

# Heart Failure Newsletter



## September 2021

## Salutations!

We created this heart failure (HF) newsletter to help you stay connected with us, provide general HF resources and share delicious low-salt recipes. Our goal is for you to lead a healthy lifestyle, better adhere to medical advice and receive the latest in HF information. If you attended the HF support group in the past, this newsletter is currently replacing inperson meetings during COVID-19. If you are new to our HF clinic and this is your first newsletter, welcome!



## Welcome new Heart Failure Director, Dr. David Miranda

The CentraCare Heart & Vascular Clinic (CCHVC) is excited to welcome David Miranda, MD, as our new HF director. Dr. Jamie Pelzel has done an extraordinary job over the past 11 years developing and growing the CCHVC HF program. He continues to see heart failure patients in clinic and hospital but is ready to pass the torch of HF director to one of his colleagues. Dr. David Miranda joined CCHVC in 2019. He specializes in cardiovascular disease and is board certified in advanced heart failure and transplant cardiology, cardiovascular disease, and internal medicine. He is a native of Costa Rica but did the majority of his cardiology training in Minnesota. His areas of expertise are heart failure, advanced heart failure, mechanical support, cardio-oncology, remote monitoring, and readmissions. Dr. Miranda most enjoys being an advanced heart failure cardiologist because he can work with patients to build a plan that helps them regain a wonderful quality of life. Please join us in welcoming him in his new role.

# Coping with Your Heart Failure Diagnosis

A new diagnosis — particularly one that includes the word "failure" — can be overwhelming. After receiving the diagnosis, it is important to take note of signs that might indicate you are not coping well. These indicators could be:

- **Emotional** (e.g., apathy, anxiety, irritability, mental fatigue, denial)
- **Behavioral** (social isolation, alcohol, tobacco, or other chemical use, poor personal hygiene, late to work)
- Physical (preoccupation with illness, headache, insomnia, stomach upset)

If are experiencing these indicators with greater intensity, it can be beneficial to look at ways to cope with stress. While there is no one right way to cope with a new diagnosis, many people find the following helpful:

- Relaxation skills: Deep breathing, time in nature, meditation, etc.
- **Enjoyable activities**: What hobbies do you enjoy? With whom do you like to spend your time? Have you connected with your spiritual practice regularly?
- **Challenge unhelpful thoughts**: Warning words include things like: always, never, nothing, everything (e.g., "I'll NEVER be able to follow a fluid restriction.").
- Focus on one thing at a time but make sure you focus on something you can control! Some people might start by focusing on taking their medications consistently. For others, it is about weighing every day. Pick a behavior that is under your control and that will have a positive impact on your health.

Remember that you don't have to do this alone — your HF team is here to help support you.

## Fluid Restrictions

If you have been placed on a fluid restriction (FR), you will need to account for all fluid consumed on a daily basis. Most often, the FR limit is 8 cups (2 L) per day or 64 ounces (2,000 ml) per day. If you have been instructed otherwise (less or more), please adhere to your individual daily allowance.

List of foods that count as part of your daily fluid allowance:

- Milk
- Water
- Gelatin
- Popsicle
- Carbonated beverages/pop
- Sherbet
- Coffee and tea
- Yogurt
- Ice (melt down & measure)
- Ice cream
- · Milk shakes
- Juice
- Fruit drinks (lemonade, etc.)
- Soup/broth
- Pudding
- Liquor

#### Tips for controlling your fluid intake:

- Keep track of the amount of liquid you eat and drink.
- Drink only when you are thirsty. Do not drink from habit or to be social.
- Drink from small cups and glasses.
- Use hard sour candy or gum. They will moisten your mouth and help decrease your desire for liquids. (Sugar-free products are sometimes better.)
- Add a little lemon to water or ice. The sour taste will help quench your thirst.
- Try cold fruits and vegetables to quench your thirst (frozen grapes or blueberries).
- Diabetics can control fluid intake better if blood sugars are kept under control.
- Follow your low-sodium diet as salty foods will make you thirsty.

