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TOPIC: HEART FAILURE

Title:

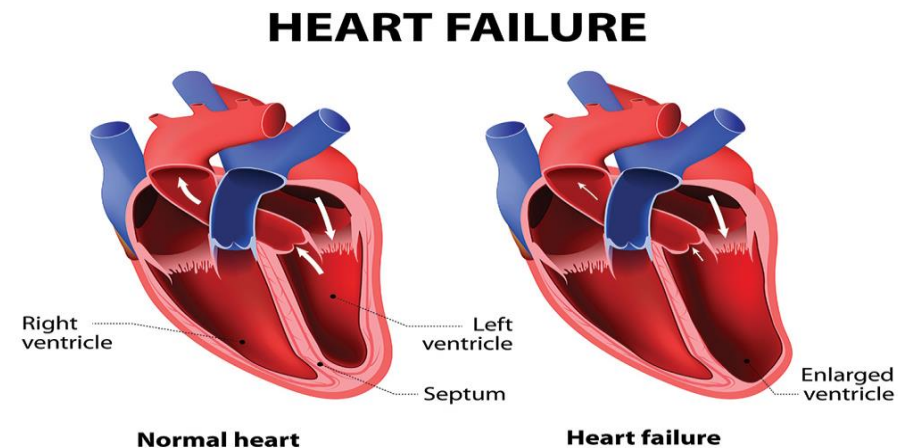
**Management of Chronic Heart Failure in the UK
using the Comprehensive Model of Personalised Care**



Focus group: Healthcare Professionals (Clinical Staff)

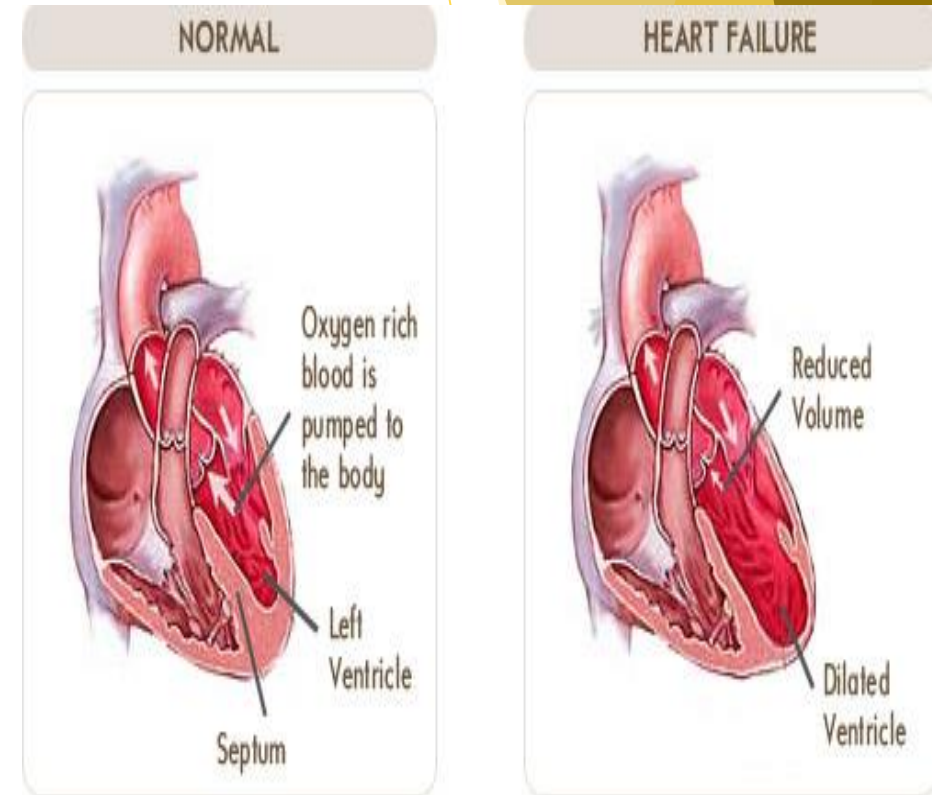
Introduction

- *Heart failure is a long-term condition where the heart does not pump blood as well as it should, which can lead to problems like difficulty breathing, feeling tired, and swelling.*
- *It is a big issue in the UK because it is very common and it leads to a lot of visits to the hospital and it affects people's lives a lot.*
- *This talk will explain the challenges facing the management of heart failure and how better results can be achieved through better and more organized patient-focused care.*
- *It links to the concept of personalized care by demonstrating the value of tailored assistance, making decisions with the patient present.*



