

Create an
action plan
for each heart
failure zone

P. 7

Whip up easy,
cardio-friendly
meals!

P. 20

Health Monitor[®]

Living

m



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“I’m living
my purpose—
and making
memories!”

Heart Failure

Yvonne Pierre and her doctors were unsure if she'd ever leave the hospital after a devastating heart attack. But through the help of her medical team, family and treatment plan, she's now running 5Ks and inspiring others.

REVIEWED BY





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“I’m not going anywhere!”

Yvonne Pierre and her doctors were unsure if she’d ever leave the hospital after her heart attack. But through the help of her medical team, family and treatment plan, she’s now running 5Ks and inspiring others

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Cover photo by Bonnie Heath Photography



YOUR BEST DAYS ARE STILL AHEAD!

Black persons are at the highest risk for heart failure, so find out where you stand, and rest assured that if you have the disease, today’s treatments can help you say yes to everything—and everybody—you love!



With a family history of heart issues and hypertension, Paul S. knew he needed to keep himself healthy. He made a conscious effort to stay active

by playing pickleball and rounds of golf with his friends, but once he got sick with the flu, he fell off his routine. “I felt so exhausted all the time, but I didn’t think much of it,” he says.

On top of the fatigue, the 64-year-old engineer from Texas suddenly started feeling short of breath just walking to his car and would get lightheaded whenever he bent down to tie his shoe. He knew something was off. “My younger sister died of a heart attack just a couple of

years ago, but I was in denial and didn’t think it could happen to me,” he says.

Paul confided in his wife, Sarah, about his symptoms. Worried, she encouraged him to make an appointment to see his doctor.

“I told my doctor about my shortness of breath and lightheadedness and went over my family history again. He ordered an echocardiogram to find out my ejection fraction [the measure of how much blood the heart can pump] and when he got the results, he told me I had heart failure. He explained that my ejection fraction was at 20%—way below the normal EF, which is over 50%,” he says.

To help his heart pump blood better, Paul’s doctor prescribed him a combination pill. “He

SPECIAL THANKS TO OUR ASSOCIATION PARTNER:



Get the care you need!

Need help paying for meds?

Many people with heart failure take more than one medication to help manage their symptoms. If you're one of them—and if you need assistance paying for prescriptions—help is out there! Many drug companies offer programs that help cover some of the cost—check their website for programs. Also search [Medicare.gov](https://www.Medicare.gov) for State Pharmaceutical Assistance Programs to see what help your state may provide.

Need a hand getting to medical appointments?

Call 2-1-1 or visit [211.org](https://www.211.org) to connect with a community resource specialist who can help you find transport resources. Older patients also may be eligible for transportation assistance from the U.S. Administration on Aging's Eldercare Locator ([eldercare.acl.gov](https://www.eldercare.acl.gov)).

Need more resources?

See p. 15.

also connected me with a dietitian to help me change my diet and recommended I go back to playing sports with my buddies," he says.

Thanks to his treatment regimen and improved low-sodium diet, Paul's EF is back up to 45%. "Heart failure is challenging, but I'm glad I have my wife and a great care team on my side," he says.

If you've been diagnosed with heart failure, take a cue from Paul and know that you, too, can take charge. Read on to learn more.

What is heart failure?

Heart failure doesn't mean your heart has stopped working—rather, your heart isn't pumping enough blood to meet the body's needs. There are two types: heart failure with reduced pump function (HFrEF), in which the heart muscle becomes weak and can't pump with enough force, and heart failure with preserved pump function (HFpEF), in which the heart muscle stiffens and can't fill with enough blood to pump. In both cases, the decrease in circulation leads to a build-up of fluid. When a patient starts to develop symptoms—such as fatigue, shortness of breath, swelling and a cough that won't go away—it's called congestive heart failure.

Why are Black persons at such high risk?

One of the main reasons Black persons are more prone to heart failure is that they have higher rates

of high blood pressure, a condition that causes the heart to work harder. Researchers have also found that Black persons may be more likely to carry a gene that makes them sensitive to salt, which sets the stage for high blood pressure in the first place.

Another factor: high rates of type 2 diabetes among Black persons. Over time, high blood sugar levels can damage the heart and force the organ to work harder, which is why people with diabetes are two to four times more likely to develop heart failure than people without diabetes.

How is it diagnosed?

Your healthcare provider will take note of any symptoms and order an echocardiogram. Essentially an ultrasound of the heart, it can determine how much blood your heart is pumping. This measure of your heart's output is termed "ejection frac-

30%
OF BLACK PERSONS HAVE UNCONTROLLED HIGH BLOOD PRESSURE, A MAJOR CONTRIBUTOR TO HEART FAILURE

Source: Heart Failure Society of America

20x
THE NUMBER OF BLACK PERSONS WITH HEART FAILURE BEFORE AGE 50 COMPARED TO WHITE PERSONS

Source: *New England Journal of Medicine*

tion," and it helps classify the level of heart failure. (A normal ejection fraction is about 50% or higher.) You'll likely also undergo an electrocardiogram to assess your heart's electrical activity, along with blood and other tests to rule out other heart conditions.

How is it treated?

