

Learn about
the latest
treatment
options

P. 4

Small steps that
can lead to a
healthier heart!

P. 22

Health Monitor[®]

Living



Scan this
QR code for
free home
delivery

“I’m still
here,
five years
later!”

Heart Failure

After a shocking heart failure diagnosis, Gerry Langan turned her health around thanks to the right treatment, lifestyle changes and the support of her loving family.

REVIEWED BY



Contents

Health Monitor Living **Heart Failure**



6
“I’m still here, five years later!”

After a shocking heart failure diagnosis, Gerry Langan turned her health around thanks to the right treatment, lifestyle changes and the support of her family

THE BASICS

3
The best is yet to come!

Get the facts on heart failure and how you can thrive

5
Meet your care team
The pros who are on your side

YOU & YOUR CARE TEAM

19
Q&A
Roger S. Blumenthal, MD, answers your questions about heart failure

10
Track your symptoms
Fill out this worksheet and share with your care team

11
How does heart failure impact you?
Depending on the answer, your treatment plan may need a tweak

24
Questions to ask today
Take these to your next exam

TRUE INSPIRATION

16
“Your heart can heal!”

Brian Griess shares how he went from being diagnosed with heart failure to the healthiest he’s ever been

TAKE CHARGE

20
Defuse stress—and boost your fitness!
How mindfulness meditation can help you

22
Small steps to a healthier heart
These simple changes can add up to big results over time

SPECIAL THANKS TO OUR MEDICAL REVIEWER



Roger S. Blumenthal, MD, The Kenneth Jay Pollin Professor of Cardiology; Director, Ciccarone Center for the Prevention of Heart Disease

THE Health Monitor

MEDICAL ADVISORY BOARD

Michael J. Blaha, MD, Director of Clinical Research, Ciccarone Center for the Prevention of Cardiovascular Disease; Professor of Medicine; Johns Hopkins

Leslie S. Eldeiry, MD, FACE, Clinical Assistant Professor, Part-time, Department of Medicine, Harvard Medical School; Department of Endocrinology, Harvard Vanguard Medical Associates/Atrius Health, Boston, MA; Chair, Diversity, Equity and Inclusion Committee, and Board Member, American Association of Clinical Endocrinology

Marc B. Garnick, MD, Gorman Brothers Professor of Medicine at Harvard Medical School; Director of Cancer Network Development, Beth Israel Deaconess Medical Center; Editor-in-chief of Harvard Medical School’s Annual Report on Prostate Diseases

Angela Golden, DNP, FAAN, Family Nurse Practitioner, former president of the American Association of Nurse Practitioners (AANP)

Mark W. Green, MD, FAAN, Emeritus Director of the Center for Headache and Pain Medicine and Professor of Neurology, Anesthesiology, and Rehabilitation at the Icahn School of Medicine at Mount Sinai

Mark G. Lebwohl, MD, Dean for Clinical Therapeutics, professor and chairman emeritus at Kimberly and Eric J. Waldman Department of Dermatology, Icahn School of Medicine at Mount Sinai, New York

Maryam Lustberg, MD, Associate Professor of Internal Medicine (Medical Oncology); Director, Center for Breast Cancer; Chief, Breast Medical Oncology; Yale School of Medicine

William A. McCann, MD, MBA, Chief Medical Officer; Allergy Partners, Asheville, NC

Mary Jane Minkin, MD, FACOG, Clinical professor in the Department of Obstetrics, Gynecology, and Reproductive Sciences at the Yale University School of Medicine

Rachel Pessah-Pollack, MD, FACE, Clinical Associate Professor, Division of Endocrinology, Diabetes & Metabolism, NYU School of Medicine, NYU Langone Health

Julius M. Wilder, MD, PhD, Assistant Professor of Medicine; Chair, Duke Dept of Medicine Diversity, Equity, Inclusion, and Anti-racism Committee; Vice Chair, Duke Dept of Medicine Minority Retention and Recruitment Committee; Co-Director for the Duke CTSI - Community Engaged Research Initiative

Health Monitor Network is the nation’s leading multimedia patient-education company, with websites and publications such as Health Monitor Living®. For more information: Health Monitor Network, 11 Philips Parkway, Montvale, NJ 07645; 201-391-1911; healthmonitornetwork.com ©2024 Data Centrum Communications, Inc. Questions? Contact us at customerservice@healthmonitor.com. This publication is not intended to provide advice on personal matters, or to substitute for consultation with a physician.

RAM24

Cover photo by Betsy Hansen



THE BASICS

The best is yet to come!

Today’s treatments for chronic heart failure mean you can still enjoy everything life has to offer.

Four years ago, when Steve P.’s wife gave birth to their daughter, Julie, he made a promise to them both. “I vowed to be there for them—for all the good times and the not-so-good times,” recalls the 46-year-old IT specialist.

It was a big promise for Steve, who had lost his own father to a heart attack when Steve was just 11 years old. “I never knew my grandfather, because he died from heart disease before I was born, and I had an uncle who had a serious heart attack at a young age, as well.”

Knowing his family and personal history—Steve had struggled to manage both high blood pressure and high cholesterol levels for years—put him at risk, he immediately made a doctor’s appointment when he started having strange symptoms five years ago.