Overview and Definition

- ▶ *Heart failure refers to a set of symptoms that occur when the heart is unable to pump sufficient blood to meet the body's needs (Piñeiro-Fernández et al., 2022).*
- ▶ *It is categorised into two main types: Heart Failure with Reduced Ejection Fraction (HFrEF), where the heart's pumping ability is weakened (Hickmann et al., 2022).*
- ▶ *Heart Failure with Preserved Ejection Fraction (HFpEF), where the heart contracts normally but is too stiff to fill adequately (Piñeiro-Fernández et al., 2022)*



Symptoms and Aetiology

- ▶ *Shortness of breath, fatigue, swelling of the legs and ankles, persistent coughing, rapid heartbeat, and difficulty exercising are some of the common manifestations.*
- ▶ *Patients often encounter some form of sudden weight gain, abdominal swelling due to fluid accumulation, and diminished capability related to daily activities because of inadequate circulation (Piñeiro-Fernández et al., 2022).*
- ▶ *The causes include coronary artery disease, hypertension, myocardial infarction, cardiomyopathy, valvular heart disease, and arrhythmias.*
- ▶ *These factors contribute to impaired blood flow, initiate neurohormonal responses, and fluid retention, which collectively reduce the heart's ability to function effectively.*



Prevalence in the UK and Worldwide

- ▶ *• Heart failure is one of the most prevalent long-term conditions that have been managed in primary and secondary health care currently, with an estimated one million people living with the condition in the UK (Bogerd et al., 2024)*
- ▶ *• The prevalence rate is greater than 60 million worldwide and the figures keep on increasing because of the population ageing, surviving heart attacks, and the factor of more risk factors like diabetes and obesity (Howard et al., 2022)*
- ▶ *It is as well a major cause of unplanned hospitalization.*
- ▶ *The healthcare systems burden of heart failure will continue to rise even more as life expectancy rises.*

Signs of Heart Failure and Congestive Heart Failure



Chest pain (especially during exertion)



