

Track your symptoms

P. 10

Yes, you can still eat the foods you love!

P. 22

# Health Monitor<sup>®</sup>

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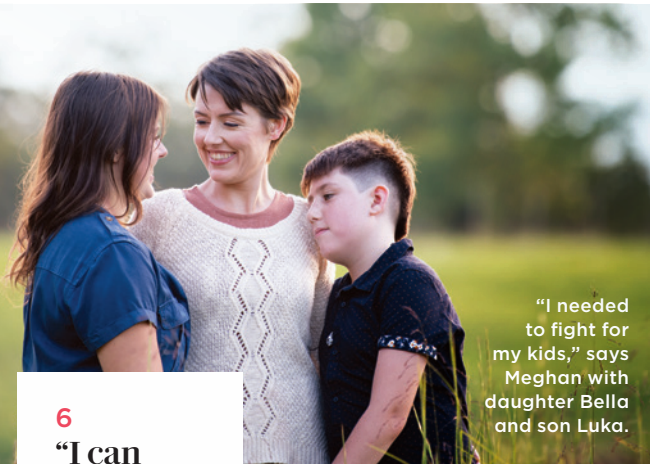
**“I can finally breathe again!”**

## Heart failure

Meghan McKechnie was only 38 years old when she found out she had heart failure. Determined to stick around for her kids, she found the medical team—and the treatment plan—that are putting her goals into reach.

REVIEWED BY





“I needed to fight for my kids,” says Meghan with daughter Bella and son Luka.

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Meghan McKechnie was only 38 years old when she found out she had heart failure. Determined to stick around for her kids, she found the medical team—and the treatment plan—that are putting her goals into reach.

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PES23

Cover photo by Molly Dockery



# Stay focused on the future!

Today’s treatments for chronic heart failure mean you can still enjoy everything life has to offer.



## Today, Donna L. is more focused on tackling the mountain in front of her than on catching her next breath.

“That was definitely not the case just a few years ago,” declares the 58-year-old social media manager.

That’s because, in 2019, Donna was diagnosed with stage C heart failure after passing out while food shopping.

Donna’s health journey began when she was diagnosed with Graves disease in her thirties. Graves is an autoimmune condition that causes the immune system to attack the thyroid, which triggers hyperthyroidism, or too much thyroid hormone. Over time, excess hormones can cause rapid heartbeat and other complications.

“I didn’t realize how big of a deal it was, and honestly I wasn’t looking after myself like I should. Eventually I started to get out of breath all the time, but I kept excusing it as being out of shape. Then I passed out while at the grocery and woke up in the hospital.”

That’s when Donna learned she had heart failure, with an ejection fraction (EF—a measure of how effectively the heart pumps blood) of only 20% (a normal EF is above 50%).

“That’s a diagnosis that definitely wakes you up,” Donna recalls. But rather than give in to fear, she got planning.

“I was immediately put on a medication that would help my heart pump blood more easily, and given a referral for a cardiac dietitian to help me manage the sodium levels in my diet, since I was retaining a lot of water in my legs.” Donna also met with a new endocrinologist to get her thyroid levels stabilized.

Today, Donna’s EF has risen to 44%, and her care team recently cleared her to start the new chapter of her life: hiking.

“I felt like I’d already climbed a metaphorical mountain when it came to my health, so I figured why not start climbing real ones, too?” she laughs. “I’m grateful for every step!”

### Heart failure and you

Whether you were recently diagnosed with heart failure or you’ve had it for a while, new treatment breakthroughs can help you live your life fully. To stay ahead of your condition, spend some time with this guide and get inspired by others who, like Donna, are living well despite heart failure. But first, here’s a refresher on the condition. ▶

SPECIAL THANKS TO OUR ASSOCIATION PARTNER:



**TWO WAYS TO DETERMINE THE SEVERITY OF HEART FAILURE**

The New York Heart Association has classified the disease by how well a person can function, while the American College of Cardiology/American Heart Association stages it by symptoms.