“I told my doctor I was getting out of breath just walking up the stairs to our apartment, and my legs looked swollen.”

After being sent for tests, Steve learned he had heart failure, with an ejection fraction (EF—a measure of how effectively the heart pumps blood) of only 35% (a normal EF is above 50%).

This triggered a series of changes for Steve. “I started seeing a cardiologist and went on new medications for the high blood pressure and cholesterol. I also met with a dietitian to help me cut my sodium levels and started walking more around my neighborhood every day.”

While the changes helped, the condition progressed two years after Julie was born, and Steve wound up in the hospital after passing out in his bathroom. Follow-up tests showed his EF had dipped down to 20%.

“That’s when my cardiologist suggested I try a medication that would help my heart pump blood more easily and hopefully prevent another hospital stay. And so far, the new treatment is working like it should! My EF is back to 45%, I feel great, and I’m still working on keeping that promise!” ▶

SPECIAL THANKS TO OUR ASSOCIATION PARTNER:



TWO WAYS TO DETERMINE THE SEVERITY OF HEART FAILURE

The New York Heart Association has classified the disease by how well a person can function, while the American College of Cardiology/American Heart Association stages it by symptoms.

NYHA Class	Functionality
I (mild)	Ordinary physical activity does not cause undue fatigue, rapid or irregular heartbeat, or shortness of breath.
II (mild)	Comfortable at rest, but ordinary physical activity causes fatigue, rapid or irregular heartbeat, or shortness of breath.
III (moderate)	Comfortable at rest, but lighter than usual activity causes fatigue, rapid or irregular heart-beat, or shortness of breath.
IV (severe)	Fatigue, rapid or irregular heartbeat, or shortness of breath are present at rest. Discomfort increases with any physical activity.

ACC/AHA stage	Symptoms
A	At high risk for heart failure but with no structural heart disease or symptoms
B	Minimal structural heart disease with mild symptoms of heart failure
C	Moderately severe structural heart disease and marked limitations in activity due to symptoms
D	Severe heart disease requiring specialized interventions; severe limitations in activity (symptoms present at rest)

SIGNS OF HEART FAILURE

Tell your healthcare provider if you experience:

- Shortness of breath with everyday activities
- Increased fatigue
- Swollen legs, feet, ankles and/or abdomen
- Lightheadedness or feeling faint
- Trouble sleeping when lying flat on your back
- Persistent cough or wheezing
- Nausea, stomach upset and loss of appetite

Heart failure and you

Whether you were recently diagnosed with heart failure or you've had it for a while, newer treatments can help you live your life fully. To stay ahead of your condition, spend some time with this guide and get inspired by others who, like Steve, are living well despite heart failure. But first, here's a refresher on the condition.

What is heart failure?

Heart failure is a condition in which the heart has trouble pumping blood throughout the body. It happens when the heart muscle gets too weak or stiff to function efficiently. A number of risk factors can play a role, including high blood pressure, high cholesterol, coronary artery disease or diabetes. Smoking, obesity and drinking excess alcohol (more than two drinks a day for men; one for women) can also contribute to it.

How is it diagnosed?

Your healthcare provider may use blood tests, chest X-rays, an electrocardiogram, an echocardiogram, a stress test and other tools if they suspect you have heart failure. To diagnose (and treat) the condition, your healthcare provider will consider your ejection fraction (EF), which indicates how much blood your heart pumps out every time it beats. A normal EF is above 50%; below 40% may indicate heart failure.

Your treatment options

Whatever stage of heart failure you're at currently, your care

team can help slow the development of the condition so you can feel more comfortable. Discuss the following options with them.

MEDICATIONS

Your healthcare provider will consider your symptoms and overall health to find the best therapies for you. Options include:

- **Angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs).** These cause blood vessels to relax, improving circulation and lowering blood pressure.
- **Angiotensin receptor-neprilysin inhibitor (ARNI).** This combines an ARB and a medication that blocks production of an enzyme that constricts arteries and encourages fluid retention.
- **Beta blockers.** These drugs regulate pulse and blood pressure and improve heart muscle function.
- **Aldosterone antagonists.** These drugs help the body remove excess fluid and sodium.
- **Soluble guanylate cyclase (sGC) stimulator.** This class of medication helps relax blood vessels so blood flows more easily and your heart pumps more efficiently. It may help people who have a reduced EF and were recently hospitalized or required IV diuretics.
- **Hydralazine and isosorbide dinitrate.** These drugs relax blood vessels to help boost blood flow. Research shows they are especially effective for Black male patients.

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 who may diagnose and treat your heart failure, refer you to a cardiologist and coordinate your overall care.

Cardiologist.