Shortness of breath



Dizziness/ lightheadedness



Swelling of legs, hands, and feet



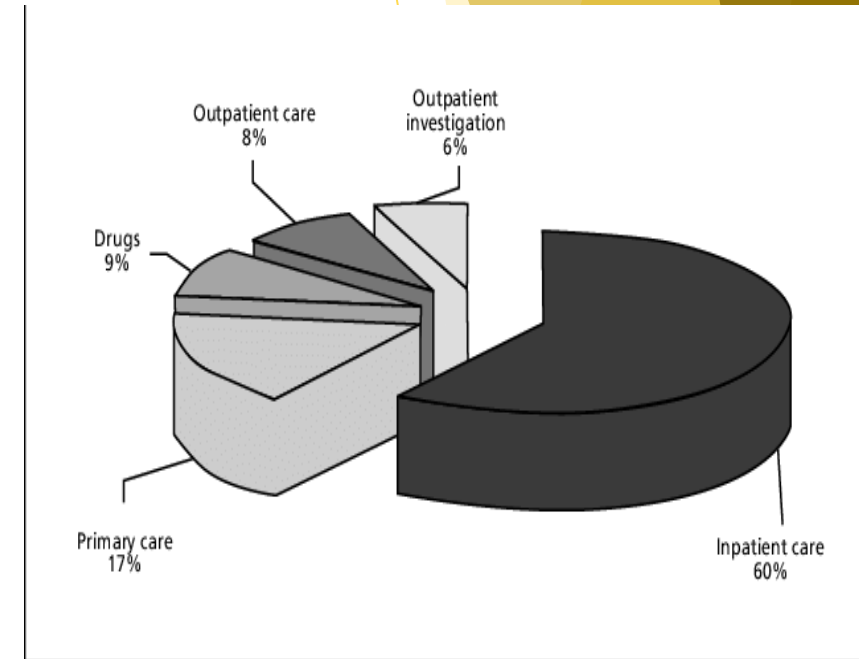
Sudden weight gain



Sudden fatigue or weakness

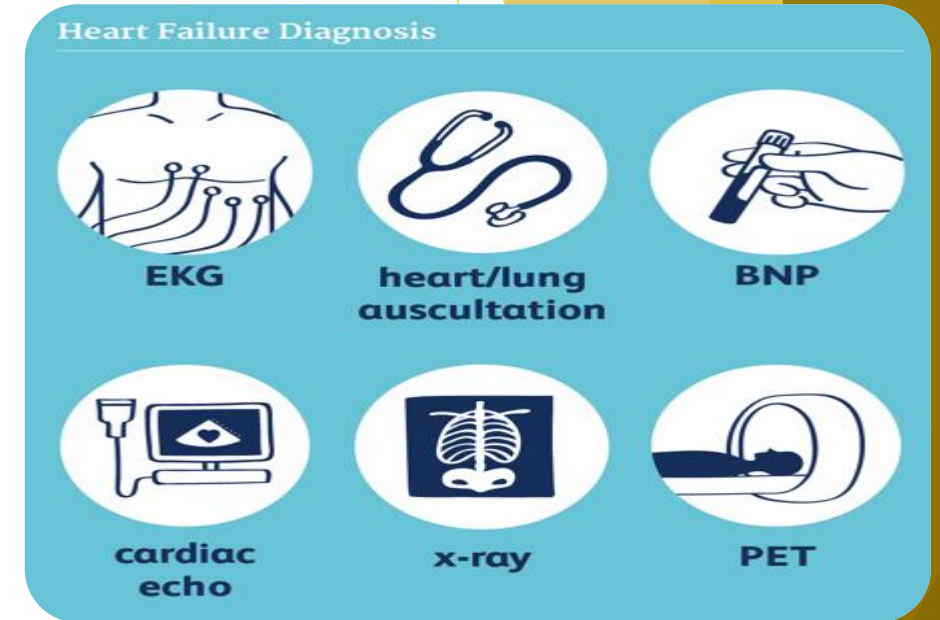
Economic and Social Burden

- ▶ *Heart failure is a serious condition which has a big effect on both the economy and society in the UK (Bibbins-Domingo et al., 2022).*
- ▶ *It is one of the costliest long term health problems for the NHS (Hanssen et al., 2022).*
- ▶ *It is primarily due to frequent and prolonged stays in the hospital, taking up the bulk of the costs (Zhang and Kamel Boulos, 2023).*
- ▶ *Many people with heart failure end up being admitted to hospital more than once without being planned for, and this puts a lot of pressure on hospitals and emergency care services.*
- ▶ *Apart from the money involved, heart failure can make daily life more difficult, independence can be reduced and affect emotional health.*



Diagnosis and Initial Assessment

- ▶ *In the UK, the way doctors diagnose and check for heart failure follows a set of guidelines called NG106, which was made by the National Institute for Health and Clinical Excellence (NICE) (Mitchell et al., 2025).*
- ▶ *These guidelines help find heart failure early and make sure the right kind is identified (Hickmann et al., 2022).*
- ▶ *If the results are high, it shows the heart is not working well and they need to be referred for more care quickly.*
- ▶ *An ECG is also recommended to check for unusual heartbeats, past heart attacks, or issues with the heart's structure.*