NYHA Class	Functionality
I (mild)	Ordinary physical activity does not cause undue fatigue, rapid or irregular heartbeat, or shortness of breath.
II (mild)	Comfortable at rest, but ordinary physical activity causes fatigue, rapid or irregular heartbeat, or shortness of breath.
III (moderate)	Comfortable at rest, but lighter than usual activity causes fatigue, rapid or irregular heartbeat, or shortness of breath.
IV (severe)	Fatigue, rapid or irregular heartbeat, or shortness of breath are present at rest. Discomfort increases with any physical activity.

ACC/AHA stage	Symptoms
A	At high risk for heart failure but with no structural heart disease or symptoms
B	Minimal structural heart disease with mild symptoms of heart failure
C	Moderately severe structural heart disease and marked limitations in activity due to symptoms
D	Severe heart disease requiring specialized interventions; severe limitations in activity (symptoms present at rest)

**SIGNS OF HEART FAILURE**

Tell your healthcare provider if you experience:

- Shortness of breath with everyday activities
- Increased fatigue
- Swollen legs, feet, ankles and/or abdomen
- Lightheadedness or feeling faint
- Trouble sleeping when lying flat on your back
- Persistent cough or wheezing
- Nausea, stomach upset and loss of appetite

**What is heart failure?**

Heart failure is a condition in which the heart has trouble pumping blood throughout the body. It happens when the heart muscle gets too weak or stiff to function efficiently. A number of risk factors can play a role, including high blood pressure, high cholesterol, coronary artery disease or diabetes. Smoking, obesity and drinking excess alcohol (more than two drinks a day for men; one for women) can also contribute to it.

**How is it diagnosed?**

Your healthcare provider may use blood tests, chest X-rays, an electrocardiogram, an echocardiogram, a stress test and other tools if they suspect you have heart failure. To diagnose (and treat) the condition, your healthcare provider will consider your ejection fraction (EF), which indicates how much blood your heart pumps out every time it beats. A normal EF is above 50%; below 40% may indicate heart failure.

**Your treatment options**

Whatever your stage of heart failure, your care team can help slow the development of the condition so you can feel more comfortable. Discuss the following options with them.

**MEDICATIONS**

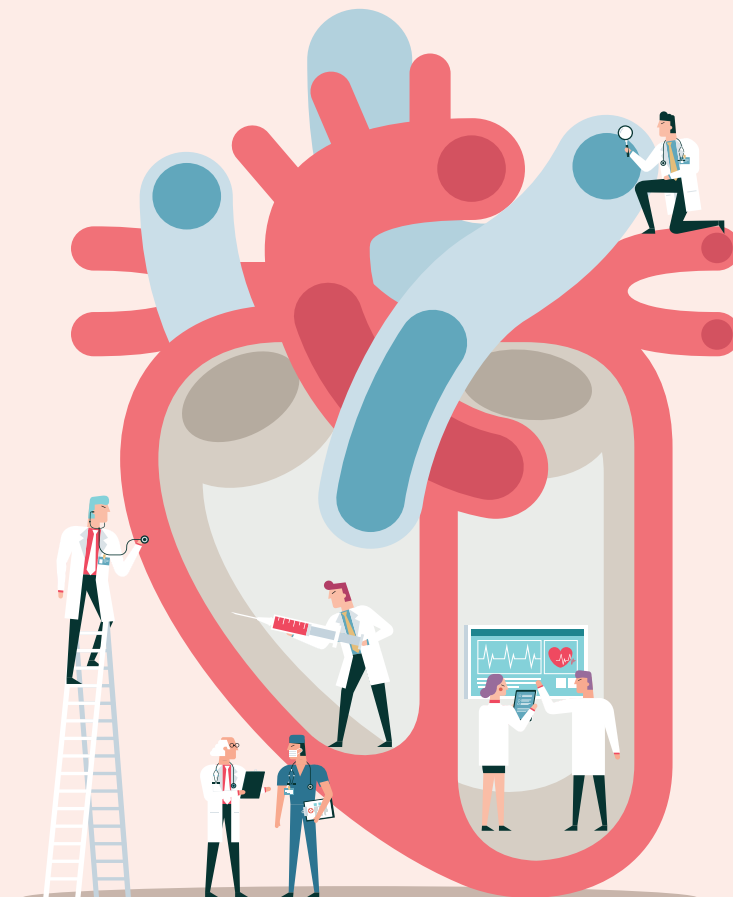
Your healthcare provider will consider your symptoms and overall health to find