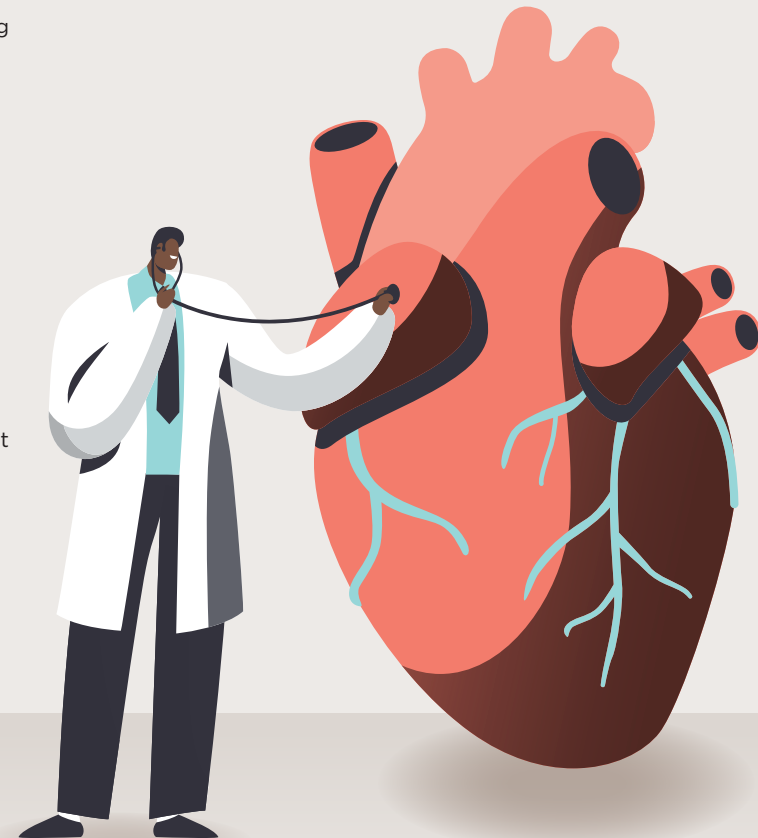
A physician specializing in heart disease. Your primary care provider may refer you to a cardiologist for further testing and specialized treatment.

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

Advanced practice providers who diagnose, treat and manage heart failure.

Registered nurse.

A licensed professional who provides and coordinates patient care.



Heart failure nurse.

A licensed professional who provides care and support to people with heart failure and their loved ones.

Physical and occupational therapists.

Healthcare professionals who can teach you how to engage in physical activity safely and do everyday tasks more comfortably.

Registered dietitian.

A nutrition expert who can help you develop a heart-healthy eating program.

Pharmacist.

A healthcare professional who can fill your prescriptions and provide medication guidance.

- **Hyperpolarization-activated cyclic nucleotide-gated channel (HCN) blockers.** These drugs slow the heart rate, so the heart pumps more blood with each beat.
- **Diuretics.** These drugs help flush out excess fluid.
- **Sodium-glucose co-transporter 2 (SGLT2) inhibitors.** These drugs help lower blood pressure and have been approved to help people with heart failure who also have type 2 diabetes.

DEVICES AND SURGICAL PROCEDURES

Some people may also need medical devices, such as a pacemaker or an implantable cardioverter defibrillator (ICD) for heart rhythm problems, or a mechanical heart pump or ventricular assist device (VAD) for heart pump problems.

Your healthcare provider may also determine if you need surgery to repair a congenital heart defect, angioplasty to remove any artery blockages or, in some cases, a heart transplant.

LIFESTYLE MEASURES

Medication is important, but lifestyle measures help, too. Report any sudden weight gain caused by possible fluid retention; eat a heart-healthy diet; stay active; and limit your alcohol consumption.

Your treatment needs may change over time, so it's important to work with your healthcare team. Together, you can stay ahead of heart failure! ●



COVER STORY

“I’m still here, five years later!”

After a shocking heart failure diagnosis, Gerry Langan turned her health around thanks to the right treatment, lifestyle changes and the support of her loving family.

—BY NANCY MORGAN

CONTINUED ON THE NEXT PAGE



“My family takes priority—I need to be around for them!” says Gerry with husband Jason and twins Gabriel and Gideon.

GERRY LANGAN HAD JUST CELEBRATED

her 27th birthday when she found out her husband, Jason, was being relocated from North Carolina to Colorado due to his job with the military.

“I was used to moving frequently—it’s your lot when you’re married to someone in the military—but this time I just couldn’t get settled,” she recalls. “Once I got to Colorado, I was constantly exhausted and was having trouble breathing just trying to do chores. And gaining weight because I was pregnant wasn’t helping. Between that and the altitude change, it was easy to excuse the symptoms away.”

“My family was shocked when they saw me!”

Despite her symptoms—and some delivery complications—Gerry soon gave birth to healthy twin baby boys, Gabriel and Gideon. But her previous issues with fatigue, breathlessness and weight gain didn’t resolve after the birth—in fact, she started gaining more weight a few months after the twins were born.

“I was convinced I was pregnant again, so much so that I kept taking pregnancy test after pregnancy test,” Gerry recalls. “Each one came back negative, but it was the only explanation I could find for how I was feeling!”

Then, Gerry returned to North Carolina for a family wedding and, upon seeing her for the first time in months, her father exclaimed, “Gerry, you don’t look well at all—and your legs are so swollen!” That, and a new, dry cough that had suddenly developed, finally made Gerry think something else might be going on.

“I couldn’t believe the diagnosis!”