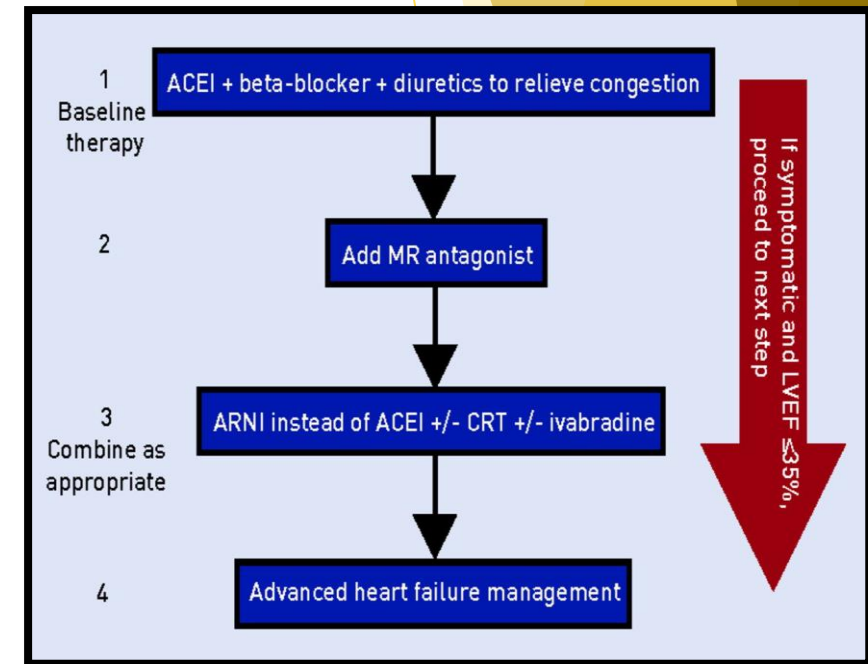
Management of Heart Failure Using UK Guidance & Models of Care

► *In the UK, management of heart failure is based on NICE who has made recommendations based on the use of proven treatments and care which is tailored to the individual patient (Taylor et al., 2023).*

► *A team of different healthcare professionals including cardiologists, heart failure nurses, general practitioners, pharmacists and other healthcare professionals work together to provide full support (Lemp et al., 2022).*

► *Heart failure specialist nurses in the community are particularly important as they will help manage symptoms, ensure medicines are working well, help patients understand how to look after themselves at home and encourage them to look after their health.*

► *Such an organized model guarantees that patients get an integrated, person-centred care in both hospital and community environments to enhance their quality of life and long-term consequences.*



Treatment Options in the United Kingdom

► *Managing chronic heart failure needs a mix of medicines, lifestyle changes, devices, and other treatments (Ramachandran et al., 2022).*

► *Some important medicines are ACE inhibitors, which help the heart work easier, beta-blockers that help with living longer and feeling better (Liu et al., 2022).*

► *ARNIs which help control the body's hormones better, MRAs that prevent fluid from building up, and SGLT2 inhibitors that work well for both kinds of heart failure.*

► *Other ways to help include teaching patients about their condition, encouraging them to check their own health, and making diet changes like eating less salt.*



