

Heart Failure - 1.6.17 Coloured copy

D - Your daughter, yeah?

P - Yes

D - Susan, nice to see you again.

Daughter - Nice to see you again, lovely.

D - Mabel, thanks for coming in. [I think it was on my request, wasn't it?]

P - Yeah, a change of medication from the consultant.

D - Yeah, so we'll talk that through. [Aside from the letter that I got from the consultant about your medication, was there anything else that you were hoping that we would address today?]

P - Yes, my ankles are filling back up again.

D - They are, are they? Okay, so that's related to the same problem isn't it?

P - A bit worrying.

D - How long's that been a problem again?

Daughter - A week, about a week.

D - Ah, okay.

Daughter - A bit breathless again.

P - I'm breathless.

Daughter - Brilliant when she came out of hospital.

P - Yes, I was great when I came out of hospital.

D - You left hospital when?

Daughter - Oh, November.

P - November or December, something like that.

Daughter - But, bearing in mind, on four furosemide.

D - Yes.

Daughter - Reduced to two.

D - [Okay, okay. So all linked with the same issues then isn't it. Okay, were there any other issues you were hoping to address today?]

P - I want some sleeping tablets off you.

D - Okay.

P - Why I don't care.

Daughter - You can't sleep during the day.

P - I don't sleep during the day.

D - Okay.

P - There's nobody in, but she don't believe me.

D - So you're finding it difficult to sleep then?

P - Yes, I can go to sleep at 11, I'll be awake at 12.

D - Okay, so you get off to sleep okay and then you wake up.

P - Well, it takes a bit but then I wake up and that's it.

D - What is it that wakes you up?

P - I don't know.

D - And then do you get back off to sleep again after that?

P - It takes a while.

Daughter - At about 3, maybe about 3.

P - 3 in the morning.

D - Oh, god, okay.

Daughter - And then up at 8.

P - See, I used to be alright when I got a good night's sleep - you know what I mean.

D - [Okay, any theories as to what's stopping you from sleeping?]

P - No, I've got no worries, I've got nothing.

D - How long's that been going on for then?

P - Oh, well I think it started before I went to hospital.

D - Okay, is it breathlessness that's waking you up in the night or anything?

P - Well I have been breathless.

D - [Breathless at night?]

P - During the night, yeah, but.

D - [How many pillows have you got?]

P - Er, three, two.

Daughter - Two.

P - Two.

D - [Do you ever wake up suddenly feeling really breathless?]

P - Oh, uhuh.

D - You do, okay.

P - Sometimes, yeah.

D - [Okay so maybe we need to address that breathlessness on a night and see if that helps.]

This really started at the same time your heart failure became a problem, when you went into hospital. So, if we tackle that, maybe we can sort the problem out with your sleeping too, and then we can come back to the sleep if it's still an issue. Alright. Susan wants me to prioritise your-

Daughter - I just don't think she should be sleeping twenty-four hours a day.

D - No.

P - I don't sleep twenty-four hours a day.

D - Are you sleeping during the day as well then?

Daughter - Just odd times.

P - Just now and then I might nod off, and you think you've been there ages but you haven't, you know what I mean.

D - Okay, so we'll touch on the sleep, but it's mostly about the heart failure, isn't it?

D - [And you don't smoke?]

P - I've never smoked.

D - [Any chest pain at all?]

P - No.

D - No? And how far can you walk on the flat at the moment?

P - Not far.

D - [So, how's all this impacting on your life?] [You live on your own, do you?]

P - Yes.

D - Susan nearby?

P - Yes.

D - Yeah, okay. And you've never been a smoker. [You've never had a heart attack, never had angina?]

P - No, no.

D - [Okay, but we've now established, with this recent hospital admission, that you've got this problem where your heart leaves fluid on your lungs and your legs, and you retain fluid and that makes you breathless - it also makes your legs puffy too.]

P - That's what I was saying, my legs are swelling back up again.

D - And I presume you're a bit tired as well.

P - Yes, oh I get tired.

D - Okay. [What were you in particular hoping that I would do for you today? I know you wanted some sleeping tablets but....]

P - My breath....

D - Sort the problem out with your sleep, sort your breathing out, sort your ankles out?

P - Yes.

D - If we could?

P - If we could. Yes, thanks, that would be lovely.

D - [Anything that was on your mind, anything that was worrying you?]

P - No.

D - Not really, okay.

P - No, no problems at all.

D - [Could we be missing anything important, aside from that?]

P - Trying to think of anything.

D - Not really? This is important enough to deal with. It sounds like, if you've got more ankle swelling, and you've got more breathlessness, that your heart is leaving a little bit of fluid behind it.

