

Hfpef

A plain-English guide for you and your family

WHAT IS HAPPENING

In heart failure with preserved ejection fraction (HFpEF), your heart still squeezes and pumps blood out normally—that pumping strength is called ejection fraction, and it stays at 50 percent or higher, which is good. The problem is that between beats, the heart muscle has become thick and stiff, so it cannot relax and fill up with blood the way it should. This stiffness usually builds over years from high blood pressure, diabetes, obesity, and aging. Because the heart cannot fill easily, blood backs up into the lungs, and the body cannot get enough oxygen when you try to do something active. That is why people with HFpEF feel short of breath when they walk or climb stairs, get tired easily, and often notice their ankles and legs swelling. Many also develop an irregular heartbeat called atrial fibrillation (an irregular, quivering heartbeat), because the backup pressure confuses the heart's rhythm. None of this is random—it all traces back to that one stiff left ventricle that cannot relax. Medicines like SGLT2 inhibitors (diabetes pills that also help the heart) and spironolactone (a water pill that blocks a hormone called aldosterone) can slow the disease and help you feel better, but the key is also treating high blood pressure, losing weight if needed, and staying active within your limits.

What you might feel

- Shortness of breath during activity or when lying flat
- Swelling in the ankles, legs, or belly
- Feeling unusually tired or weak, especially with effort
- Fast or irregular heartbeat (palpitations)
- Needing to urinate more often at night
- Sudden, severe shortness of breath with pink, frothy spit
- Chest pain or pressure, especially during exertion
- Confusion, trouble focusing, or feeling dizzy

Call the doctor right away if...

- Sudden, severe shortness of breath with pink or bloody spit (sign of fluid filling the lungs)

- New or worsening chest pain, especially during activity (may signal a heart attack or dangerous lack of blood flow)
- Confusion, dizziness, or passing out (brain and body aren't getting enough oxygen)
- Rapid weight gain (more than 2–3 pounds in a day or 5 pounds in a week) or sudden increase in leg or belly swelling (sign that fluid is building up fast)
- Heart rate over 120 beats per minute at rest, or a new irregular rhythm (may be atrial fibrillation (an irregular, quivering heartbeat) or another dangerous arrhythmia)

What the care team will do

- Weigh the patient daily at the same time wearing similar clothing, and report weight gain of three pounds in one day or five pounds in one week to the provider immediately
- Monitor intake and output closely, aiming for negative fluid balance when the patient has signs of fluid overload like swelling or shortness of breath
- Elevate the head of the bed at least thirty degrees and keep extra pillows at the bedside for patients with shortness of breath
- Check blood pressure and heart rate before giving ACE inhibitors, ARBs, beta-blockers, or other blood pressure medicines, and hold the dose if systolic blood pressure is below ninety or heart rate is below fifty
- Monitor potassium and creatinine levels closely, especially when the patient takes spironolactone, ACE inhibitors, or ARBs together
- Assess lung sounds every shift, listening for crackles or crackles in the lungs (rales) at the bases, and report new or worsening crackles immediately
- Check for pitting swelling (edema) in the ankles, legs, and sacrum (lower back area) every shift by pressing firmly for five seconds and watching how long the dent stays
- Teach the patient to limit sodium intake to less than two grams per day and restrict fluids to two liters per day if provider orders fluid restriction

Medicines you may be given — and why

Furosemide (Lasix) or bumetanide (Bumex)

Tells the kidneys to dump extra salt and water into the urine, which shrinks the fluid load in the blood vessels and lungs. The heart doesn't have to push against as much fluid, so congestion (the soggy, heavy feeling in the lungs and legs) gets better.

Dapagliflozin (Farxiga) or empagliflozin (Jardiance)

Blocks a sugar pump in the kidney so that glucose spills into the urine and gets flushed out. That gentle fluid loss takes pressure off the heart, and the drug also seems to calm

inflammation and protect the heart muscle in ways scientists are still mapping. It helps the heart pump better and keeps patients out of the hospital.

Spironolactone (Aldactone)

Blocks aldosterone (a hormone that tells the kidneys to hold onto salt and water and dump potassium). By blocking aldosterone, the drug helps the kidneys get rid of extra fluid without wasting potassium, and it also slows down scarring (fibrosis) in the heart muscle. That makes the left ventricle a little less stiff over time.

Losartan (Cozaar), valsartan (Diovan), or sacubitril/valsartan (Entresto)

Blocks angiotensin II (a hormone that squeezes blood vessels tight and tells the heart to thicken and scar) from grabbing onto its receptor. This lets blood vessels relax, lowers blood pressure, and slows the remodeling (thickening and stiffening) of the heart muscle. Sacubitril/valsartan also blocks neprilysin (an enzyme that breaks down helpful peptides), so more of the body's natural relaxing and fluid-clearing signals stick around.

Metoprolol succinate (Toprol-XL) or carvedilol (Coreg)

Blocks the receptors that adrenaline (epinephrine) and noradrenaline (norepinephrine) use to speed up the heart and make it squeeze harder. By turning down that overdrive signal, the heart beats slower and with less force, which gives it more time to relax and fill with blood. Over time, this also lowers blood pressure and can calm dangerous heart rhythms like atrial fibrillation (an irregular, quivering heartbeat).

Where this information comes from

- AHA/ACC/HFSA 2022 Guideline for the Management of Heart Failure
- ESC 2021 Guidelines for the Diagnosis and Treatment of Acute and Chronic Heart Failure
- NEJM Clinical Practice Review on HFpEF
- Cochrane systematic reviews on heart failure

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