A short time after returning home from the wedding, Gerry headed to the hospital to get checked out. When she got there, a nurse took one glance at Gerry and asked, with some alarm, “Are you in heart failure?”

Gerry said she didn’t know but didn’t think so—“the term ‘heart failure’ sounds like something you’d have if you were imminently going to die and I didn’t feel *that* bad, so I didn’t think it was possible”—but the nurse sent her for a battery of tests anyway. It turned out the nurse’s instincts were spot on, and Gerry was informed she did, in fact, have heart failure.

“They started asking if I was on drugs, that’s how unusual my case was—it just wasn’t heard of for someone as young as me with no other health conditions to suddenly develop heart failure.”

Subsequent testing finally determined her heart failure was caused by pulmonary hypertension, a condition that affects the blood vessels in the lungs. Pulmonary hypertension develops when the blood pressure in the lungs is higher than normal, which makes the heart work harder than normal to pump blood into the lungs.

“My doctors did explain, though, that while the term ‘heart failure’ sounds dire, and is very

“Show yourself grace...Sometimes you’ll be tired. You won’t be up to doing what you want to do. Allow yourself to say that that’s okay.”

serious, it was also treatable, and that with the right help, I could regain some of my heart function.”

“Now I’m feeling like my old self again!”

Because life doesn’t slow down—even for someone recently diagnosed with heart failure—Gerry was in the midst of another move for her husband’s job when she first got the news. This time she landed in Florida, which luckily had the bonus of being at a much lower elevation, which immediately made it easier for her to breathe.

She also connected with a new cardiologist, who prescribed her medication for the pulmonary hypertension, as well as a medication to help her heart pump blood more easily and hopefully keep her from any more hospital stays in the near future.

“Since starting that medication, my lab results are astronomically better. In fact, my ejection fraction [the measure of how much blood the heart pumps with each beat] has returned above 50%, which puts me back in the ‘normal’ range.”

Gerry also made a commitment to revamp her diet and today sticks to low-sodium foods and watches how much she drinks, to avoid retaining water that can stress her heart. And she was even recently cleared by her doctor to join an adult kickball team so she could get back to being active again!

“When I was first diagnosed, I was told I had a year or two to live at best. Today I’m celebrating five years, and I’m feeling amazing. I got a lot of time with my boys that I didn’t think I would get. And I want to get the message out there to others who receive this diagnosis—I want them to know that for those of us with heart failure, there’s a whole lot of hope out there now.” ●



Gerry’s top tips for thriving with heart failure

Here, Gerry offers some strategies that have helped her, in the hope that they might help you, too. (For more on Gerry’s story, you can visit her Instagram @itsgerrylangan.)

Get a second opinion. And a third. And a fourth.

“You need as much information as you can get, and the first opinion isn’t always accurate,” says Gerry. “Put together all of the expertise that you can.”

Show yourself grace.

“This is not an easy condition to deal with,” advises Gerry. “Sometimes you’ll be tired. You won’t be up to doing what you want to do. Allow yourself to say that that’s okay.”

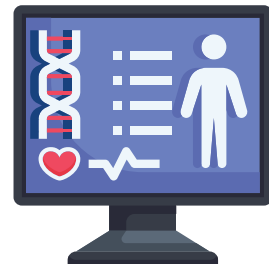
Remember that you’re your own best advocate.

“You know your body best,” says Gerry. “If you think that something’s wrong, speak out.”



Track your symptoms

Heart failure is a chronic, progressive disorder, which means your treatment needs may change over time. Tracking your symptoms can help your care team determine if any adjustments may be necessary.



MY DAILY HEALTH STATS

Record this information every day and share at your next appointment so your care team can track your progress.

Today's date: _____

Blood pressure: _____

Heart rate: _____

Weight: _____ Fluid intake (note how many glasses): _____

MY SYMPTOM TRACKER

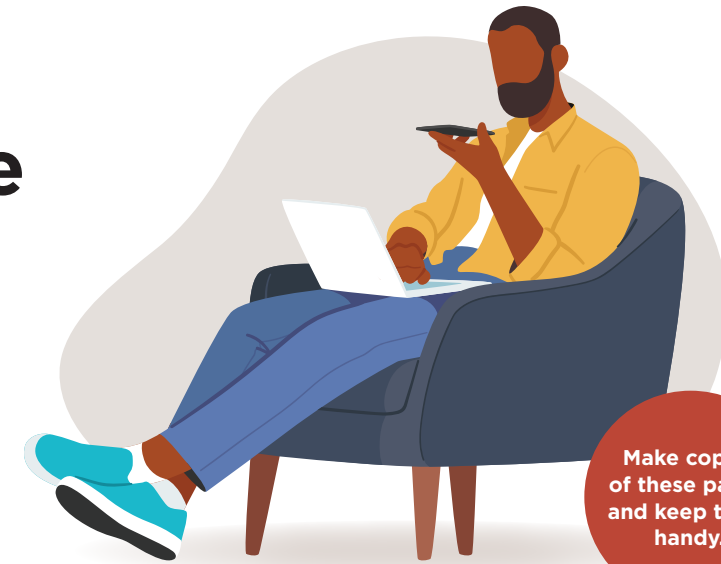
Symptom	Always	Most of the time	Sometimes	Never
I feel short of breath.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get tired easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble thinking clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My feet, ankles, legs or fingers are swollen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My abdomen seems swollen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My weight has suddenly gone up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel faint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have chest discomfort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cough or wheeze.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can't breathe easily when lying down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I lack energy or stamina.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get dizzy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel nauseated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't have much appetite.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you take your medication on schedule? yes no usually

If "no" or "usually," briefly explain: _____

How does heart failure affect your daily life

The more your healthcare team knows about how heart failure is impacting you, the better able they will be to come up with a treatment plan that works best for you.