the best therapies for you. Options include:

- **Angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs).** These cause blood vessels to relax, improving circulation and lowering blood pressure.
- **Angiotensin receptor-neprilysin inhibitor (ARNI).** This combines an ARB and a medication that blocks production of an enzyme that constricts arteries and encourages fluid retention.
- **Beta blockers.** These drugs regulate pulse and blood pressure and improve heart muscle function.
- **Aldosterone antagonists.** These drugs help the body remove excess fluid and sodium.
- **Soluble guanylate cyclase (sGC) stimulator.** This class of medication helps relax blood vessels so blood flows more easily and your heart pumps more efficiently. It may help people who have a reduced EF and were recently hospitalized or required IV diuretics.
- **Hydralazine and isosorbide dinitrate.** These drugs relax blood vessels to help boost blood flow. Research shows they are especially effective for Black male patients.
- **Hyperpolarization-activated cyclic nucleotide-gated channel (HCN) blockers.** These drugs slow the heart rate, so the heart pumps more blood with each beat.
- **Diuretics.** These drugs help flush out excess fluid.

**Meet your healthcare team**

There's no reason to struggle with your heart failure alone! These are the medical pros who can help manage your condition.



**Primary care provider.**

A healthcare provider specializing in internal or family medicine who may diagnose and treat your heart failure, refer you to a cardiologist and coordinate your overall care.

**Cardiologist.**

A physician specializing in heart disease. Your primary care provider may refer you to a cardiologist for further testing and specialized treatment.

**Nurse practitioner (NP)/Physician associate (PA).**

Advanced practice providers who diagnose, treat and manage heart failure.

**Registered nurse.**

A licensed professional who provides and coordinates patient care.

**Heart failure nurse.**

A licensed professional who provides care and support to people with heart failure and their loved ones.

**Physical and occupational therapists.**

Healthcare professionals who can teach you how to engage in physical activity safely and do everyday tasks more comfortably.

**Registered dietitian.**

A nutrition expert who can help you develop a heart-healthy eating program.

**Pharmacist.**

A healthcare professional who can fill your prescriptions and provide medication guidance.

- **Sodium-glucose co-transporter 2 (SGLT2) inhibitors.** These drugs help lower blood pressure and have been approved to help people with heart failure who also have type 2 diabetes.

**DEVICES AND SURGICAL PROCEDURES**

Some people may also need medical devices, such as a pacemaker or an implant-

able cardioverter defibrillator (ICD) for heart rhythm problems, or a mechanical heart pump or ventricular assist device (VAD) for heart pump problems.

Your healthcare provider may also determine if you need surgery to repair a congenital heart defect, angioplasty to remove any artery blockages or, in some cases, a heart transplant.

**LIFESTYLE MEASURES**

Medication is important, but lifestyle measures help, too. Report any sudden weight gain caused by possible fluid retention; eat a heart-healthy diet; stay active; and limit your alcohol consumption.

Your treatment needs may change over time, so it's important to work with your healthcare team. Together, you can stay ahead of heart failure! ●



COVER STORY

“ I CAN *finally* BREATHE AGAIN! ”

Meghan McKechnie was only 38 years old when she found out she had heart failure. Determined to stick around for her kids, she found the medical team—and the treatment plan—that are putting her goals into reach.

