

How is heart failure diagnosed?

First, heart failure is diagnosed by ruling out other causes of your symptoms and documenting your heart's ability to pump blood. Your doctor will do a thorough medical history and physical examination to look for [signs and symptoms](#) of heart failure. Your doctor will also order blood and imaging tests to rule out other possible causes for these symptoms and to check on your heart's pumping capacity.

The [medical history](#) catalogs your symptoms, past illnesses, current health conditions, and medications. During the physical examination, the doctor will check your pulse, temperature, and blood pressure, as well as your abdomen, arms, and legs for any signs of swelling (fluid retention). He or she will also examine the veins in your neck, which can give a general idea of the amount of fluid in your body (like a fuel gauge). Using a stethoscope, the doctor will listen to your chest for abnormal sounds in your heart (such as a rapid heartbeat or heart murmurs indicating faulty heart valves) and in your lungs (such as the crackling sound of fluid buildup). A chest x-ray will be done to check the size of your heart and determine if there is fluid buildup in your lungs. An electrocardiogram will record the electric activity of your heart and check for irregular heartbeats.

If your doctor suspects that you have heart failure, he or she will order tests to check the movement of your heart and see if it is contracting and pumping normally. The most important of these tests is an [echocardiogram](#), or "echo" for short. This test is used to see the size and movement of your heart and is the most used to measure your heart's pumping ability, called [ejection fraction](#) (EF). Your ejection fraction is the percentage of blood pumped—or "ejected"—out of a filled pumping chamber (ventricle) during each heartbeat. It is usually measured on the left ventricle because the left ventricle is your heart's main pumping chamber, supplying blood to the rest of the body.

Other imaging tests such as a [nuclear ventriculogram](#) and [cardiac MRI](#) may also be done. For more information, see our section on [tests and diagnosis](#).

How is heart failure treated?

The goal of heart failure treatment is to relieve your symptoms, improve your quality of life, and slow the progression of heart failure. You will likely have to take medication for the rest of your life even if your heart failure resolves. Even with medications, your symptoms may reoccur, and additional treatment may be needed.

Heart failure is treated with a combination of lifestyles changes and medications. These therapies are designed not only to improve your symptoms and stop your heart failure from getting worse, but also to treat the underlying cause of your heart failure (such as heart disease, high blood pressure, or diabetes).

Lifestyle changes include:

- Following a diet low in salt (like the [DASH diet](#)). Salt can cause extra fluid to build up in your body, making your heart failure worse.
- Limiting the amount of fluids that you drink
- Weighing yourself often and telling your doctor if you experience sudden weight gain. This could mean you have extra fluid building up in your body.
- Exercising to help build up your fitness level and ability to be more active
- Losing weight if you are overweight
- Quitting smoking if you smoke
- Not drinking alcohol excessively (your doctor may recommend that you stop drinking alcohol altogether)

Medications used to treat heart failure include:

- [Diuretics](#) (water or fluid pills) to help reduce fluid buildup in your lungs and swelling in your feet and ankles
- [ACE inhibitors](#) or [Angiotensin Receptor Blockers](#) (ARBs) to lower blood pressure, reduce the strain on your heart, and slow the progression of heart failure. These medications may also reduce the risk of a future heart attack.
- [Beta blockers](#) to decrease the workload on your heart by slowing your heart rate and lower your blood pressure

- [Digoxin](#) to help your heart pump blood more effectively (mostly for blood-pumping problems)
- [Hydralazine and isosorbide dinitrate](#) to lower blood pressure and reduce the strain on your heart

In some cases of severe heart failure, lifestyle changes and medications may not be enough, and patients may need to be hospitalized or be given extra oxygen to help with breathing. Some heart failure patients are candidates for surgery or for implantable devices that help the heart pump properly, such as a [mechanical heart pump](#). In rare cases of severe heart failure, the only option may be a [heart transplant](#) to replace the diseased heart with a healthy one.

African Americans often don't respond as well to ACE inhibitors as whites do and may need adjustments made to the standard treatment. Although still receiving ACE inhibitor as part of their standard heart failure treatment, African Americans may need to also take diuretics to help control high blood pressure.²⁶ Hydralazine and isosorbide dinitrate may also be added to their heart failure treatment to reduce the strain on the heart and improve survival.

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For more information, see our overview articles on the [treatment of systolic heart failure](#) and [treatment of diastolic heart failure](#)

[Next: Prognosis for Patients with Heart Failure](#)

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