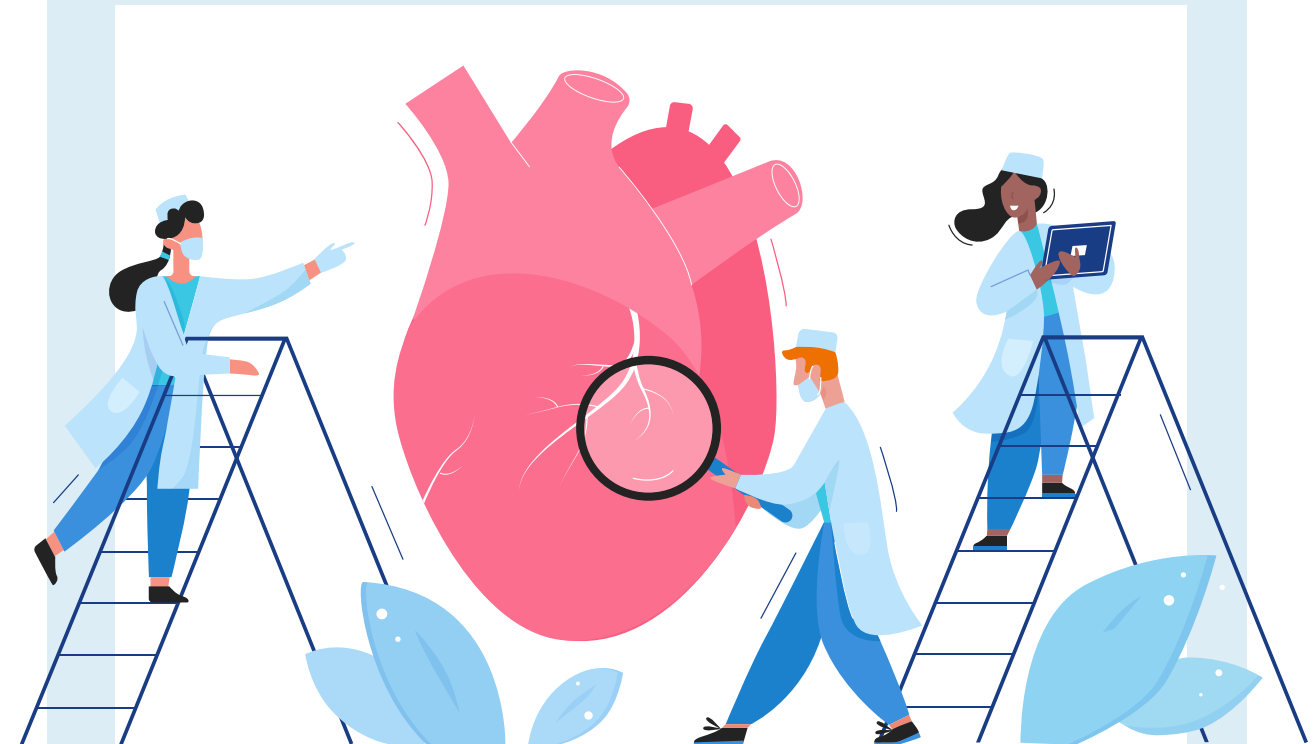
Early detection and treatment can help you get the best outcome and also help you stay out of the hospital. Your healthcare provider will customize a treatment plan for you based on the type of heart failure you have and its severity.

MEDICATIONS

Healthcare providers may prescribe a variety of medications to manage symptoms and boost heart function, including:

- **ACE inhibitors**, angiotensin receptor blockers (ARBs) and ARB+neprilysin inhibitors, which work to lower blood pressure to ease the burden on your heart so the muscle can regain its strength.
- **Beta-blockers**, which slow heart rate so blood is pumped more efficiently.
- **Vasodilators**, such as nitrates and hydralazine, which lower blood pressure and are often prescribed for Black patients and those with kidney function issues.
- **Mineralocorticoid antagonists**, which help ease fluid retention and help bolster potassium levels.
- **Diuretics**, which remove excess fluid from the body.

Continued on p. 6 ►



Meet your healthcare team

There's no reason to struggle with your heart failure alone!
These are the medical pros who can help manage your condition.

Primary care provider.

A healthcare provider specializing in internal or family medicine, they may diagnose and treat your heart failure, refer you to a cardiologist and coordinate your overall care.

Cardiologist.

This physician specializes in heart disease. Your primary care provider may refer you to a cardiologist for

further testing and specialized treatment.

Nurse practitioner (NP)/Physician associate (PA).

These healthcare professionals can diagnose and treat heart failure and provide ongoing care.

Registered nurse.

A licensed professional who provides and coordinates patient care.

Heart failure nurse.

A registered nurse who provides care and support to heart failure patients and their families.

Physical and occupational therapists.

These healthcare professionals teach you how to engage in physical activity safely and do everyday tasks with more ease.

Registered dietitian.

This nutritional expert can help you develop a heart-healthy eating program.

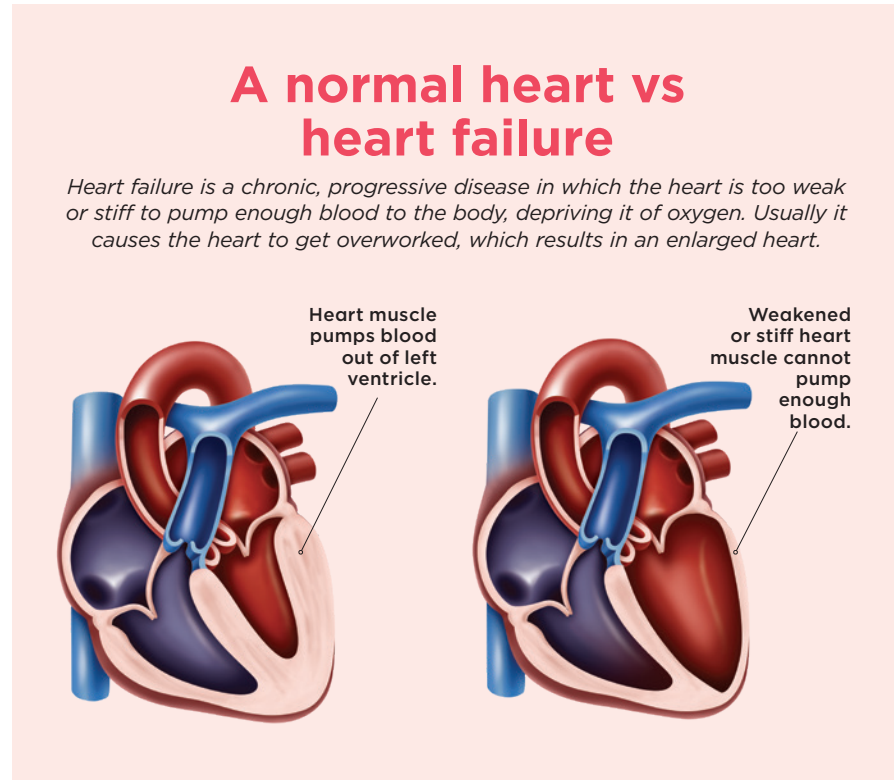
Pharmacist.

