



HEART FAILURE

Community Health Talk

[Insert Speaker's Name]

[INSERT AFFILIATION]

What is heart failure?

- Heart failure is a long-term condition in which the heart muscle can't pump enough oxygen-rich blood to meet the body's needs.
- When your heart is too weak (heart failure with reduced ejection fraction) or stiff (heart failure with preserved ejection fraction) to pump effectively, fluid builds up and causes pressure increases in your pulmonary artery and lungs.
- Heart failure is a challenging condition to treat.
- It is also progressive: the heart gets weaker over time, even though you may not notice the signs of worsening disease.



Heart failure is a **serious** disease



6.5 MILLION

adults in the United States
have heart failure¹



APPROXIMATELY
600,000 PATIENTS

have advanced heart failure
(estimated 10%)²



OVER
350,000 DEATHS

are attributed to heart failure
each year in the United States³

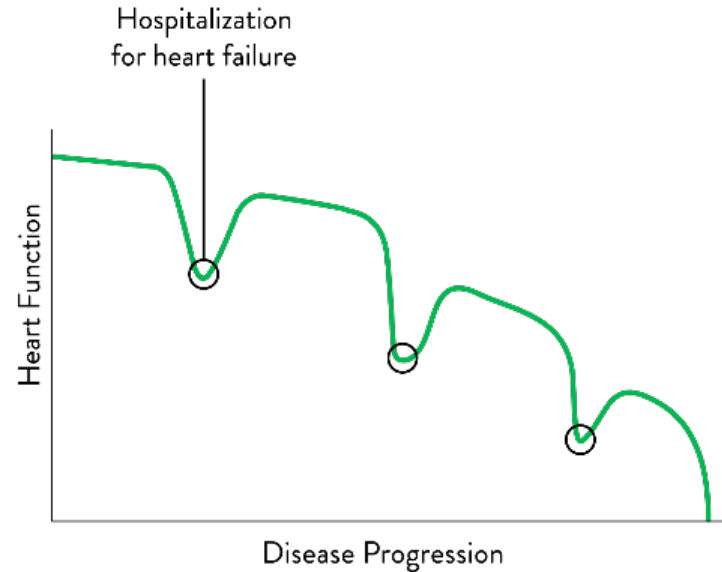
1. Benjamin EJ, et al. American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart Disease and Stroke Statistics-2017 Update: A Report From the American Heart Association. *Circulation*. 2017;135(10):e146-e603.

2. American Heart Association. Advanced Heart Failure Web site. <https://www.heart.org/en/health-topics/heart-failure/living-with-heart-failure-and-managing-advanced-hf/advanced-heart-failure>. Accessed June 12, 2019.

3. Setoguchi S, et al. Repeated hospitalizations predict mortality in the community population with heart failure. *Am Heart J*. 2007;154(2):260-266.

Every heart failure hospitalization increases the patient's **risk for death**¹

- Each time you are hospitalized for heart failure, your heart is damaged, which may contribute to your heart failure getting worse.²
- Repeat hospitalizations for heart failure remain a strong predictor of illness and death for heart failure patients.¹



1. Setoguchi S, Stevenson LW, Schneeweiss S. Repeated hospitalizations predict mortality in the community population with heart failure. *Am Heart J*. 2007;154:260-266.

2. Gheorghiade, et al. Pathophysiologic Targets in Early AHFS. *The American Journal of Cardiology*. September 19, 2005;96(6A).

