

Congestive Heart Failure and Serious Mental Illness

Congestive heart failure (CHF), also called heart failure, occurs when the heart becomes too stiff or weak to pump blood effectively. In response to a weakened heart, the body holds on to excess fluid in the lungs, legs, ankles, feet, or abdomen. This fluid buildup is called congestion. CHF can be chronic (present for a long period of time) or acute (happening suddenly). CHF is one of the leading causes of death among individuals with serious mental illness (SMI). People who have both CHF and a SMI may have worse treatment outcomes and may be at a higher risk for premature death.

RISK FACTORS

CHF happens when the heart is no longer able to pump blood as well as it is supposed to. Several health conditions can lead to CHF, including obesity, high blood pressure, coronary artery disease, heart attacks, and diabetes. Some medications used to treat mental illness symptoms can lead to obesity and other health conditions, which may increase the risk of CHF. Health behaviors can also play a major role in the development of CHF, including cigarette smoking, lack of physical activity, and poor diet.

Depression and CHF: Persons living with severe depression or anxiety who develop heart failure often experience a greater burden of illness (i.e., more symptoms or more severe illness), more rapid progression of the heart failure, or associated medical complications (e.g., hospitalization or renal failure). At the same time, persons living with CHF often experience depression and changes in mood. More severe heart failure often increases the chance of developing depression and can worsen existing depression due to major changes in one's quality of life caused by CHF.

SYMPTOMS

- ✓ Shortness of breath or persistent coughing or wheezing, possibly with mucus
- ✓ Swelling (edema) of the feet, ankles, legs or abdomen
- ✓ Fatigue
- ✓ Increased heart rate
- ✓ Confusion (memory loss or feeling disoriented)
- ✓ Frequent urination at night
- ✓ Needing several pillows behind the head at night in order to breathe
- ✓ Inability to walk up stairs or uphill slope

DIAGNOSIS

CHF is the result of many things that can go wrong with the heart. Doctors may use a variety of tests for diagnosis, including the following:

- Blood tests
- Chest x-rays
- Electrocardiograms (EKGs)
- Echocardiography (echo)
- Cardiac stress test (using exercise or an intravenous drug)

Each of these tests provides different information, such as how well the heart is pumping or if there is congestion in the lungs.

SUPPORTING CLIENTS WITH CHF AND MENTAL ILLNESS

- Try to understand the client's perspective. Managing CHF can require changes in every aspect of one's life, which can be overwhelming. Include family members and significant others in supporting the client's management of CHF.
- Ask directly about barriers that may hinder clients in their attempts to manage their overall health (e.g., financial challenges, lack of experience cooking healthy meals, availability of physical activity opportunities, home environment, difficulty in understanding doctors' instructions, etc.).
- Talk to clients about how their heart failure affects them. Clients that perceive their illness as keeping them from their daily life, or feel like their illness is out of their control, may have a harder time self-managing. Remind clients of little steps that they can take to improve their symptoms.
- Talk to clients about limiting sodium intake through methods such as reading food labels, and limiting portion size and frequency of foods that contain more than 5-10% of recommended daily sodium intake.
- Talk to clients about monitoring their weight daily and address any barriers they may feel hinder their ability to weigh themselves. Check whether the client has a working scale.
- Reach out to clients to remind them of clinically recommended screenings and check-ups using a schedule like the one outlined in this tip sheet.
- Discuss plan for managing stress/anger response and participating in activities that promote healthy socialization and self-care.
- Discuss strategies with clients for remembering to take medications, dealing with common side effects, and what clients should do if they miss a dose.
- Help clients identify questions they should ask their physician/cardiologist about management of CHF.
- Link clients to resources such as assistance with meal planning and shopping, nutritional counseling, exercise groups targeted to those with serious mental illness, peer support groups, and health education workshops.

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Connect clients with their primary care provider if they experience any of the following:

- Increased shortness of breath or swelling in ankles, legs, or feet.
- Weight gain greater than two pounds in a day or five pounds in a week.
- Frequent cough or need for more pillows to sleep.
- An increase in feelings of depression.
- Inability to do things that were previously possible, such as walking up stairs, washing themselves, or walking a short distance without being out of breath.