Make copies of these pages and keep them handy.

PROBLEMS CREATED BY HEART FAILURE

	A big problem	A problem	A small problem	Not a problem for me
Avoid favorite activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoid going out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoid seeing friends or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble sleeping or relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can't exercise as I'd like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel down or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affects my quality of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affects my sense of well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affects my relationships with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fearful of doing things, going places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missed workdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skip doing simple chores (dishes, bedmaking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancel medical/dental appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skip self-care (brushing, flossing, bathing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After my heart failure hospitalization

*I Make
Every Day
My Day*

**VERQUVO may help you live longer
and stay out of the hospital**

So you can stay true to your heart.

Talk to your doctor to see if VERQUVO is right for you.

Not an actual patient.

What is VERQUVO?

VERQUVO is a prescription medicine used in adults who are having symptoms of their chronic (long-lasting) heart failure, who have had a recent hospitalization or the need to receive intravenous (IV) medicines and have an ejection fraction (amount of blood pumped with each heartbeat) of less than 45 percent to reduce the risk of dying and to reduce the need to be hospitalized.

IMPORTANT SAFETY INFORMATION

VERQUVO may cause birth defects if taken during pregnancy.

- **Females must not be pregnant when they start taking VERQUVO.**
- For females who are able to get pregnant:
 - Your healthcare provider will do a pregnancy test to make sure that

you are not pregnant before you start taking VERQUVO.

- You must use effective forms of birth control during treatment and for 1 month after you stop treatment with VERQUVO. Talk to your healthcare provider about forms of birth control that you may use to prevent pregnancy during treatment.
- Tell your healthcare provider right away if you become pregnant or think you are pregnant during treatment with VERQUVO.
- There is a Pregnancy Surveillance Program that monitors pregnancy outcomes in women exposed to VERQUVO during pregnancy. Patients should report any exposure to VERQUVO during pregnancy by calling 1-877-888-4231 or at <https://pregnancyreporting.verquvo-us.com>.

Do not take VERQUVO if you:

- are taking another medicine called a soluble guanylate cyclase stimulator (sGC). Ask your healthcare provider if you are not sure if you are taking an sGC medicine.
- are pregnant.

Before taking VERQUVO, tell your healthcare provider about all your medical conditions, including if you:

- are breastfeeding or plan to breastfeed. It is not known if VERQUVO passes into your breast milk. **Do not** breastfeed if you take VERQUVO. Talk with your healthcare provider about the best way to feed your baby if you take VERQUVO.

Tell your healthcare provider about all the medicines you take. Certain other medicines may affect how VERQUVO works.

The most common side effects of VERQUVO include:

- low blood pressure
- low red blood cells (anemia)

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.

Please read the adjacent Medication Guide for VERQUVO and discuss it with your doctor.

 **Verquvo**[®]
(vericiguat) tablets
2.5 mg, 5 mg, 10 mg



Copyright © 2023 Merck & Co., Inc., Rahway, NJ, USA and its affiliates. All rights reserved. US-VER-02723 05/23

verquvo-us.com

Keep Your Heart in It

MEDICATION GUIDE
VERQUVO®(ver-KYU-voh)
(vericiguat)
tablets

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

VERQUVO may cause birth defects if taken during pregnancy.

- **Females must not be pregnant when they start taking VERQUVO.**
- Females who are able to get pregnant:
 - Your healthcare provider will do a pregnancy test to make sure that you are not pregnant before you start taking VERQUVO.
 - You must use effective forms of birth control during treatment and for 1 month after you stop treatment with VERQUVO. Talk to your healthcare provider about forms of birth control that you may use to prevent pregnancy during treatment with VERQUVO.
 - Tell your healthcare provider right away if you become pregnant or think you are pregnant during treatment with VERQUVO.
 - There is a Pregnancy Surveillance Program that monitors pregnancy outcomes in women exposed to VERQUVO during pregnancy. Patients should report any exposure to VERQUVO during pregnancy by calling 1-877-888-4231 or at <https://pregnancyreporting.verquvo-us.com>.

What is VERQUVO?

VERQUVO is a prescription medicine used in adults who are having symptoms of their chronic (long-lasting) heart failure, who have had a recent hospitalization or the need to receive intravenous (IV) medicines and have an ejection fraction (amount of blood pumped with each heartbeat) of less than 45 percent:

- to reduce the risk of dying and
- to reduce the need to be hospitalized

Heart failure happens when your heart is weak and cannot pump enough blood to your lungs and the rest of your body.

It is not known if VERQUVO is safe and effective in children.

