hurley

Got it. Now, when someone hears this news, heart failure, is that now forever, or could — if you did all the right things, could you exit heart failure status, or once you are in heart failure, is that the hand you now are dealt with and you play with?

Dionne Bademosi, APN

Well, we typically wouldn't say that someone doesn't have heart failure anymore. Once you're diagnosed with heart failure, you do have that diagnosis. And with certain treatment options, typically the medications that we treat with, people are on them for life, but again, they're used to help them from progressing, in a sense, and just to manage the symptoms and to manage the risk factors.

Harry Hurley

So your listeners have sort of a sense for what this would mean: If you have heart failure, what is your quality of life?

Dionne Bademosi, APN

Well, everybody with quality of — heart failure quality of life can be different. We do, again, maintaining a health — a heart-healthy diet, exercising. We recommend, you know, trying to stay active at least like 30 minutes a day, and knowing your body, because what one person with heart failure can do, another one may not, so it's definitely individualized. But again, like you said before, if you were able to go up that flight of stairs at a regular pace and now you're slowing down, you know, your fatigue, you can't get through your daily activities like you used to, it's very important to contact your provider.

Harry Hurley

So important. You are listening to Dionne Bademosi. The program is *Deborah Heart and Lung Center Presents*. The topic this half hour is heart failure. And you mentioned medication, and we sort of kind of got into—or you did; I'm just a spectator, you're doing all the work, and you're doing great. The treatment of heart failure, what does it consist of?

Dionne Bademosi, APN

So the treatment has changed tremendously. We have a combination of medications now that we refer to as our guideline-directed medical therapy. This is four medications that research have shown can keep patients with heart failure out of the hospital and actually help them live longer. Other treatments that are more personalized, depending on the patient: We may use implanted devices, procedures to address valve issues or abnormal rhythms, we have remote monitoring technology, and for advanced heart failure patients, there's therapy such as LVADs.

Harry Hurley

Dionne, let's talk about LVAD, because this, for those that have not heard of it — and I'm only because of the shows that we do for decades with this amazing hospital, Deborah Heart and Lung Center, am I aware of this battery-operated mechanical pump that that is implanted. I mean, this is — this is quite amazing, isn't it?

Dionne Bademosi, APN

It is cool. I like to think it's cool.

Harry Hurley

Talk about it. Tell us about it.

Dionne Bademosi, APN

So an LVAD is a left ventricular assist device. It's a mechanical pump that's surgically implanted to help a very weak heart circulate blood throughout the body. I like to explain it

by saying that an LVAD isn't replacing the heart; the patient's heart is still there, but the pump is helping it do the work it can no longer do well enough on its own.

Harry Hurley

And the LVAD is implanted, correct?

Dionne Bademosi, APN

Yes, it's a surgical implantation.

Harry Hurley

And I'm bringing that up because I remember Vice President Cheney — former Vice President Cheney became very famous. I mean, he's had — he had had heart conditions since he was in his 30s, and he lived a very, very, very long life, and towards the end he had sort of like a — like it was like a briefcase, and he had a whole device that he would have. Now that was external; now this left ventricular, this LVAD, is now surgically implanted, so it's next level, isn't it?

Dionne Bademosi, APN

It is. It is, but we have patients that live a long life—well, that live like a great life with their LVADs. We don't like to think of it as like we're just getting someone through surgery; we want to help them get back to living. So we have patients who's out enjoying their families, they're traveling, they're doing activities like that they weren't able to do when their heart failure was severe.

Harry Hurley

Who would be a good candidate for an LVAD?

Dionne Bademosi, APN

So LVADs are for carefully selected patients with advanced heart failure who remain very sick despite receiving the best medications and other treatments that we have available. And for some patients, the LVAD can support them while they're waiting for a heart transplant, and for other patients who aren't a transplant candidate or don't want a transplant, the LVAD can be a long-term therapy.

Harry Hurley

Wow. So that could be — and you wouldn't have to go that other route; you could stay with this?

Dionne Bademosi, APN

Yes, you can stay with an LVAD if that's what you choose.

Harry Hurley

Wow. What stage would someone be at that they would be a candidate for LVAD? Are we talking like a Stage 4 — I don't know, you were using letters before, would it be like a — ?

Dionne Bademosi, APN

So it would be a Stage D.

Harry Hurley

D.

Dionne Bademosi, APN

Yes. So a Stage D patient would be somebody that we figure like they would have symptoms of heart failure even at rest, so that would be like they would be short of breath at rest, they — yeah, so not just with activities, but just with sitting.