What **causes** heart failure?¹⁻³

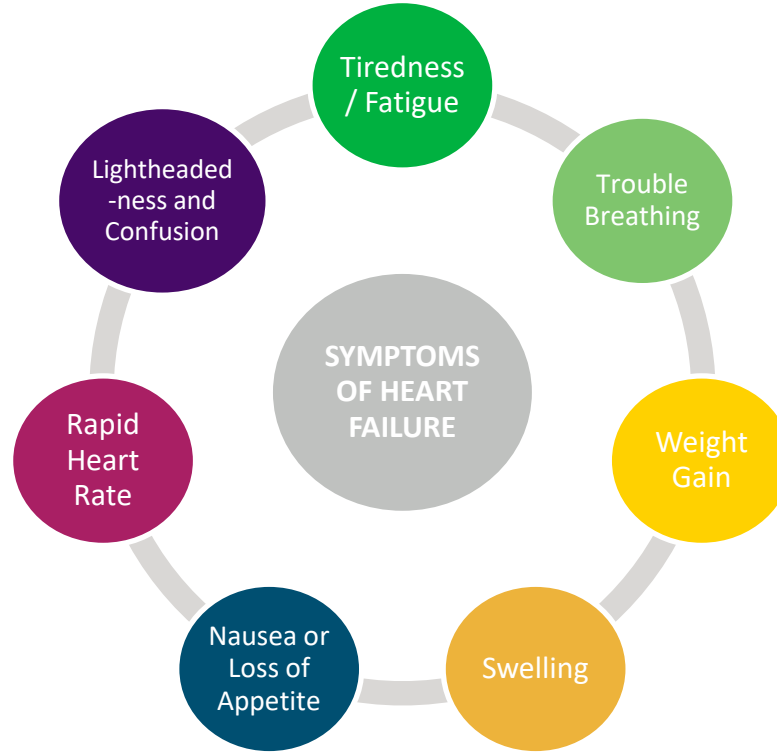
- Coronary Artery Disease
- Untreated High Blood Pressure (hypertension)
- Abnormal Heart Rhythms (such as atrial fibrillation)
- Heart Valve Disease
- Congenital Heart Disease
- Diabetes
- Infections of the Heart

1. <https://www.mayoclinic.org/diseases-conditions/cardiomyopathy/symptoms-causes/syc-20370709>

2. <https://www.heart.org/en/health-topics/heart-failure/causes-and-risks-for-heart-failure/understand-your-risk-for-heart-failure>

3. https://www.cdc.gov/heartdisease/heart_failure.htm

Symptoms of heart failure^{1,2}



1. <https://www.mayoclinic.org/diseases-conditions/heart-failure/symptoms-causes/syc-20373142>

2. <https://www.heart.org/en/health-topics/heart-failure/warning-signs-of-heart-failure>

NYHA classes of heart failure*



CLASS I

No symptoms or limitations to activity.



CLASS II

Slight limitations of physical activity.
Comfortable at rest.

Ordinary physical activity results in
feeling tired and short of breath.



CLASS III

Significant limitations of
physical activity.

Less than ordinary activity results in
feeling tired and short of breath.



CLASS IV

Unable to carry on any physical
activity without discomfort.

Tired and short of breath even at rest.

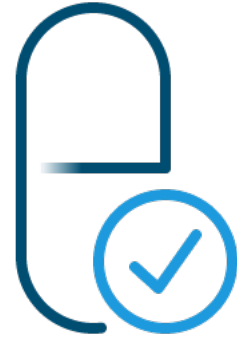
How to **manage** heart failure



Exercise/increase
daily activity



Improve diet

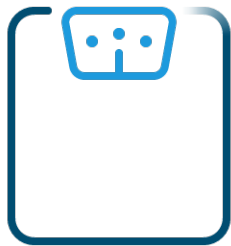


Take your prescribed
heart failure
medications

How **congestion** occurs



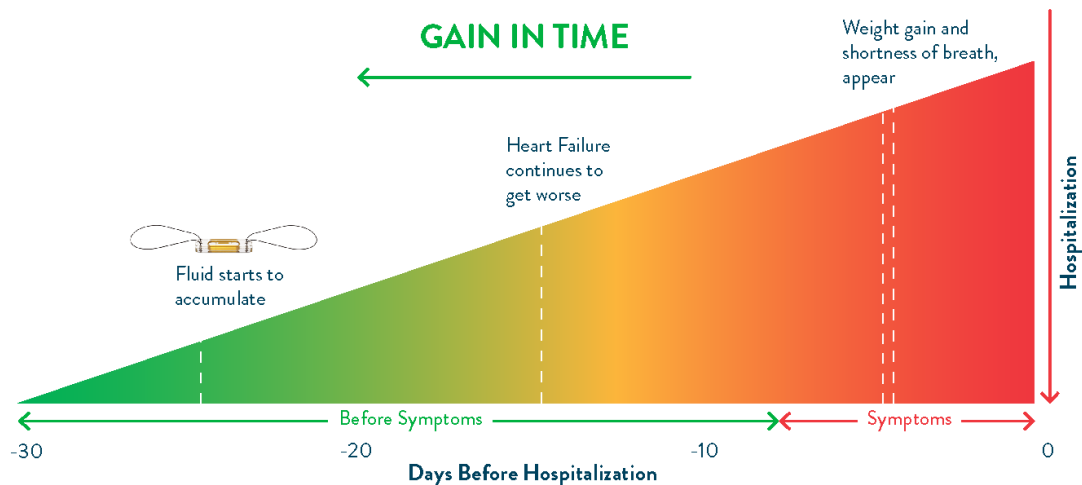
Due to diet, missed or non-optimized medications, or lack of exercise, you might experience an episode where your heart failure gets to a point that you need to be hospitalized. This is an expensive and often avoidable occurrence.