This healthcare professional can fill your prescriptions and provide guidance on medication.

What are the symptoms?

Many people mistake the symptoms of heart disease as a normal part of aging and miss the warning signs. Common indicators include:

- 1. Shortness of breath.** As blood backs up and fluid leaks in the lungs, it can make it hard to breathe. Also called dyspnea, this can occur not only with physical activity but also when you're at rest or even lying down.
- 2. Swelling.** Fluid retention can also lead to edema, or swelling, especially in the feet, legs and ankles. Some also experience bloating in their abdomen.
- 3. Coughing.** When fluid backs up into the lungs, it can lead to a persistent cough, often accompanied by white or pink mucus.
- 4. Memory loss/confusion.** Poor circulation means the brain isn't getting the blood it needs to function. And that can lead to memory lapses, difficulty concentrating and general brain fog.
- 5. Fatigue.** Lack of proper blood flow means less energizing oxygen circulating through the body, causing tiredness and exhaustion.
- 6. Rapid weight gain.** Fluid retention can lead to rapid weight gain. If you put on three or more pounds in one day, contact your healthcare provider—it could mean your treatment plan needs to be changed.



• **Sodium-glucose cotransporter-2 (SGLT2) inhibitors.** These drugs may make it easier for the heart to pump blood throughout the body and can reduce the risk of death and hospitalization due to heart failure.

SURGERY

Depending on the severity of heart failure, cardiologists may recommend surgical procedures and implants to help boost heart function.

- **Defibrillator,** an implant that helps restabilize a healthy heart rhythm. This device doesn't improve the symptoms of heart failure.
- **Cardiac resynchronization therapy,** a pacemaker or defibrillator that helps the two sides of the heart to beat simultaneously.

• **Ventricular assist device,** an implanted pump that helps the heart continue to circulate blood.

LIFESTYLE CHANGES

Even small tweaks to your daily routine can have a big impact on managing heart failure. Your healthcare provider will work with you to come up with a plan that works best for you. It will likely include:

- **Eating a healthy diet.** Limiting salt intake is key, as sodium can cause water retention and increase the heart's workload. Your healthcare provider may also recommend cutting back on alcohol and fluids.
- **Being active.** Exercise helps strengthen the heart muscle, and even everyday

activities like vacuuming or walking to the mailbox can make a difference.

• **Weighing in daily.** Stepping on the scale regularly can help spot sudden fluctuations in weight, which can signal you're retaining more fluid and might require a change in your treatment plan.

As your condition evolves, your treatment needs may evolve, too. That's why it's important to be open and honest with your healthcare provider about any changes in your symptoms or any new ones that may crop up, like sudden weight gain. Adjusting your heart failure management plan as needed can help keep your heart strong and ensure many years of everyday enjoyment. ●

POST ON YOUR FRIDGE OR ANOTHER VISIBLE PLACE.

Know your heart failure zone

It's important to report new or worsening symptoms of heart failure to your healthcare team. Use this tool to gauge whether your symptoms require immediate action.

WHICH HEART FAILURE ZONE ARE YOU IN TODAY? GREEN, YELLOW or RED?



You're GOOD—this zone is your goal.

- No shortness of breath
- No weight change more than two pounds (it's normal to fluctuate about two pounds from one day to the next)
- No swelling of your feet, ankles, legs or abdomen
- No chest pain

• **Other instructions:**



CAUTION—this zone is a warning.

You may be instructed to call your healthcare provider's office if you experience:

- Weight gain of three pounds in one day or five pounds or more in one week
- More shortness of breath
- More swelling of your feet, ankles, legs or stomach
- More tiredness than usual/lack of energy
- Persistent dry cough
- Dizziness
- Difficulty breathing when lying down, or you need to prop up on pillows

• **Other instructions:**



THIS IS AN EMERGENCY!

Go to the emergency room, or call 911 if you have any of these:

- Struggling to breathe
- Unrelieved shortness of breath while sitting still
- Chest pain
- Confusion or can't think clearly

• **Other instructions:**



DO THESE EVERY DAY.

- Weigh yourself in the morning after using the bathroom and before breakfast. Write your weight down and compare to yesterday's number.
- Take your medicine as prescribed.
- Check for swelling in your feet, ankles, legs and abdomen.
- Adjust your diet as recommended by your healthcare team.
- Balance activity and rest periods.

• **Other instructions:**



COVER STORY

“I’M NOT GOING *anywhere!*”

After a devastating heart attack led to heart failure for Yvonne Pierre, doctors were unsure she’d ever leave the hospital. Today, thanks to the help of her medical team, family and treatment plan, she’s running 5Ks and inspiring others. “If I can come back from this,” she says, “anyone can!”