—BY NANCY MORGAN

CONTINUED ON P. 8

# Meghan McKechnie

**is finally taking her first big breaths** in what feels like years. That's partially because the single mother recently picked up everything, including her two children—Bella, 15, and Luka, 11—her daughter's horse, and their dog, and moved from Colorado to North Carolina.

"We loved Colorado, it's a beautiful state, but the altitude was just too high," Meghan says. "Being here lets me struggle less—and focus more on being a mom!"

Meghan's breathing issues began 17 years ago when her heart was damaged after experiencing a violent assault. She came back from literal death in the hospital to the amazement of her medical team, who thought she had made a complete recovery. But underlying issues would plague her for years.

## "I thought I was having a heart attack"

After her hospital stay, Meghan continued to struggle with bouts of weakness, difficulty breathing and feeling like she was going to pass out whenever she bent over. One day, while talking with Luka, she began experiencing extreme chest pain. Thinking she might be having a heart attack, she was rushed to the hospital.

The emergency room staff ran an electrocardiogram and then an echocardiogram, but everything came back "normal" and she was discharged without a diagnosis.



A few days after arriving home from the ER, she and her daughter went for a walk. Or tried to, anyway.

"I couldn't walk; I couldn't breathe because my chest felt so tight. And my neck started going numb," she recalls. She wound up returning to the hospital—only to get the same round of tests with the same results and be sent home again.

Despite being given a "clean" bill of health, Meghan knew she wasn't fine. To sleep, she could only lie on her left side and had to elevate her head to breathe. "I could feel my heart trying to pump," she recalls, "but it couldn't quite do it."

Things really came to a head when her symptoms began impacting her job. An acupuncturist by profession, Meghan finally had to close her practice because her symptoms were making it impossible to work.

"That was one of the toughest parts of this journey—I hated to do it," she laments. "But the career that I worked so hard for had to end."

## "Finally, I got some answers!"

Determined to get answers after nearly two decades of struggling, earlier this year, Meghan made an appointment at the Boone Heart Institute in Denver, "and that's where I finally felt heard," she recalls.

Her cardiologist there explained that 7 out of 10 heart

disease patients are missed or considered "low risk" by traditional testing. He determined that the vessels around Meghan's heart had been spasming, and that over time, it had led to heart failure. Her ejection fraction—the measure of how much blood her heart could pump with each beat—was well below the normal level of 50% or higher, which is what had been causing her fatigue and breathing issues.

Meghan was immediately put on medication, including ones to stop the spasming, as well as one to help her heart pump blood more easily, with the goal of keeping her from future visits to the ER. She also was given info about revamping her diet to one based on low-fat, low-sodium foods. And finally, in the past month, she uprooted her family across the country, to an environment that would be more kind to her condition.

"Receiving my diagnosis led to a lot of changes in my life, but in many ways it felt like the first step of a new journey," says Meghan. "It wasn't easy to hear I had heart failure, but now I have a plan, I have meds that are making me feel better, and I can concentrate on my life and my kids again, rather than constantly worrying about strange symptoms. These days have honestly felt like the first time I've breathed in years!" ●

Photos by Molly Dockery

# TAKE BACK CONTROL OF YOUR HEART HEALTH!

Here, Meghan offers some thoughts and strategies that have helped her, in the hope that they might help you too.

## Focus on small wins.

"Celebrate the little victories," advises Meghan. "When I can take a shower and not get out of breath, that's a success, it means I'm growing stronger and my new plan and treatments are working. If you think that you're going to function the way you used to overnight, you're going to get into a funk, and that's not where you want to be. If you used to walk a mile every morning, walk to the mailbox instead. That's just fine!"

## Listen to your body.

"If you're tired, then rest. Instead of trying to tackle a to-do list with 15 things on it, aim for three and feel good about accomplishing those three. If you don't and you push yourself to do too much, you're going to be down for the count for days. By building in time to rest, you'll keep feeling amazing."