Do not take VERQUVO if you:

- are taking another medicine called a soluble guanylate cyclase stimulator (sGC). Ask your healthcare provider if you are not sure if you are taking an sGC medicine.
- are pregnant. See “What is the most important information I should know about VERQUVO?”

Before you take VERQUVO, tell your healthcare provider about all your medical conditions, including if you:

- are breastfeeding or plan to breastfeed. It is not known if VERQUVO passes into your breast milk. **Do not** breastfeed if you take VERQUVO. Talk with your healthcare provider about the best way to feed your baby if you take VERQUVO.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Certain other medicines may affect how VERQUVO works.

How should I take VERQUVO?

- Take VERQUVO exactly as your healthcare provider tells you to.
- Take VERQUVO 1 time each day with food.
- Swallow VERQUVO tablets whole. If you are not able to swallow the tablet whole, you may crush VERQUVO tablets and mix with water right before taking your dose.
- Your healthcare provider may change your dose — when you first start taking VERQUVO to find the best dose for you and how well you tolerate VERQUVO.
- If you miss a dose, take the missed dose as soon as you remember on the same day of the missed dose. **Do not** take 2 doses of VERQUVO on the same day to make up for a missed dose.
- If you take too much VERQUVO, call your healthcare provider or go to the nearest hospital emergency room right away.

What are the possible side effects of VERQUVO?

VERQUVO may cause serious side effects, including:

See “What is the most important information I should know about VERQUVO?”

The most common side effects of VERQUVO include:

- low blood pressure
- low red blood cells (anemia)

These are not all the possible side effects of VERQUVO. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store VERQUVO?

- Store VERQUVO at room temperature between 68°F to 77°F (20°C to 25°C).

Keep VERQUVO and all medicines out of the reach of children.

General information about the safe and effective use of VERQUVO.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use VERQUVO for a condition for which it was not prescribed. Do not give VERQUVO to other people, even if they have the same symptoms you have. It may harm them.

You can ask your pharmacist or healthcare provider for information about VERQUVO that is written for health professionals.

What are the ingredients in VERQUVO?

Active ingredient: vericiguat.

Inactive ingredients: croscarmellose sodium, hypromellose, lactose monohydrate, magnesium stearate, microcrystalline cellulose, sodium lauryl sulfate.

The tablet film coating contains: hypromellose, talc, titanium dioxide. The film-coating for the 5 mg tablet also contains ferric oxide red. The film-coating for the 10 mg tablet also contains ferric oxide yellow.

usmg-mk1242-t-2302r003
Revised: 02/2023



Copyright © 2023 Merck & Co., Inc., Rahway, NJ, USA and its affiliates.
All rights reserved. US-VER-02723 05/23

YES, THE BODY CAN HEAL AFTER HEART FAILURE!

From partnering with the right cardiologist to changing his career, Brian Griess has gone from having a heart attack and being diagnosed with heart failure to being the healthiest he's ever been! —BY AMY CAPETTA

Back in 2019, Brian Griess from Dallas-Fort Worth Metroplex, TX, had been working long days and nights as a chef while also acting as his mom's caretaker in his "spare" time. The former professional wrestler—who had stopped exercising and gained weight after leaving the sport—thought he was managing it all well, until one morning when he woke up with his sheets completely soaked in sweat.

Even after waking, he continued to sweat excessively, then began experiencing acid reflux, so he assumed maybe he'd eaten something that didn't agree with him. But a few days later, the then-35-year-old headed to the emergency room when his heart started beating rapidly for no reason.

The results from his bloodwork showed that Brian's level of troponin (a muscle protein that increases within 24 hours of a heart attack and usually remains high for days) was through the roof. "Also, I had a blood pressure reading of 223/167 [mmHg]," recalls Brian. (Normal blood pressure is 120/80 mmHg; any reading higher than 180/120 is considered a "hypertensive crisis," according to the American Heart Association.)

Even though the ER physicians explained that

Brian had suffered a heart attack, he checked himself out of the hospital against doctor's orders because he needed to get home to care for his terminally ill mother. However, he promised to consult with a cardiologist within 48 hours, and he did—which is when Brian found out he also had congestive heart failure.

"My 'heart horsepower' as I call it [ejection fraction or EF, which is a measure of how much blood the heart pumps with each beat] was only around 40%, where a healthy heart has a number of at least 50%," he states. "Once I heard I was close to needing to wear one of those vests that can send an electric shock to the heart, I knew I had to do something because I didn't want to die."

So Brian quickly started on a new health regimen that included prescription meds, as well as diet and lifestyle changes. (See p. 18 to learn about the modifications he made.) Today, his EF is 77%, his blood pressure readings are within the normal range and he's lost more than 60 lbs. "I'd been really hard on myself for getting so out of shape that I damaged my body to that point," he says. "But even if you've been diagnosed with heart failure, it *is* possible to reverse the damage and heal your heart."

Continued on the next page ►



Photos by The Teal Album Photography



HOW BRIAN TURNED HIS HEART HEALTH AROUND

Here, Brian shares his top tips. Ask your care team if they could work for you!

Learn the facts.