—BY DANIELLE TUCKER

CONTINUED ON NEXT PAGE

Yvonne Pierre remembers 2017 as the year her life changed forever. After being diagnosed with type 2 diabetes in 2003, she embarked on a health journey, cutting out junk food and sweets and resolving to get more active. She even signed up for kickboxing classes. That's why it came as a shock when the Smyrna, GA, resident suddenly started experiencing chest discomfort.

The chest pains were worrisome enough to send Yvonne to her primary care doctor. Bloodwork, a cardiac stress test and an echocardiogram yielded normal results, and her doctor told her the symptoms were likely caused by stress-induced panic attacks. As a busy working mom with two

sons, Yvonne thought that sounded plausible and decided not to worry about it.

Then, on a cold February morning a few weeks later, Yvonne woke up with a nagging feeling that something was wrong. She'd been having that feeling more often lately, but on this day she couldn't shake it. As the hours passed, Yvonne began to feel ill and stumbled to the bathroom. She became so weak, she didn't even have the strength to call out to her family for help, and it took all her effort to make it back to bed.

By the time Yvonne's husband, Steffan, found her, she had fallen asleep and could barely lift her head. When the para-

medics arrived, they assumed it was low blood sugar due to her diabetes. Yet when they tested her, her sugar was above 500 mg/dL—dangerously high—and her blood pressure was extremely low. Further investigation revealed that Yvonne was in the midst of a massive heart attack.

—
“They didn't think I'd make it!”

When she arrived at the hospital, tests showed Yvonne had a 90% blockage in one of the main arteries to her heart, requiring the immediate placement of two stents.

Yvonne was then transferred to the CICU to recover, but she wasn't out of danger yet. Further

“These days, I'm focused on finding a balance between living my purpose and making memories with my family.”

testing determined the right side of her heart had stopped, requiring her to be connected to a heart-pumping machine. Because she had fallen asleep during her heart attack, delaying treatment, her heart had been severely damaged, causing a condition known as cardiogenic shock. Her heart was unable to pump enough blood to her body, and she was in heart failure.

Her ejection fraction—the amount of blood her heart could pump with each beat—was so low it caused a domino effect throughout her body, causing a collapsed lower lung, enlarged liver and kidneys, and dangerously low blood pressure. She underwent four blood transfusions to try to stabilize her body's systems and her family was told to prepare for the worst.

—
“I am grateful for every day now!”

Miraculously, a week later, Yvonne's heart began to beat on its own again. Two weeks after that, her condition had improved so much that she was able to leave the hospital with a prescription for a medication that would help her heart pump blood more easily and prevent her from ending up in the hospital again. She also had to undergo three months of intense cardiac rehab to rebuild her strength

and had to learn to walk again because of the severe toll the experience has taken on her body.

While her recovery was long—and not without setbacks, including collapsed stents that had to be surgically repaired—Yvonne never gave up hope. She also never lost faith in the medical treatments, including her medication, which she credits with giving her a second chance. In fact, today she's feeling healthier than she has in years.

“I just celebrated my 51st birthday, and my greatest gift is still being here to celebrate it,” Yvonne says, who just completed her first 5K race with the help of her trainer and friend, Nikki. “Before my diagnosis, I was too self-conscious to run. Now running is symbolic of everything I've overcome! These days, I'm focused on finding a balance between living my purpose and making memories with my family.”

She's also using her experience to host the podcast *Let's Talk About Healing*, now entering its second season. “I want to inspire others to take control of their health. You know your body better than anyone. Be your own health advocate. Before my diagnosis, I wasn't really living because I was so afraid of dying. Now I've learned to give myself grace. Time is a blessing!” ●



Photos by Bonnie Heath Photography



HEART ATTACKS: KNOW THE SIGNS

Heart attacks are one of the top causes of heart failure. Despite that, many women of color are unaware of the initial symptoms, often brushing them off as acid reflux, aging or the flu. That's because signs we often see portrayed in TV and movies—sudden, intense chest pain and lack of breath—are not the only symptoms people, and especially women, can have. If you experience any of the following and suspect they could be heart-related, call 911:

- Pain in the neck, jaw, shoulder, upper back, stomach or down one or both arms
- Nausea or vomiting
- Sweating
- Lightheadedness or dizziness
- Unusual fatigue
- Heartburn or indigestion

FOR PEOPLE WITH HEART FAILURE TAKING ENTRESTO,
**A HEALTHIER HEART MAY LEAD
TO A WORLD OF POSSIBILITIES**



Where can a healthier heart lead you?

ENTRESTO® treats adults with long-lasting (chronic) Heart Failure and works better when the heart cannot pump a normal amount of blood to the body. In a study where the patients' hearts were stretched and weak, ENTRESTO was proven superior at helping people stay alive and out of the hospital vs enalapril.

Ask your doctor about ENTRESTO.



What is ENTRESTO?

ENTRESTO is a prescription medicine used to treat adults with long-lasting (chronic) heart failure to help reduce the risk of death and hospitalization. ENTRESTO works better when the heart cannot pump a normal amount of blood to the body.

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about ENTRESTO?

ENTRESTO can harm or cause death to your unborn baby. Talk to your doctor about other ways to treat heart failure if you plan to become pregnant. If you get pregnant during treatment with ENTRESTO, tell your doctor right away.