## Ask for help.

"Educate your friends and family members in a way that they'll understand," advises Meghan. "Tell them what heart failure feels like, have them go with you to appointments so the doctors can explain things to them directly. Then give them a 'job' so that they'll feel like useful members of your team."

## Lean into your emotions.

"This is hard to go through," Meghan admits. "So when you need to, have the ugly cry. Yell, scream, punch the pillow. Cry in the car or in the shower. When you have horrible days, think about how your family would be without you. Then wipe your tears, put on your big-girl panties, or big-boy boxers, and go on. Do something that brings you joy. Look at the sky. Hug your dog. It's okay to go to the hard place—just don't stay there."

## Be your own best advocate.

"When you're dealing with healthcare providers, don't just trust," advises Meghan. "Don't just say, 'What do you think, Doc?' because you may not get good answers that way. Get all your records, all your test results. Question everything. Do your research. This is not a situation where blind faith is a good idea."

## Find other people like you.

"Ask your doctor if they know of a support group, or go online to talk to other people who are like you," says Meghan, who shares her struggles with heart failure on Instagram @acu\_doc\_mm. "You'll find that there are many people like you. You are not alone!"



# Track your symptoms

Heart failure is a chronic, progressive disorder, which means your treatment needs may change over time. Tracking your symptoms can help your care team determine if any adjustments may be necessary.

## MY DAILY HEALTH STATS

Record this information every day and share at your next appointment so your care team can track your progress.

Today's date: \_\_\_\_\_ Blood pressure: \_\_\_\_\_ Heart rate: \_\_\_\_\_

Weight: \_\_\_\_\_ Fluid intake (note how many glasses): \_\_\_\_\_

## MY SYMPTOM TRACKER

Symptom	Always	Most of the time	Sometimes	Never
I feel short of breath.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get tired easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble thinking clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My feet, ankles, legs or fingers are swollen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My abdomen seems swollen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My weight has suddenly gone up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel faint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have chest discomfort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cough or wheeze.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can't breathe easily when lying down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I lack energy or stamina.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get dizzy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel nauseated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't have much appetite.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you take your medication on schedule?  yes  no  usually

If "no" or "usually," briefly explain: \_\_\_\_\_

# How does heart failure affect your daily life

The more your healthcare team knows about how heart failure is impacting you, the better able they will be to come up with a treatment plan that works best for you.

## PROBLEMS CREATED BY HEART FAILURE

	A big problem	A problem	A small problem	Not a problem for me
Avoid favorite activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoid going out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoid seeing friends or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble sleeping or relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can't exercise as I'd like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel down or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affects my quality of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affects my sense of well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affects my relationships with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fearful of doing things, going places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missed workdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skip doing simple chores (dishes, bedmaking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancel medical/dental appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skip self-care (brushing, flossing, bathing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



MAKE COPIES OF THESE PAGES AND KEEP THEM HANDY.

After my heart failure hospitalization

*I Make  
Every Day  
My Day*

**VERQUVO may help you live longer  
and stay out of the hospital**

**So you can stay true to your heart.**

Talk to your doctor to see if VERQUVO is right for you.

Not an actual patient.

## What is VERQUVO?

VERQUVO is a prescription medicine used in adults who are having symptoms of their chronic (long-lasting) heart failure, who have had a recent hospitalization or the need to receive intravenous (IV) medicines and have an ejection fraction (amount of blood pumped with each heartbeat) of less than 45 percent to reduce the risk of dying and to reduce the need to be hospitalized.

## IMPORTANT SAFETY INFORMATION

**VERQUVO may cause birth defects if taken during pregnancy.**

- **Females must not be pregnant when they start taking VERQUVO.**
- For females who are able to get pregnant:
  - Your healthcare provider will do a pregnancy test to make sure that

you are not pregnant before you start taking VERQUVO.