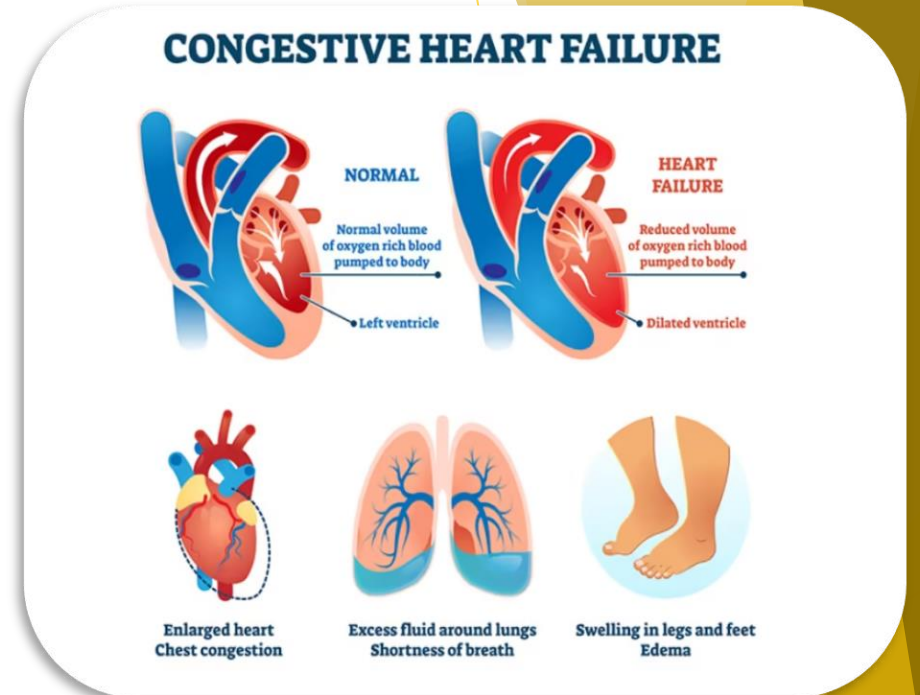
Comorbidities

► *Comorbidities are quite common in folks who have chronic heart failure and can have a significant impact on how well they do and on how hard it is to treat their condition, as well as how they feel in general (Lip et al., 2022).*

► *Diabetes makes a higher chance to have heart problems and also it can make it harder to take medicines properly (McCann et al., 2024).*

► *Chronic obstructive pulmonary disease or, for short, COPD, can make it harder to breathe and to do as much activity as a person can do.*

► *Chronic kidney disease impacts upon how the body deals with fluids and can limit which medicines are safe to use for heart failure.*



Prevention of Heart Failure

▶ *Preventing chronic heart failure through primary and secondary prevention. Primary prevention attempts to reduce the risk by controlling high blood pressure, cholesterol level, quitting smoking, eating well, being active, and treating diseases such as diabetes and coronary heart disease at an early stage (Ladwig et al., 2022).*

▶ *This includes the following medications, making lifestyle changes, regular check-ups, and using proven treatments (Moore et al., 2022).*

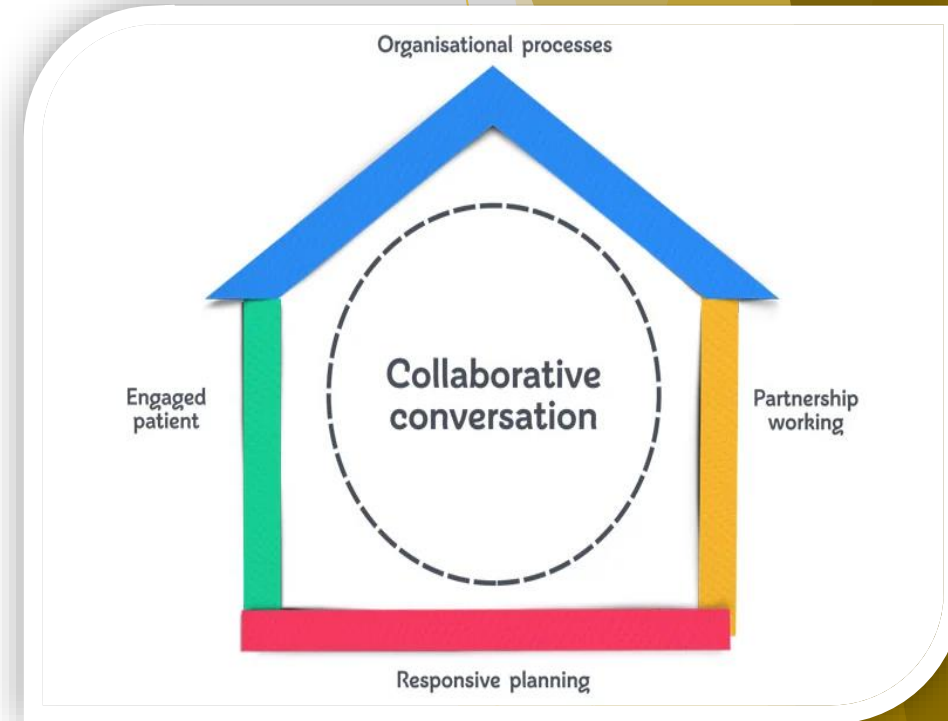
▶ *At the population level, public health efforts involve educating the population, health screening for heart disease risk, and encouraging healthful behaviors.*

