

**Additional Q&A
Ask the Expert Webinar
David Kopin, MD
Best Practices for Managing Heart Failure
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Blood pressure

Is erratic blood pressure a symptom of heart failure?

No. Erratic blood pressure is typically not a symptom of heart failure.

Does a slow sleeping/resting heart rate of 45 – 50 bpm provide a benefit for blood pressure, or is it irrelevant?

I am not aware of a strong relationship between resting heart rate and blood pressure.

Why would a patient have a normal blood pressure at home, but very high blood pressure at the doctor's office (for example, 165 – 180)?

Normal blood pressure at home that is elevated in the doctor's office is very common and termed "white coat hypertension." Thankfully, this does not significantly increase the risk of heart disease.

I am supposed to check my blood pressure daily, but I'm frustrated with the inaccuracy of the equipment I have. Can I learn how to use a bulb measuring tool on myself?

I typically have good luck with the Omron blood pressure cuffs that go on the upper arm. Alternatively, you can learn to measure your blood pressure with a manual cuff and stethoscope, but you will probably need to have someone teach you how to do it (maybe a friend who is a nurse, doctor or medical assistant).

Sleep/sleep apnea

How many hours of sleep a night is beneficial for someone with congestive heart failure?

Everyone's sleep requirement is slightly different, but I would generally recommend 7 to 9 hours of sleep.



What is the difference between shortness of breath and apnea?

Shortness of breath is typically used to describe a symptom during the day when you are awake. Apnea describes a situation in which you actually stop breathing and is usually used to describe someone with sleep apnea (i.e., intermittently you stop breathing while sleeping).

Medications

How frequently should potassium be checked if you are on congestive heart failure medications?

It depends on exactly which medications you're on and whether there have been potassium problems in the past (on prior blood work), but a general rule is twice per year (assuming clinical stability).

Do you recommend amiodarone?

In certain situations, amiodarone can be a good choice. However, amiodarone does have the possibility for long-term toxicity; therefore, I usually use this medication only if there are no other options.

Stents

How long does a stent last?

Stents can last for a very long time. There is a failure rate of about 5% in the first year, but if the stent works well for at least one year, then data suggests the stent will last at least 15 years (probably longer). It is very important to make sure you live a healthy lifestyle and keep your risk factors under good control to maximize stent longevity.

Other

Is a low resting heart rate without symptoms – 40 or 50 bpm – concerning?

Typically this is not concerning, but I would make sure you discuss this with your doctor and get an ECG to ensure the heart rhythm is normal.



My family has a genetic risk of heart disease. Is sudden death from a heart attack predictable?

We do have the ability to predict the risk of heart disease by using all of your risk factors and sometimes getting a test to look at plaque buildup. If you are high risk, we can preemptively treat it with medications to prevent heart disease and therefore prevent heart attacks.

Are there any other chronic conditions that can lead to heart failure, like viruses or fungal problems?

The only chronic virus that comes to mind that can lead to heart failure is HIV. Most of the time when a virus causes heart failure, it is acute and not chronic (e.g., myocarditis). This can happen with viruses such as flu or COVID-19. I am not aware of fungal infections directly causing heart failure.

What level of partial blockage is concerning enough to seek therapies beyond lifestyle and diet change?

This is a complicated question with too many variables to answer without knowing specifics. I recommend making an appointment or talking with your doctor.

What are the relative merits of freezing vs. burning ablation?

Radiofrequency (burning) and cryoablation (freezing) are both effective. I would defer to the electrophysiologist to make the final decision on which is the best method for each individual patient.

If atrial fibrillation (AFib) is successfully treated by cardioversion? What is the likelihood that it will return?

It depends on how well the other risk factors for AFib are managed (e.g., obesity, sleep apnea, alcohol use) and the other details of the cardiac problems. Some patients will go many years without recurrence of AFib after a cardioversion.

What are the best tests to detect blockages for patients allergic to contrast dye?

The options are to:

- Use a pretreatment medication to treat the allergy temporarily, which will allow us to use contrast dye and do a CT scan or heart catheterization
- Perform a nuclear stress test



Is there a resource/support group for people with heart failure?

I am not aware of one associated with Inova, but check out these two resources:

- HeartFailureMatters.org
- MendedHearts.org

Is congestive heart failure related to valve leakage?

It certainly can be related to valve regurgitation (leakage). An echocardiogram should be able to evaluate this.

Does Medicare pay for the test you need to diagnose congestive heart failure?

Usually it does, but I would check with your insurance company about the specific test that your doctor has ordered.