Heart Failure Awareness Week 2022

#Freedom from Failure
#theFword
Heart Failure Awareness Week 2022

BSH Activities

#HFAW22

1 May  BSH Patient Film

2-6 May  BSH Nurse Forum Twitter Takeover of @WeNurses

5 May  Webinar: Freedom from Failure – Heart Failure with preserved ejection fraction: The Position Statement for HCPs - 18:00-19:30
Heart Failure Awareness Week 2022
4th-6th May 2022

Wednesday 4th May 2022
Publicity Campaign – The ‘F’ Word – Essex CTC/Basildon Hospital

Thursday 5th May 2022
Publicity campaign – BEAT HF – Essex CTC/Basildon Hospital

Friday 6th May 2022
Publicity campaign – BEAT HF – Broomfield Hospital

Essex Heart Failure Symposium and Dinner
Featuring Patient Stories

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CLICK the link

https://twitter.com/i/status/1521842091189579776
Turn up the feel good!
Welsh parliament
Jersey
BSH NURSE FORUM HEART FAILURE AWARENESS WEEK COMPETITION

WIN DIGITAL/ONLINE TICKETS FOR THE 2022 BSH ANNUAL AUTUMN MEETING

A fantastic opportunity to showcase your service and efforts during Heart Failure Awareness Week May 2nd – May 6th 2022

What do you need to do?

Share/shout about your activities to promote the BSH Campaign
'The F Word – FREEDOM FROM HEART FAILURE' including Focus Months

Awareness of the symptoms of heart failure including:

Fighting for breath
Fatigue
Fluid build up/Filling with fluid

Download posters and videos from the BSH Website:
https://www.bsh.org.uk/the-f-word/

Judging criteria:
Community engagement
Organisational engagement
Social media reach
General media coverage

Email info@bsh.org.uk with evidence, photos and testimonials of your efforts and hopefully have some fun doing it!
Join our free online webinar:

**Freedom from Failure – Heart Failure with preserved ejection fraction. The Position Statement for HCPs**

**Thursday 5 May 2022 from 6pm - 7.30pm**
Join in with @BSHNurseForum Twitter take-over of @WeNurses to raise awareness of heart failure - ‘Focusing on Freedom’ - Monday to Friday of Heart Failure Awareness Week 2022

#FreedomFromFailure #TheFWord #HFAW22 #HeartFailure4Nurses

Day in the Life of a Heart Failure Nurse

@WeNurses Twitter, Thursday 5 May

#HFAW22 #HeartFailure4Nurses #FreedomFromFailure
Liverpool
Launched new resource hub
It's #HeartFailureAwarenessWeek and we are proud to be featuring @BSHeartFailure in #HealthAtHeart premiering on #WorldHeartDay, raising awareness of #heartfailure and the importance of #hearthealth. Watch here and save a life bit.ly/3yc8fRp #FreedomFromFailure #TheFWord
Get your Heart Failure Awareness Week 2022 posters!

#HFAW22
1 - 7 May 2022
Position on Heart Failure with Preserved Ejection Fraction (HFrEF) – May 2022

Heart failure with preserved ejection fraction (HFrEF) is an increasingly recognised form of heart failure that has been described as an emerging epidemic. It presents many challenges to patients, healthcare services, and population health. The BSH HFrEF working group has produced this statement with the aims of increasing awareness of this syndrome, highlighting areas of uncertainty, and to promote discussion regarding measures that can support effective HFrEF diagnosis and care.

Prevalence

Among patients with a diagnosis of heart failure (HF), it is reported that up to 40 to 50% may have HFrEF. HFrEF also accounts for an increasing proportion of HF-related hospitalisations. There is a strong association between HFrEF, older age, and cardiovascular and non-cardiovascular comorbidities. As life expectancy and comorbidity rates rise, the proportion of HF patients with HFrEF and resulting impact of HFrEF on healthcare services is projected to increase.

Clinical presentation

Patients with HFrEF experience similar symptoms and signs to patients with HF with reduced ejection fraction (HFrEF), including breathlessness, fatigue, ankle swelling, and reduced quality of life. Some patients with HFrEF may not have symptoms at rest but develop moderate or severely limiting symptoms during exercise. It can be difficult to detect HFrEF in individuals who are obese or have co-existing cardiac and non-cardiac comorbidities with overlapping symptoms, including atrial fibrillation, COPD, and renal failure. Since patients with HFrEF may present to different healthcare settings, all healthcare providers play a critical role in recognising patients with or at risk of HFrEF.

Diagnosis

Diagnosis of HFrEF currently requires consideration of multiple criteria, including symptoms and signs of heart failure, a left ventricular ejection fraction ≤50%, raised natriuretic peptides, and objective evidence of cardiac structural and functional alterations consistent with HF. It is necessary to exclude other conditions that mimic HFrEF, such as cardiac amyloidosis or hypertrophic cardiomyopathy, and additional specialist tests, such as exercise echocardiography or cardiac catheterisation, may be needed to confirm HFrEF in equivocal cases. Normal levels of natriuretic peptides do not necessarily exclude a diagnosis of HFrEF, for example in patients with obesity and symptoms and signs of HF; however, further objective measures of cardiac dysfunction should be sought in these patients to improve diagnostic specificity. Equally, it is recognised that natriuretic peptides may be elevated due to conditions other than HF. In order to achieve a timely and accurate diagnosis, the BSH working group proposes that all patients with suspected HFrEF (based on the presence of symptoms or signs of HF, elevated natriuretic peptide levels, and objective evidence of abnormal cardiac structure or function), should be referred to an appropriate specialist for evaluation.
Film day!
Watch here
https://twitter.com/i/status/1520780145585500161