P - I can't walk very far, that's why I'm in a chair.

D - [How far can you walk on the flat?]

P - Not far.

D - Fifty metres?

P - I can go to the bathroom, sitting room, living room and I'm breathless aren't I.

D - [Okay, and what's your arrangements at home, do you have a stairlift?]

Daughter - She does.

P - Yes.

D - [Yeah, okay. And you've got a commode downstairs or a toilet downstairs.]

P - A toilet.

Daughter - A toilet downstairs.

D - Okay, so the nursing needs at home are being looked after.

P - Oh yes.

D - Bowels and waterworks alright?

P - Yes, yes.

D - Alright, good.

Daughter - Diabetes, sugar?

D - Sugar's alright?

P - Yeah.

Daughter - Does her own insulin.

P - Do my own, they don't come.

D - Okay, good. So, you've been well looked after in that respect. So, furosemide, one in the morning and one at lunch time-ish, yeah?

P - Yes.

D - Okay, and you're on a few tablets, so I'm just going to quickly go through those. You're on digoxin to slow your heart; you're on bisoprolol to slow the heart, how have you found the bisoprolol? Dr De Alwis wanted me to check how you were getting on with the beta blocker, that's the bisoprolol.

P - I don't know, really, I just take it - that's it.

D - It's been alright, has it?

Daughter - It's been alright, but is that slowing the heart down and causing the breathlessness though?

D - Well, it does slow the heart down but that actually may make it more effective, but I'll check your pulse today and check your blood pressure today - and then we'll make a plan of action together about what the next obvious step is to try and help you with your symptoms.

P - When I was at the hospital, my blood pressure was a bit low.

D - Yeah.

Daughter - When you saw the consultant.

P - Yeah.

D - [So, okay, let me do your blood pressure again if that's okay and check your weight and we'll listen to your lungs] - and we'll make a plan of action after that, if that's okay. So, your blood count was done in April, but you've not had it done since then, and that was fine. The last time we did your kidney function, it showed that you've got a bit of wear and tear in your kidney, but we didn't get a potassium result back, so before we change the treatment we need to repeat the potassium.

Daughter - Right.

P - My kidneys have never been wonderful, have they doctor?

D - I think they're fairly stable, aren't they, in terms of the wear and tear that you've got there haven't they. But it does mean that we have to be a bit careful with what treatments that we use.

P - Oh, yes. I mean, they've never been bad in my life, you know.

D - Have we told you the wee and weigh policy for people that have heart failure? Yeah.

Daughter - You have.

P - You have.

Daughter - Whenever I ask she goes 'Oh Dr Birrell and his wee and weighing', and I say 'Mam you have to do it'.

D - Have you noticed a change in what numbers you get when you wee and weigh?

Daughter - She doesn't do it often.

D - So, I need to know if you're putting on weight; so, if you're putting on two kilos or four pounds over a day or two, that's fluid retention until proven otherwise and that means your heart failure might be causing you some bother, in which case we need to adjust your water tablets or your treatment for your heart failure. So, you need to always let me know about that.

Daughter - It is worth getting weighed?

P - I know, I get weighed, man.

Daughter - Oh, good.

D - So every morning before you put your clothes on, every morning - you need to let me know if there's a significant increase in your weight.

P - But I've just got weighed this morning and I'm just the same.

D - [Do you get lightheaded when you stand up?]

P - Heavy?

D - Do you get lightheaded when you stand up?

P - Not always.

D - [Would you stand up for me now? Your eyes... don't look anaemic, that's good. Breathe away through your mouth, if you wouldn't mind.]

P - (breathing)

D - Lovely.

P - Good?

D - [Your blood pressure's not dropping significantly when you stand up, so that's good. Lovely. Take a seat if you wouldn't mind, let me have a look at your neck - going to have a look at the blood vessels in your neck. So, fifty-nine and a half kilos, that's lovely, put yourself back together.] [Good, well, all of this together suggests that you're retaining a little bit of fluid at the moment, and we could do with helping your heart work a bit more powerfully.]

Now, interestingly enough, your heart rate is not too slow, and I'm relatively happy with that. When was the last time that you had a heart tracing?

P - Ah, quite a while-

Daughter - You went to the Monkwearmouth.

P - Monkwearmouth, yeah.

D - And you've never had an irregular heart rhythm, have you?

P - I've never had anything wrong with it at all, no.

D - Good, okay, so your rhythm is regular now as well, and that helps me. Okay, I would be inclined - if you're not lightheaded when you're standing up, to keep you on the same dose of the bisoprolol, because that helps the heart to function better and you seem to be tolerating it really well. But, I think we need to make some small adjustments when we know it's safe, with your water tablets.