Do not take ENTRESTO if you:

- are allergic to any of the ingredients in ENTRESTO
- have had an allergic reaction including swelling of your face, lips, tongue, throat (angioedema) or trouble breathing while taking a type of medicine called an angiotensin-converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB)
- take an ACE inhibitor medicine. Do not take ENTRESTO for at least 36 hours before or after you take an ACE inhibitor medicine. Talk with your doctor or pharmacist before taking ENTRESTO if you are not sure if you take an ACE inhibitor medicine
- have diabetes and take a medicine that contains aliskiren

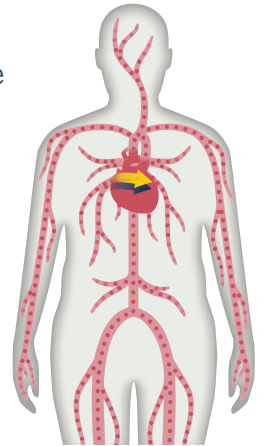
Before taking ENTRESTO tell your doctor about all of your medical conditions, including if you:

- have a history of hereditary angioedema
- have kidney or liver problems
- are pregnant or plan to become pregnant; are breastfeeding or plan to breastfeed. You should either take ENTRESTO or breastfeed. You should not do both

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Especially tell your doctor if you take potassium supplements or a salt substitute; nonsteroidal anti-inflammatory drugs (NSAIDs); lithium; or other medicines for high blood pressure or heart problems such as an ACE inhibitor, ARB, or aliskiren.

Heart Failure can change the structure of your heart so it may not work as well.

ENTRESTO helps improve your heart's ability to pump blood to the body.



Learn how your co-pay can be as little as **\$10 a month*** at **ENTRESTO.COM** or call **1-888-ENTRESTO (1-888-368-7378)**.

*For eligible commercially insured patients.

Offer not valid under Medicare, Medicaid, or any other federal or state program. See full Terms and Conditions at ENTRESTO.COM

What are the possible side effects of ENTRESTO? ENTRESTO may cause serious side effects including:

- **Swelling of your face, lips, tongue and throat (angioedema) that may cause trouble breathing and death.** Get emergency medical help right away if you have symptoms of angioedema or trouble breathing. Do not take ENTRESTO again if you have had angioedema while taking ENTRESTO
- People who are Black or who have had angioedema and take ENTRESTO may have a higher risk of having angioedema
- **low blood pressure (hypotension)**, which may be more common if you take water pills. Call your doctor if you become dizzy or lightheaded, or you develop extreme fatigue
- **kidney problems**
- **increased amount of potassium in your blood (hyperkalemia)**

The most common side effects were low blood pressure, high potassium, cough, dizziness, and kidney problems.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

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Please see Important Facts About ENTRESTO on next page.

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East Hanover, New Jersey 07936-1080

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9/22

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ENTRESTO can harm or cause death to your unborn baby. Talk to your doctor about other ways to treat heart failure if you plan to become pregnant. If you get pregnant during treatment with ENTRESTO, tell your doctor right away.

WHAT IS ENTRESTO?

ENTRESTO is a prescription medicine used to treat adults with long-lasting (chronic) heart failure to help reduce the risk of death and hospitalization. ENTRESTO works better when the heart cannot pump a normal amount of blood to the body. It is also used to treat certain children 1 year of age and older who have symptomatic heart failure.

It is not known if ENTRESTO is safe and effective in children under 1 year of age.

Do not take ENTRESTO if you:

- are allergic to any of the ingredients in ENTRESTO. See the end of this Patient Information leaflet for a complete list of ingredients in ENTRESTO.
- have had an allergic reaction including swelling of your face, lips, tongue, throat, or trouble breathing while taking a type of medicine called an angiotensin-converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB).
- take an ACE inhibitor medicine. **Do not take ENTRESTO for at least 36 hours before or after you take an ACE inhibitor medicine.** Talk with your doctor or pharmacist before taking ENTRESTO if you are not sure if you take an ACE inhibitor medicine.
- have diabetes and take a medicine that contains aliskiren.

Before you take ENTRESTO, tell your doctor about all of your medical conditions, including if you:

- have a history of hereditary angioedema
- have kidney or liver problems
- are pregnant or plan to become pregnant. See “**What is the most important information I should know about ENTRESTO?**”
- are breastfeeding or plan to breastfeed. It is not known if ENTRESTO passes into your breast milk. You and your doctor should decide if you will take ENTRESTO or breastfeed. You should not do both.

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Using ENTRESTO with certain other medicines may affect each other. Using ENTRESTO with other medicines can cause serious side effects. Especially tell your doctor if you take: potassium supplements or a salt substitute; nonsteroidal anti-inflammatory drugs (NSAIDs); lithium; other medicines for high blood pressure or heart problems such as an ACE inhibitor, ARB, or aliskiren. Keep a list of your medicines to show your doctor and pharmacist when you get a new medicine.

What are the possible side effects of ENTRESTO?

ENTRESTO may cause serious side effects including:

- See “**What is the most important information I should know about ENTRESTO?**”
- **Serious allergic reactions causing swelling of your face, lips, tongue, and throat (angioedema) that may cause trouble breathing and death.** Get emergency medical help right away if you have symptoms of angioedema or trouble breathing. Do not take ENTRESTO again if you have had angioedema during treatment with ENTRESTO.
- People who are Black and take ENTRESTO may have a higher risk of having angioedema than people who are not Black and take ENTRESTO.
- People who have had angioedema before taking ENTRESTO may have a higher risk of having angioedema than people who have not had angioedema before taking ENTRESTO. See “**Who should not take ENTRESTO?**”
- **Low blood pressure (hypotension).** Low blood pressure may be more common if you also take water pills. Call your doctor if you become dizzy or lightheaded, or you develop extreme fatigue.
- **Kidney problems.** Your doctor will check your kidney function during your treatment with ENTRESTO. If you have changes in your kidney function tests, you may need a lower dose of ENTRESTO or may need to stop taking ENTRESTO for a period of time.
- **Increased amount of potassium in your blood (hyperkalemia).** Your doctor will check your potassium blood level during your treatment with ENTRESTO.