In the past, we monitored weight and blood pressure, but those signals often occurred within days of an episode, and it was too late to act by the time we saw changes.

Early treatment is essential

- One of the earliest measurable signs of congestion is a rise in pulmonary artery pressure.
- Previously, this could only be measured in the hospital with a catheter placed above the heart and connected to a machine at the bedside.



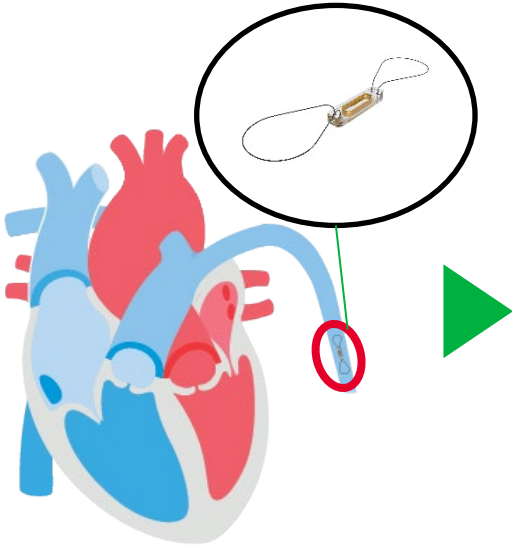
Graph adapted from Adamson PB Pathophysiology of the transition from chronic compensated and acute decompensated heart failure: new insights from continuous monitoring devices. Current Heart Failure Report 2009;6:287-292.

Live more worry less

- Now with the CardioMEMS™ HF System, we can monitor your heart failure from home, on vacation or wherever you're at.
- Then, we can take steps to manage your heart failure before it has serious effects on your quality of life or puts you back in the hospital.



How does it **work**?




Sensor is inserted using a common procedure.



You simply take a daily measurement of the sensor from the comfort of your home, or wherever you're at.



Your heart failure care team reviews your information and contacts you when necessary.



“Being able to know that someone is watching and helping me to maintain my levels to keep the pressures off of my heart is what makes the biggest difference.”

IRIS

CardioMEMS™ HF System patient

This testimonial relates an account of an individual's response to the treatment. This patient's account is genuine, typical and documented. However, it does not provide any indication, guide, warranty or guarantee as to the response other persons may have to the treatment. Responses to the treatment discussed can and do vary and are specific to the individual patient.

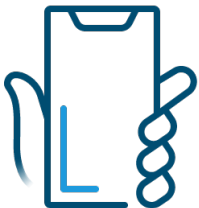
Questions?

Interested in learning whether the CardioMEMS™ HF System is right for you?

Please speak with our staff.



Visit StayAheadofHF.com



Text **LEARN** to **1-844-HEART-34** (1-844-432-7834) to begin receiving educational messages and learn how the CardioMEMS™ HF System can improve your quality of life.



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StayAheadofHF.com

Rx Only

Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

CardioMEMS™ HF System Indications and Usage: The CardioMEMS™ HF System is indicated for wirelessly measuring and monitoring pulmonary artery pressure and heart rate in NYHA Class II or III heart failure patients who either have been hospitalized for heart failure in the previous year and/or have elevated natriuretic peptides. The hemodynamic data are used by physicians for heart failure management with the goal of controlling pulmonary artery pressures and reducing heart failure hospitalizations.

CardioMEMS™ HF System Contraindications: The CardioMEMS HF System is contraindicated for patients with an inability to take dual antiplatelet or anticoagulants for one month post implant.

CardioMEMS™ HF System Potential Adverse Events: Potential adverse events associated with the implantation procedure include, but are not limited to, the following: air embolism, allergic reaction, infection, delayed wound healing, arrhythmias, bleeding, hemoptysis, hematoma, nausea, cerebrovascular accident, thrombus, cardiovascular injury, myocardial infarction, death, embolization, thermal burn, cardiac perforation, pneumothorax, thoracic duct injury and hemothorax.

™ Indicates a trademark of the Abbott group of companies.

‡ Indicates a third party trademark, which is property of its respective owner.

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