Harry Hurley

Oh, wow. And I know we're down — it's gone very, very quickly, but I knew it would be, and I knew how interesting and informative you would be, Dionne, and you've done a great job on this topic. It's such an important topic for our listeners to learn about, and I and I believe that there will be people saying, "Wow, you know, I'm I'm having some of these symptoms; let me give a call." And you should call 609-621-2080, if you prefer to use the website, demanddeborah.org, you can schedule an appointment.

How important is it for someone with heart failure to take their medications the way that you instruct them to do, to eat well, you know, low on the salt and this kind of stuff, and really do the right things? I mean, it would sound to me Captain Obvious, you know, reporting for duty, Dionne, but it would seem to me, you know, you can really help yourself by doing the right things.

Dionne Bademosi, APN

Yes. Again, because of the risk factors, you know, with the hypertension and diabetes, definitely taking your medications is extremely important. We also advise our patients to follow a low-sodium diet, so typically 2,000 milligrams of sodium a day or less. This includes limiting high-sodium foods like cold cuts, canned soups, canned foods, pizza, fast food. And we all—but I think one of the things that I wanted to address is a lot of people with heart failure feel like they can't drink. We try not to limit fluids; we limit sodium. Because the more sodium you eat, the more your body is going to hold on to fluid. So we want to limit sodium and not so much fluid, because we want to make sure the patients remain hydrated.

Harry Hurley

Two-minute drill, Dionne, and I think this is also very important, because when someone is dealing with heart failure, they might think, "I'm scared to exercise. I mean, I don't know what I can do safely, and, you know..." But exercise, regular exercise, is really important, isn't it?

Dionne Bademosi, APN

It is. I mean, we talked about people not being able to do what they normally would be able to do, but what I like to tell my patients, too, is if you don't use it, you lose it. So we definitely want you to work on increasing your physical activity. Try to set a goal. Try to maybe, you know, try to be active at least for 30 minutes, but if you're not really active at home, if you set a goal to increase activities like every five minutes a day to get to 30 minutes, that would be ideal. So then we know actually where your functional status is at, and you would know like, you know, "Can I not do this because of my heart failure, or just because I've been a couch potato?"

Harry Hurley

There you go. Good answer. Now Dionne, how important is it for folks to not smoke when they're in this situation?

Dionne Bademosi, APN

Well, again, looking at the functional limitations, we know smoking affects your lungs; it definitely can increase shortness of breath. Smoking also increases your risk for coronary artery disease, which is a heart—risk factor for heart failure, so not smoking is ideally the best option.

Harry Hurley

And final minute: In terms of the topic, heart failure, what would you like to say in closing to leave our listeners what's important for them to know about heart failure?

Dionne Bademosi, APN

So the biggest thing I would want people to know is that heart failure doesn't mean your heart has stopped, and it doesn't mean there's nothing we can do. We have ways to prevent and treat heart failure today more than ever before. And know your risk factors. Pay attention to changes in how you feel, and don't wait until your symptoms are severe to talk to your healthcare provider.

Harry Hurley

And Dionne, is it a fair comment if I were to say as a layperson that you can live many years with heart failure?

Dionne Bademosi, APN

Yes, that is a fair comment to say. You can live with heart failure.

Harry Hurley

And I really wanted to emphasize that, have you emphasize that, because "failure" to some people, the definition of the word, it seems final, like it's over, and that's not necessarily so at all. And in fact, if people do the right things and they stay on top of their medication, and like you said, they eat a low-sodium diet and they exercise and they do all these things, you can live many years, can't you?

Dionne Bademosi, APN

Yes, you can, with the proper diet, exercise, you can live for many years with heart failure, and taking your medications. Again, managing those risk factors are is big. You know, prevention is always the goal.

Harry Hurley

And that should be everyone's desire, you know, when you get news like this, you want to do all these right things so that you can have the longest life and have the best, highest quality of life.

Dionne Bademosi, APN

Exactly. Quality of life is very important.

Harry Hurley

Dionne, it was a privilege to present you. Thank you so much.

Dionne Bademosi, APN

Thank you. It was nice being on your show.

Harry Hurley

And I hope we do it again soon.

Dionne Bademosi, APN

All right, thank you.

Harry Hurley

Take good care.

Dionne Bademosi, APN

You too.

Harry Hurley

Bye now. That is Dionne Bademosi from Deborah Heart and Lung Center. To schedule an appointment, call 609-621-2080, or you can navigate on any digital device to the Deborah website at demanddeborah.org. That is a clinic. That is like a free symposium, "train the trainer," whatever, on heart failure. Great job, Dionne.