These are not all the possible side effects of ENTRESTO. Call your doctor for medical advice about side effects.

The most common side effects were low blood pressure, high potassium, cough, dizziness, and kidney problems.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

This information is not comprehensive. To learn more, talk to your health care provider or pharmacist, visit www.entresto.com to obtain the FDA-approved product labeling, or call 1-888-ENTRESTO.

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Resources you can use

Need more info? Try one of these trusted sources...



The American Association of Heart Failure Nurses (AAHFN)

is a specialty organization dedicated to advancing nursing education, clinical practice and research to improve heart failure patient outcomes. Heart failure is AAHFN's exclusive interest and passion. Its goal is to set the standards for heart failure nursing care. AAHFN unites the full spectrum of nurses and other health professionals interested in heart failure. They serve as the interface for sharing ideas, translating research findings into practice and setting priorities for the future.

Visit AAHFN.org for:

- Printable patient tip sheets, including info on healthy nutrition, safe activity, partnering with your care team and more
- Information on the latest treatment and research breakthroughs for heart failure
- Support for caregivers

Have more questions about your heart health?

- **American College of Cardiology** www.acc.org
- **American Heart Association** heart.org
- **American Society of Echocardiography** asecho.org
- **Heart Failure Society of America** hfsa.org

Need help with payment assistance?

- **AARP** aarp.org
- **Medicine Assistance tool** medicineassistancetool.org
- **National Patient Advocate Foundation** npaf.org

Need a transplant?

- **The International Society for Heart and Lung Transplantation** ishlt.org

Looking for resources geared especially toward you?

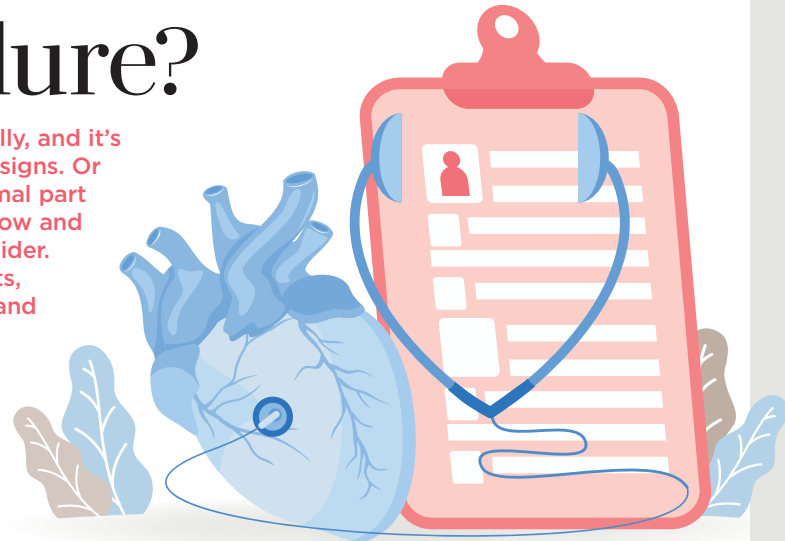
- **Caregiver Action Network** caregiveraction.org
- **Together in Heart Failure** togetherinhf.com
- **National Medical Association** nmanet.org
- **Black Heart Health Association** blackheartassociation.org





Could *you* have heart failure?

Heart failure can develop gradually, and it's possible you may not notice the signs. Or you may mistake them for a normal part of aging. Complete the chart below and review with your healthcare provider. They may recommend blood tests, an echocardiogram, stress tests and others to check for heart failure.



TUNE INTO THE SYMPTOMS

Check the boxes that apply to you.

Symptom	Not a problem at all	Experience occasionally	Experience often
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swollen feet, ankles, legs and/or abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue/weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness/confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assess your treatment plan

If you have already been diagnosed with heart failure, you have every reason to feel encouraged: Although it is a progressive condition, today's medical breakthroughs can not only ease the symptoms but also slow its development so you can still keep up with everything you love. Fill out this tool and share it with your healthcare team to make sure your treatment is on track and help ensure you feel your best.

About heart failure and your current treatment

- I was diagnosed with heart failure on: _____(date)
- My heart failure is currently considered:
 Mild Moderate Severe
- My current weight is: _____(lbs.)
- I've tried the following medications for my heart failure:
_____(drug name)
_____(drug name)
_____(drug name)
- Are you still taking this/these medication(s)? Yes No
- If so, how long have you been taking it/them? _____(weeks/months)
- If not, why did you stop taking it/them? (e.g., it/they didn't work, couldn't tolerate the side effects, cost)

- Check if you have any of the following:
 Pacemaker
 Implantable or wearable cardioverter-defibrillator
 Ventricular assist device

- Climb 1-2 flights of stairs
- Socialize with friends
- Take a longer walk (e.g., around the block or mall)
- Pursue my hobbies/interests
- Cook for myself
- Go to my job

Please describe how heart failure is currently affecting your daily choices and everyday lifestyle:

Your commitment to lifestyle changes

- I should exercise _____ days a week for _____ minutes.
- Safe exercises (e.g., walking, swimming, biking, golf, etc.) for me include: _____
- I should limit sodium to _____(mg) per day.
- I should aim to drink _____(oz.) fluid per day.
- Any other diet changes (e.g., eat more fresh fruit and vegetables, limit red meat, limit cakes and sweets, etc.):