# Nutrition Label Reading for HF

The CCHVC recommends less than 2000 mg of sodium a day for HF patients. How do you adhere to this recommendation when so many foods contain sodium? A simple tip for choosing lower sodium food is to compare the number of calories to milligrams of sodium in a serving of food! Try to choose foods that have  $\leq$  1:1 ratio of sodium mg to calories. If the amount of sodium is less than the calories, it's a win! Take a look at the comparison of Nutrition Facts labels pictured below. The first one shows a food item aligning with this recommendation, while the second one does not.

Nutrition information courtesy of Pritikin Intensive Cardiac Rehab (ICR).





# **Great Low-Salt Recipes**

## **Turkey Meat Loaf**

Recipe by Taste of Home Total time: Prep: 15 min. Bake: 1 hour + standing YIELD: 10 servings.

## Ingredients

- 1 cup quick-cooking oats
- 1 medium onion, chopped
- 1/2 cup shredded carrot
- 1/2 cup fat-free milk
- 1/4 cup egg substitute
- 2 tablespoons ketchup
- 1 teaspoon garlic powder
- 1/4 teaspoon pepper
- 2 pounds lean ground turkey

### Topping ingredients

- 1/4 cup ketchup
- 1/4 cup quick-cooking oats

#### **Directions**

Preheat oven to 350°. Combine first 8 ingredients. Add turkey; mix lightly but thoroughly. Transfer to a 9x5-in. loaf pan coated with cooking spray. Mix topping ingredients; spread over loaf. Bake until a thermometer reads 165°, 60-65 minutes. Let stand 10 minutes before slicing.

### **Nutrition Facts**

1 slice: 195 calories, 8g fat (2g saturated fat), 63mg cholesterol, 188mg sodium, 12g carbohydrate (4g sugars, 1g fiber), 20g protein. **Diabetic Exchanges:** 3 lean meat, 1 starch.

# **Easy Lemon Pepper Chicken and Asparagus Ingredients**

- 4-7 oz chicken breasts cut in half
- Salt-free lemon pepper seasoning
- Flour (can use almond flour for less carbohydrates or gluten free)
- 2 lemons
- 1 bunch asparagus
- 2-3 Tablespoons oil to pan-fry

#### **Directions**

Cut off asparagus base ends and chop into 1-1/2" spears. Cut lemons in  $\frac{1}{4}$ " slices. Put both aside for later. Cut chicken breasts in half lengthwise. Dust with flour. In large frying pan, place oil in the bottom of pan. Place chicken breasts in pan. Fry on medium heat, turning at least once until internal temperature reaches 165 degrees F. Sprinkle salt-free lemon pepper seasoning on both sides of chicken to taste. Remove from pan and keep warm. Leave oil in pan. Fry asparagus in pan until desired firmness — may need to add a little oil to prevent burning. Set aside and keep warm. Place the sliced lemons on bottom of pan and fry for 1-2 minutes until turning slightly brown. Serve lemon on top of chicken over the asparagus. Enjoy! Sodium: About 75 mg per  $\frac{1}{2}$  chicken breast (approx. 3.5 oz). Recipe makes 8 servings.

# Past and Upcoming Newsletters

If you are new to the HF Clinic and wish to receive our previous newsletters, go to CentraCare.com and search: heart failure. You will find past issues on the HF web page. You can also request a paper copy in the clinic or call 320-656-7020. Ask for a HF nurse to mail a copy to you. In our upcoming newsletters, we will give more information about HF guidelines, resources, recipes and tips for day-to-day living with heart failure as a chronic condition.



For more information and resources, please visit <a href="CentraCare.com">CentraCare.com</a>. Search: Heart Failure

To contact the Heart Failure Clinic call 320-656-7020. Operating hours are 8 a.m. to 4:30 p.m., Monday - Friday. Closed on weekends and major holidays.

Questions or comments? Contact Nancy Romness, BSN, CHFN, Heart Failure Monitoring Core Charge Nurse on her work cell: 320-470-0760.

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