Even though Brian's grandmother also had congestive heart failure, he knew very little about the condition. "I assumed it was an old person's health issue, not someone who was 35," he states. Since the visit to the ER, Brian educated himself on the various symptoms of a heart attack. "I'd always thought my arm, jaw and chest would have hurt, where I would have then clutched my chest and fell to the floor," he explains. "But none of these things happened to me. I later learned that ongoing acid reflux could also be a symptom of a heart attack. It's important to recognize these signs so you can get treated right away, and not wait for days—while your heart is being damaged—like I did."

Partner with the "right" physician.

Brian cannot say enough about his cardiologist, Dr. Jacob Chemmalakuzhy. Along with prescribing four medications, including meds to help treat his high blood pressure and heart failure, Dr. Chemmalakuzhy enrolled Brian in a heart failure clinic for four months. "A nurse, trainer and nutritionist were sent to my home each week and my doctor explained they would monitor me and make sure that I was on the right track. This whole team was an essential part of my recovery."

Choose heart-healthy foods.

Prior to being diagnosed with heart failure, Brian admits he ate lots of heavily processed foods. "Being a pro wrestler on the road, I ate junk that I bought at a gas station, like Slim Jims. Then being a half-Italian and half-German chef, the cuisines I made were heavy in carbs and high-fat meats." After his diagnosis, Brian stopped eating white bread and pasta and limited his intake of beef. Meals today consist of fruits, vegetables, lean proteins (like chicken and yogurt) and whole grains (such as brown rice, quinoa and low-carb tortillas). "I was then introduced to pastas made from red lentils or cauliflower, so I still get to have my pasta fix without all the carbs," he adds. "My snacks today are what I would have called 'boring' previously, either an apple, banana, low-fat string cheese or a yogurt cup. But feeling great and not being in heart failure is way better than eating a bag of pork rinds."

Consider changes with a big payoff.

During Brian's initial visit with his cardiologist, the doctor insisted he take two months off from work and try to lower his stress factors. For starters, Brian, who can be found on Instagram @bigplo, quit his job as a chef and went back to the world of wrestling—only this time as a broadcaster. Going for walks and doing yoga served as workouts to help improve his heart health, as well as to release stress. And he also made sleep a priority. "It's so odd that it's become trendy to say, 'I'm a workaholic and I can function on only three hours of sleep,'" continues Brian. "But that lifestyle catches up to you eventually. I learned from my doctor that the body heals while it's sleeping, so you want to aim to get the optimum amount of sleep." ●

Health Monitor

Maria Lissandrello, Senior Vice President, Editor-In-Chief; **Lindsay Bosslett**, Associate Vice President, Managing Editor; **Joana Mangune**, Senior Editor; **Marissa Purdy**, Associate Editor; **Jennifer Webber**, Associate Vice President, Associate Creative Director; **Ashley Pinck**, Art Director; **Suzanne Augustyn**, Art Director; **Stefanie Fischer**, Senior Graphic Designer; **Sarah Hartstein**, Graphic Designer; **Kimberly H. Vivas**, Senior Vice President, Production and Project Management; **Jennie Macko**, Associate Director, Print Production; **Gianna Caradonna**, Print Production Coordinator

Dawn Vezirian, Senior Vice President, Financial Planning and Analysis; **Colleen D'Anna**, Director, Client Strategy & Business Development; **Gwen Park**, Senior Vice President, Pharma Sales; **Augie Caruso**, Executive Vice President, Sales and Key Accounts; **Keith Sedlak**, Executive Vice President, Chief Commercial Officer; **Howard Halligan**, President, Chief Operating Officer; **David M. Paragamian**, Chief Executive Officer



WHAT'S NEXT? I have had heart failure for several years and am managing pretty well since switching to a vasodilator about a year ago. Can I expect this medication to keep working or should I be talking to my doctor about next steps if my condition gets worse?

Q

A

Expert insight on living with heart failure

A: I'm happy you have found a regimen that is working well for you. As you're finding, medications for heart failure are critical to improve patients' symptoms, quality of life, heart recovery and longevity. Depending on the cause of heart failure and its severity, these medications may work for an extended period of time and sometimes even lead to full recovery of heart function. But sometimes, despite both a patient's and doctor's best efforts, heart failure can keep getting worse. When the heart weakens to a very advanced stage, a specialized heart failure cardiologist is needed to evaluate candidacy for advanced treatment methods. These options include intravenous medications, which can help improve quality of life, mechanical pumps to substi-

tute the heart function, and even heart transplantation. Every step of the way, your doctor will work with you and your family to determine the best options for you and how to help you feel better and live a good life.

MONITOR ELIGIBILITY

Q: I've heard about monitors that can be implanted in people with heart failure that send information about how well your heart is pumping to your doctor. This sounds like a good idea to me, but how do I find out if I'm a candidate?