Your quality of life

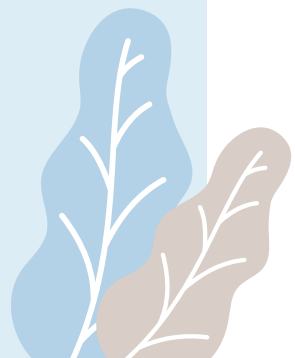
Check off the activities below that you can do with relative ease. I can:

- Take a short walk (e.g., to the mailbox and back)
- Take a bath or shower on my own
- Have a long talk
- Get dressed/style my hair on my own



Ask about the latest treatment guidelines

The heart failure guidelines from the American College of Cardiology include newer FDA-approved medications that are appropriate for some patients with heart failure. Ask your healthcare provider to review your current treatment to make sure you are benefitting from the latest recommendations.



TRUE INSPIRATION

“Heart failure can’t dull my spark!”



These days, Corissa McBurnie—known professionally as Cori Luv—of Port St. Lucie, FL, is busy focusing on her work in film media and covering premieres for her online talk show, *The Cori Luv Show*. One thing not on her to-do list? Obsessing over her heart failure diagnosis. Here’s how she’s taking control of her health. —BY BETH SHAPOURI

Corissa McBurnie has always been someone with big plans. Back in 2009, she was in the midst of working full time as a teacher and navigating a move for her and her family to Trinidad, where her husband is from, when she suddenly began to experience chest pain. At first she chalked it up to gas, but when her symptoms progressed to difficulty breathing, nausea and vomiting, she thought she was having an asthma attack, so she went to the ER where she was immediately admitted. After a whirlwind of tests and procedures, Corissa was absolutely floored when the hospital physicians told her that she had heart failure. “No one in my family had heart trouble to my knowledge. I think I was in denial—I was active. The doctor gave me a prescription for a medication, and I went home and refocused on everything else going on in my life.”

Once her family made it to Trinidad, which came with more walking, less processed food and less stress, Corissa lost 20 pounds and was feeling great. There, she says, “even the air is different!” She thought she was in the clear—but then a year later, life changes required her to move back to the United States and return to her teaching job, where her stress levels and weight slowly ticked back up.

“I almost died!”

Things came to a head again in 2017 after a bout of pneumonia sent Corissa

back to the ER. There she found out her heart failure had progressed, and her ejection fraction—the amount of blood your heart pumps with each beat—was below 20%. A normal EF is above 50%.

In the following months, she wore a defibrillator for a time, cut back on salt and reduced high-fat items in her diet like ice cream.

Unfortunately, it wasn’t enough to hold off another scary episode. In 2020, the day before she and her husband were supposed to get on a flight, she lay down when she felt her heart beating really fast. “[At first], I didn’t say anything to anybody. I just lay there, and I prayed.” She wasn’t able to talk, but when her husband spotted her, he knew something was wrong, and he called 911.

At the hospital, she learned she was having a heart attack and would need a defibrillator permanently installed the next day. Knowing she was originally supposed to be on a plane at that time, she says, “I just thank God my husband got me to the hospital and I had the surgery. That day, I was reborn. I even have the date tattooed on my shoulder.”

In addition to her defibrillator, Corissa was prescribed a new medication to help her heart pump more easily and avoid another hospital visit.

“Now I’m focused on the future again!”

Seeing this as a reset, Corissa decided to really look at her stress levels, and started saying no to plans or fa-

vors that left her feeling drained. Instead, she focused on activities that were important to her.

“That made a big difference,” she admits. “Combined with the help of the defibrillator, my medication and my faith, I finally felt carefree. My ejection fraction eventually rose back over 32%, and I decided it was time to do everything that I want to do.”

That included taking the online talk show she had started in 2019 to the next level. After focusing on interviewing business owners, non-profit organizations, and people with survivor stories, she decided to shift the spotlight to Black Independent Films in 2022—and got a great response. In fact, it’s led to multiple opportunities for her to travel and work behind the scenes on sets, opportunities she never imagined she’d have had before.

“These days, I see nothing but possibility before me. Understanding how close it all came to getting taken away? I’m just focused on the future now!” ●

Health Monitor

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Fast, easy, affordable, delicious—and heart friendly!

“Stay away from salt.” “Don’t eat fat.” “Eat smaller portions.” You might have heard this vague nutritional advice before and wondered, *Am I going to have to change everything about the way I eat?* The truth is, having heart failure doesn’t mean the end of good eating, and it doesn’t have to cost more, either. With a few tweaks, you can make delicious meals with little effort and without breaking the bank. Here, some tips to get started.

—BY CONSTANCE BROWN-RIGGS, MSED, RDN, CDCES, CDN

PLAN AND PREP

When you take time each week to plan your meals and make them in advance, you are more likely to eat heart-healthy food.

Choose recipes with common ingredients.

For example, chicken and vegetable stir fry and chicken fajitas are two different meals made with chicken—the common ingredient. Changing herbs and spices can transform common ingredients into meals with different flavors. Check out [nutrition.gov](https://www.nutrition.gov) for some heart-friendly recipe ideas.

Shop with a list.

With a list, you’re more likely to buy just what you need, avoid buying food you already have and prevent unnecessary trips to the store. Having a list also makes shopping easier and faster.

Use a slow cooker.

It’s a genius way to save time and money. For one, you can use it to cook cheaper cuts of protein like chuck roast, short ribs and

whole chicken—without sacrificing tenderness. That’s because the low temperature and slow cooking time seal in moisture and tenderize the meat. For another, you can easily make double or triple batches of soups, stews, casseroles, and sauces and freeze family-size or individual portions for quick meals during the week.