▶ *These methods help to reduce the number of cases, how severe the condition is and how often people end up in the hospital.*



Suitable Model of Care

- ▶ *The House of Care Model is a model for personal and co-ordinated care for chronic conditions, such as heart failure (Taylor et al., 2023).*
- ▶ *It is based on working with patients, their careers and healthcare providers to plan and manage care (O'Sullivan et al., 2024).*
- ▶ *In the case of heart failure, this model makes it easier to develop care plans, encourage the patient to manage his or her own health, have a team of healthcare professionals working on the issue, and monitor the condition through community heart failure teams.*
- ▶ *This approach leads to better patient involvement, better adherence to treatment plans, fewer hospital visits, and improved quality of life.*



Skills, Values & Behaviours for Co-productive Care

- ▶ *Effective co-productive care for heart failure requires a combination of specific skills and also values and behaviors (van de Veerdonk et al., 2023).*
- ▶ *Active listening helps clinicians gain an understanding of the patient's worrying, goals and experience, helping build trust and improve assessments.*
- ▶ *Motivational interviewing helps encourage patients to make positive changes, such as taking their medication, making healthy lifestyle choices and managing their condition, themselves.*
- ▶ *Cultural competence is being respectful of the different beliefs, values, and preferences of different people, ensuring healthcare professionals give appropriate and acceptable healthcare.*



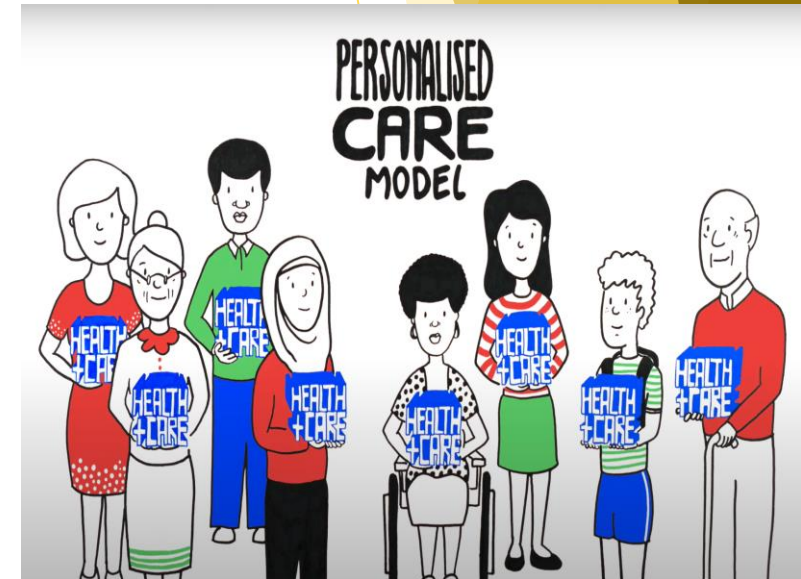
Recommendations Using the Comprehensive Model of Personalised Care

- ▶ *The Comprehensive Model of Personalised Care can be utilized in its entirety in the treatment of heart failure through six major parts (Kuan et al., 2022).*
- ▶ *Shared decision making is a way for patients to participate in the selection of their health care treatment by weighing risks, benefits and their own preferences.*
- ▶ *Personalised care planning develops individual planning according to the patient's symptoms and other health problems and lifestyle.*
- ▶ *Enabling choice enables patients to make their own choices about the most suitable care setting, treatments and support services for them.*



Conclusion

- ▶ *Chronic heart failure is a complicated condition, and affects people in many ways - medically, financially, and socially.*
- ▶ *Managing it well involves early detection, taking medicines or other treatments as the guidelines require, and exercising attention to other potential health problems that patients might have.*
- ▶ *Personalized care as demonstrated in the Comprehensive Model of Personalized Care and the House of Care framework emphasize on shared decision-making, customized support, self-management and teamwork among different healthcare providers.*
- ▶ *Using these methods can help assist the patient in being more adherent to their treatment, reduce visits to the hospital and making their quality of life better and also give the patient greater control of their health.*



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Thank You