Urge clients to seek immediate medical care if they experience any of the following:

- Chest pain, severe weakness or fainting, rapid irregular heartbeat, or severe sudden shortness of breath and coughing (particularly a cough that brings up pink, foamy mucus). These indicate the need to go to the emergency room, as the condition may have seriously worsened.
- Unusual weight gain (over five pounds in 1-3 days). This may indicate excess fluid retention.

CLINICAL RECOMMENDATIONS FOR CLIENTS WITH CONGESTIVE HEART FAILURE

FREQUENCY	SCREENING/ACTIVITY	GOAL	CHECKLIST	NOTES
Daily	Weight	Client is checking weight daily (preferably at the same time each day) to watch for fluid build-up (indicated by weight gain of more than 2-3 pounds in 1 day or 5 pounds in 1 week).	Client is checking weight every day? Yes <input type="checkbox"/> No <input type="checkbox"/>	If client is not checking their weight every day, support client in overcoming barriers to weighing themselves.
Daily	Medication Adherence	Client is taking all medications, including psychiatric and CHF medications.	Client is taking medications as directed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If client is not taking medications as directed, refer them to their primary care provider or behavioral health provider to obtain counseling.
Ongoing	Blood Pressure	As recommended by primary care provider.	Client is checking values regularly? Yes <input type="checkbox"/> No <input type="checkbox"/>	If client is not checking values daily (or as recommended by provider), support them in checking blood pressure.
Ongoing	Healthy Meal Plan	Reduce dietary sodium intake: limit intake of high sodium foods (e.g., foods with > 5-10% of recommended daily sodium intake per food label). Eat a variety of fruits and vegetables.	Client is following healthy meal plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	If client is not adhering to a healthy meal plan, direct them to resources to support nutrition and help them use food labels to monitor sodium intake.
Ongoing	Physical Activity: As recommended by provider	As recommended by provider, but in general aim for at least 30 minutes/day of moderate activity, 5 days of the week.	Client is following exercise plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	If provider has approved a client to engage in moderate exercise, exercise training is recommended to help clients engage in regular safe physical activity. If client is not meeting physical activity goal, direct them to resources to support physical activity.
Ongoing	Smoking and Alcohol Consumption	Smoking cessation is strongly recommended for all clients with congestive heart failure. Reduced or no alcohol consumption is recommended for all clients with CHF: no more than 2 drinks per day for men; no more than 1 drink per day for women.	Smoker? Yes <input type="checkbox"/> No <input type="checkbox"/> Drinks alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/> Number of Drinks per Day: _____	Discuss smoking cessation strategies if client is smoker and ways to limit alcohol consumption. <i>Refer to the Smoking and Serious Mental Illness tip sheet in additional resources.</i>
Ongoing	Body Mass Index (BMI)	Underweight = <18.5 kg/m ² Healthy weight = 18.5–24.9 kg/m ² Overweight = 25–29.9 kg/m ² Obesity = 30 kg/m ² or greater	Date checked: _____ BMI reading: _____	Note any BMI changes and refer client to health care provider in the case of a large or progressive change.
Annually	Flu Vaccine	All clients with CHF are recommended to obtain an annual flu vaccine.	Date of vaccine: _____	Provide reminders for appointments (in an appropriate timeframe) to complete vaccination.
One-Time	Pneumonia Vaccine	All clients with CHF are recommended to obtain the pneumonia vaccine.	Date of vaccine: _____	Provide reminders for appointments (in an appropriate timeframe) to complete vaccination.

Clinical recommendations are based on guidelines for CHF care and input from clinical experts. Please see additional resources for links to clinical recommendations. **You can help your client use this list as a starting point to prioritize and individualize these goals and activities.**

ADDITIONAL RESOURCES

- American Heart Association: <http://www.heart.org/>
- USCF Medical Center: http://www.ucsfhealth.org/education/diet_and_congestive_heart_failure/
- Blue Cross Blue Shield CHF Action Plan: <https://securews.bcbswny.com/web/content/dam/BCBSWNY/PDF/Congestive%20Heart%20Failure%20Action%20Plan.pdf>
- Community Care of North Carolina CHF Action Plan: <http://www.ccwjc.com/Forms/CHF/CHF%20Management%20Plan.pdf>
- Resources for Integrated Care, *Smoking Cessation and Serious Mental Illness Tip Sheet for Navigators*: https://www.resourcesforintegratedcare.com/Smoking_Cessation_and_Serious_Mental_Illness

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