STOCK YOUR PANTRY AND FRIDGE

Buy frozen or canned.

When it comes to fruit and vegetables, frozen and canned are cheaper and last longer than fresh produce. They cook in minutes too! Just read the labels and look for no-sodium-added varieties of canned goods, and plain frozen veggies without added sauces.

Stock up on a variety of canned beans—red, black, pink, and kidney.

Canned beans are an easy way to get fiber in your diet. And because they’re packed with protein, they’re a great meat alternative. Better yet,



the fiber-and-protein combo keeps you feeling full longer. Choose canned beans with no sodium added or rinse them with water to reduce the added salt.

Buy in bulk.

Choose large packages of foods with long shelf lives, like whole-grain pasta, brown rice, nuts, beans, peas and lentils. Generally, larger packages

are cheaper. Compare the unit price of large and smaller packages to find the most affordable option. The unit price is usually posted on the shelf below the food item.

Choose store brands.

Store-brand items can save you 20% to 30% on your food bill. In addition, foods like canned tomatoes, milk, olive oil, and frozen fruits and

vegetables are usually available in a cheaper store-brand version.

DIY FLAVOR ENHANCERS

Flavored vinegar.

Making flavored vinegar is a simple, inexpensive way to liven up dressings. You can make endless varieties using different kinds of vinegar, herbs, spices and fruit.

Stock.

Instead of buying stock or high-sodium bouillon cubes at the store, make your own. Your slow cooker will come in handy here, too. Use vegetable scraps and leftover bones to create a flavorful stock. Pour the stock into ice-cube trays, freeze, and use as needed. Instead of water, use stock to add flavor to rice, pasta, potatoes and vegetables.

Herbs.

Growing your own herbs is a great way to save time and money. The good news is that many herbs will grow in small spaces and don't require much attention. The real money-saving bonus is that you can regrow herbs like basil, mint, chives, rosemary and thyme.

MONITOR PORTIONS

Use the Plate Method.

The "plate method" takes much of the stress out of heart-healthy meal planning. There's no addition, subtraction, calculating percentages or weighing involved. Instead, when you serve yourself a meal, make half your plate non-starchy vegetables like spinach, cabbage, collards or broccoli; fill a quarter of your plate with starchy vegetables like potatoes, rice and pasta, and the last quarter with fish or poultry. The protein and starch portions may appear small when you look at the plate. For more eye appeal, slice your meat and place it over the starch, then circle with your veggies. Now your portion looks much larger! ●

Easy rice & beans (Makes 5 servings)

INGREDIENTS

1 can red kidney beans (no sodium added)	2 cloves garlic	1 green, red or yellow pepper
1 cup brown rice	1 tsp black pepper	2 cloves garlic
1 4-oz can low-sodium tomato sauce	1 tsp olive, canola or vegetable oil	Sprinkle salt
1 tsp oregano	1 onion	1 cup water



DIRECTIONS

Dice the onions, garlic and pepper. Cook the rice according to the directions on the package. Add a teaspoon of olive, canola or vegetable oil (and a sprinkle of salt) to the same pot and stir. Drain and rinse the beans and add them to the pot of rice once the rice is almost done cooking. Add a cup of water and the tomato sauce to the pot. Add the diced onions, garlic, pepper, and spices/herbs. Heat for about 10 more minutes (or until done) and serve.

Nutritional facts

Calories 230, fat 2.5 g (sat. fat 0 g), cholesterol 0 mg, sodium 25 mg, carbohydrates 47 g, fiber 9 g, sugars 4 g, protein 10 g

Recipe reprinted from the *African American Guide to Living Well with Diabetes* © 2010 Constance Brown-Riggs



Only 4 ingredients needed! (plus salt and pepper)

Slow cooker Italian herb chicken

(Makes 8 servings)

INGREDIENTS

4 lb chicken, giblets removed
2 lemons, zested and juiced
1/2 tsp salt
2 tsp pepper
1 Tbs Italian Herb Seasoning
2 Tbs olive oil

DIRECTIONS

Place chicken in slow cooker. Rub with lemon zest, salt, pepper and Italian seasoning. Sprinkle with lemon juice. Stuff one of the used lemons in the cavity of the chicken. Drizzle with olive oil. Set slow cooker to high for 4 hours or low for 6 hours. Cook until internal temperature of chicken reaches 165°F. Turn off slow cooker and let chicken stand for 15 minutes before carving. Drizzle remaining juices over chicken, if desired. Store leftovers to use for lunch.

Nutritional facts

Calories 213, fat 8.5 g (sat. fat 2 g), cholesterol 121 mg, sodium 226 mg, carbohydrates 1 g, fiber .5 g, sugars 0 g, protein 30.5 g

Recipe by *Living Plate Rx, LLC*.

Health Monitor Living



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Questions to ask at today's exam

Could I have heart failure? What tests will you do to find out for sure?



If I do have heart failure, what treatments would you recommend and why?



Do you know of any support groups or programs you can recommend?



Are there any recent treatments or developments that could help me? How can we find out if I am a candidate?



How important is it that I learn to monitor my stress levels?



How long will it take to find out if the treatment is working?



Are there any diet changes I should make to help improve my symptoms?



Am I a candidate for cardiac rehab or another supervised exercise program?



When should I make my next follow-up appointment? Do I need to come in or can we set up a telehealth appointment?



On treatment and need help covering the cost?

Ask your healthcare provider about patient assistance programs or call the manufacturer of the treatment you have been prescribed. Many pharmaceutical companies offer copay assistance programs that can make treatment more affordable.