A: When the heart isn't pumping well, this can change the pressures in the chambers of the heart. In severe cases, a patient may develop symptoms and even require hospitalization. But today, patients may avoid that situation altogether thanks to wireless im-

plants that monitor the pressures in the heart, detecting changes even before a person gets symptoms. One such device is threaded through the femoral vein (a large vein in the upper leg) to the right side of the heart and into the pulmonary artery. The data it generates can help doctors adjust medications before the pressures change so much that a patient has to go to the hospital. To be eligible, a person must have had at least one hospital admission for heart failure within the past year and be in a specific stage of heart failure called New York Heart Association class III. (This stage describes people who experience heart failure symptoms like shortness of breath from walking less than a block, or the equivalent, see more on p. 4.) The device appears to make a huge difference: Consider that in a study of 550 such patients, those who had the implant turned on showed a 37% reduction in hospitalizations related to heart failure compared with those who did not. Even better: Device implantation was safe and device failures were non-existent within the 15 months of the study. If you think you might be a candidate, speak with your doctor. ●

OUR EXPERT

Roger S. Blumenthal, MD, The Kenneth Jay Pollin Professor of Cardiology; Director, Ciccarone Center for the Prevention of Heart Disease



Defuse stress—and boost your fitness!

P

ressing deadlines. Kids. Bills. The boss. When everyday pressures pile up, so can your risk for heart disease: Studies have found a positive correlation between high levels of cortisol (the stress hormone) and elevated cholesterol, triglycerides, blood sugar and blood pressure.

One antidote? Mindfulness meditation, which involves being fully present and connected to the activity at hand. A Harvard study found it lowers body-wide inflammation, and a study published in the *Journal of the American Heart Association* found it can lower your risk for heart disease, including your risk for heart failure. Want to give it a try?

Begin with this walking meditation exercise, and you'll reap double benefits—a calmer mind *and* a fitter body! Here's how:

Choose your path.

It can be around the block, up and down your driveway or even around your living room. Just pick somewhere comfortable.

Coordinate your breathing to your steps.

Walk at a relaxed pace, inhaling for three steps, exhaling for three—or whatever feels natural.

Tune in to your bodily sensations.

Focus on the soles of your feet as they hit the ground. How do your calves feel? Your knees? Your thighs? Take note of how your body maintains its balance.

Feel your clothing against your body.

Notice how the fabric moves as you do.

Let go of tension.

Relax your neck...your shoulders...your hips.

Focus on your breathing.

As you inhale, say to yourself: "I'm where I long to be." As you exhale, say: "I am coming home."

As you get used to walking meditation, try applying it every time you walk from the car or to the mailbox. Keeping your mind attuned to the present can allay anxiety, promote peaceful balance and help you achieve and maintain your healthy weight. ●



Keep him safe in your home. Dispose of unused opioids.

Keep your family safe.

- ✓ Don't share opioid pain medicines with others.
- ✓ Store opioids out of sight and out of reach of children or teens.
- ✓ Dispose of unused opioids safely when there is no longer a medical need for them.

www.FDA.gov/DrugDisposal



Remove the RISK

Small steps to a *healthier* heart

Whether you've been living with heart failure for a while or were just diagnosed, it's never too late to take action and make healthier choices. And one of the easiest and most effective ways to do that is by starting small. Review the lists here with your healthcare provider and figure out the little changes you can commit to right now. Pick one or two from each category and try them out for a few weeks. Once they've become a habit, go back and pick some more—before you know it, you'll be feeling fitter than ever!



Nutrition smarts

- Eat fish twice a week
- Drink ___ oz. of fluid a day, as recommended
- Fill half my plate with fruits and vegetables
- Check food labels for salt content
- Limit fast food
- Limit processed foods, such as sweets, fries and chips
- Limit alcohol
- Eat whole grains instead of refined grains (for example, brown rice instead of white rice)
- Use olive, safflower and canola oil instead of corn and vegetable oil
- Eat fewer foods high in trans- and saturated fats, found in butter, bacon, steak and full-fat dairy products, and more monounsaturated and polyunsaturated fats, found in salmon, avocado, nuts, flax seeds and olive oil



Fitness boosters

I plan to be active ___ minutes, ___ days a week. (First, ask your healthcare provider what your activity goals should be and about the activities you can safely incorporate.) Here's what I can do:

- Walk
- Water exercise
- Chair exercise
- Stationary bike
- Golf
- Stretch/yoga
- Take in groceries one bag at a time
- Garden
- Use the stairs when possible
- Light calisthenics
- Other: _____



Support system builders

- Attend a smoking cessation program, if needed
- Join a support group, either online or in-person (or both!)
- Call my healthcare professional with questions and concerns
- Speak regularly to a mental health professional to help find perspective and maintain a positive attitude
- Seek the help of a dietitian for a customized eating program
- Attend a cardiovascular rehabilitation program, if appropriate



Stress busters

- Do daily meditation
- Go for a hike
- Practice deep breathing
- Listen to music
- Play an instrument
- Take up a new hobby, such as knitting or scrapbooking
- Talk with a friend
- Pray; go to church
- Other: _____

Health Monitor Living

Questions to ask your healthcare team



Scan this QR code for free home delivery

How serious is my heart failure?



Is my heart failure well controlled?



Is there any other treatment or medication that might help me?



Could heart failure increase my risk for complications (such as kidney or liver disease)?



Am I a candidate for cardiac rehab?



What kind of tests will I need to monitor my heart failure?



What are the goals of my treatment and what can I do to reach them?



What can I do to reduce my risk of being hospitalized?



How many fluids can I drink in a day, and how much sodium can I eat?



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.