P - Yes.

D - There's a tablet that we call spironolactone which works a bit like furosemide, because it takes extra fluid off you, but I can't use that if your potassium is high. So, I need to check your potassium.

Daughter - I think we've had that one, doctor, and you took it off her because the potassium was high.

D - Got you, alright. So that's useful to know. You didn't tolerate that before, how high did your potassium go?

P - I don't know.

Daughter - It was high, and I think the hospital took it off her as well.

D - Okay, so it might be that that one's not possible for you.

Daughter - Yeah.

D - In which case, maybe we need to just increase the dose of your furosemide because that worked for you before.

P - It did.

D - [Can we make a compromise, then? Can we do your- get you to take two of your furosemide in the morning, and then one at lunch time until that puffiness is better?]

P - Yeah.

D - And then we might need to think about an additional blood pressure tablet for you, so I'm temporarily going to give you extra water tablets to get on top of that - but we can always increase it again when we drop you back. I want to talk about an additional tablet, and again, I can't start you on that if your potassium's a bit high. So that's a different one, and that's called an ace inhibitor. Now there's a variety of these; there's ramipril and there's lisinopril, are the most common ones that we use - you've not heard of that one before?

P - No.

Daughter - You've had ramipril before.

D - And how did you get on with that one?

P - I've had that.

Daughter - I think, ah-

D - Did it cause you an irritating cough or anything?

Daughter - It was dizziness, and that's why you were falling. Dr Halpin took it off.

D - Fine, fine. What dose of that were you taking, with that?

P - Was it 10?

D - Ten's a high dose, so we could give you a little tickle of it, maybe?

P - Yeah.

D - **[But, we need to make sure that it's safe. So, why don't we get you to have a blood test while you're here today, get you until next week to take two furosemide in the morning, one at lunchtime - weigh yourself, wee and weigh every day.] [Maybe you'd be happy us talking on the phone next week with your blood test results, and then I can make some recommendations.]**

P - I'm not great on the phone now, because I remember, then I forget.

D - **[I tell you what, actually, why don't we see each other face-to-face in a week and actually make decisions together.]**

Daughter - Right, okay.

D - Because if you find it difficult on the phone, then-

P - I'm all right on the phone, you understand, it's just that I forget.

D - Well, your daughter will have to be with you I think, so whichever way we do it, you're going to need to be together, aren't you?

P - Yeah.

Daughter - We are, yes.

D - So, let's get you to have a blood test.

Daughter - And have an appointment next week.

D - Would you prefer to be seen face-to-face, then?

Daughter - Well, it's easier, isn't it?

D - Is it? Okay.

Daughter - Well if you can...

D - That's fine with me, absolutely, yeah. Right.

P - Oh, he likes to see me hahaha.

D - So, we'll give you an extra supply of furosemide just for a week or two. Which pharmacy do you use?

Daughter - Tim.

D - Tim, okay. So, if I send that through to him next door. So, you've got this condition called heart failure, where it leaves fluid on your legs and your lungs.

P - That's right.

D - [Now, you keep an eye on that, and if your fluid is getting- if you're gaining two kilos or four pounds or more of weight over a day or two, that's fluid retention until proven otherwise. If you're getting more breathless, that could be your heart failure, so let me know about that.] But, for the moment, till we get on top of that, we're giving you extra furosemide and then - providing your potassium is okay - we're swapping your extra furosemide for a ramipril.

P - Right.

D - A small dose of it, providing your potassium is okay.

Daughter - Right.

D - Questions? Tim's got your prescription next door.

P - Have you got them sleeping tablets down?

D - I'm going to suggest that we focus on... [I'm going to give you some information about looking after your sleep pattern, for the time being, but if we get on top of your heart failure then maybe your sleeping will be less of an issue. Anything else that we're missing?]

Daughter - No, it's just the breathless isn't it.

P - Just the breathless...

Daughter - And the fluid.

D - So, if you can have a blood test while you're here, with my nurse - I've put it on the system for you - and we'll repeat your blood count at the same time. You're up to date with your thyroid tests, aren't you, you've had those done before. So, just ask the girls to arrange for a blood test, preferably today, while you're here, if it's convenient.

Daughter - Right, so two water tablets, then one. Okay, thanks.

D - It's just one extra one, so two in the morning, one at lunch time. That'll probably improve things a little bit for you, and then we'll make a plan of action when we've got the blood test results back.

Daughter - Right, okay. Thanks, doctor.

P - Thank you, bye.

D - Bye.