- You must use effective forms of birth control during treatment and for 1 month after you stop treatment with VERQUVO. Talk to your healthcare provider about forms of birth control that you may use to prevent pregnancy during treatment.
- Tell your healthcare provider right away if you become pregnant or think you are pregnant during treatment with VERQUVO.
- There is a Pregnancy Surveillance Program that monitors pregnancy outcomes in women exposed to VERQUVO during pregnancy. Patients should report any exposure to VERQUVO during pregnancy by calling 1-877-888-4231 or at <https://pregnancyreporting.verquvo-us.com>.

**Do not take VERQUVO if you:**

- are taking another medicine called a soluble guanylate cyclase stimulator (sGC). Ask your healthcare provider if you are not sure if you are taking an sGC medicine.
- are pregnant.

**Before taking VERQUVO, tell your healthcare provider about all your medical conditions, including if you:**

- are breastfeeding or plan to breastfeed. It is not known if VERQUVO passes into your breast milk. **Do not** breastfeed if you take VERQUVO. Talk with your healthcare provider about the best way to feed your baby if you take VERQUVO.

**Tell your healthcare provider about all the medicines you take.** Certain other medicines may affect how VERQUVO works.

**The most common side effects of VERQUVO include:**

- low blood pressure
- low red blood cells (anemia)

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.

**Please read the adjacent Medication Guide for VERQUVO and discuss it with your doctor.**

 **Verquvo**<sup>®</sup>  
(vericiguat) tablets  
2.5 mg, 5 mg, 10 mg



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[verquvo-us.com](http://verquvo-us.com)

**Keep Your Heart in It**

**MEDICATION GUIDE**  
**VERQUVO®(ver-KYU-voh)**  
**(vericiguat)**  
**tablets**

**What is the most important information I should know about VERQUVO?**

**VERQUVO may cause birth defects if taken during pregnancy.**

- **Females must not be pregnant when they start taking VERQUVO.**
- Females who are able to get pregnant:
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**What is VERQUVO?**

VERQUVO is a prescription medicine used in adults who are having symptoms of their chronic (long-lasting) heart failure, who have had a recent hospitalization or the need to receive intravenous (IV) medicines and have an ejection fraction (amount of blood pumped with each heartbeat) of less than 45 percent:

- to reduce the risk of dying and
- to reduce the need to be hospitalized

Heart failure happens when your heart is weak and cannot pump enough blood to your lungs and the rest of your body.

It is not known if VERQUVO is safe and effective in children.

**Do not take VERQUVO if you:**

- are taking another medicine called a soluble guanylate cyclase stimulator (sGC). Ask your healthcare provider if you are not sure if you are taking an sGC medicine.
- are pregnant. See “What is the most important information I should know about VERQUVO?”

**Before you take VERQUVO, tell your healthcare provider about all your medical conditions, including if you:**

- are breastfeeding or plan to breastfeed. It is not known if VERQUVO passes into your breast milk. **Do not** breastfeed if you take VERQUVO. Talk with your healthcare provider about the best way to feed your baby if you take VERQUVO.

**Tell your healthcare provider about all the medicines you take**, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Certain other medicines may affect how VERQUVO works.

**How should I take VERQUVO?**

- Take VERQUVO exactly as your healthcare provider tells you to.
- Take VERQUVO 1 time each day with food.
- Swallow VERQUVO tablets whole. If you are not able to swallow the tablet whole, you may crush VERQUVO tablets and mix with water right before taking your dose.
- Your healthcare provider may change your dose — when you first start taking VERQUVO to find the best dose for you and how well you tolerate VERQUVO.
- If you miss a dose, take the missed dose as soon as you remember on the same day of the missed dose. **Do not** take 2 doses of VERQUVO on the same day to make up for a missed dose.
- If you take too much VERQUVO, call your healthcare provider or go to the nearest hospital emergency room right away.

**What are the possible side effects of VERQUVO?**

**VERQUVO may cause serious side effects, including:**

See “What is the most important information I should know about VERQUVO?”

**The most common side effects of VERQUVO include:**

- low blood pressure
- low red blood cells (anemia)

These are not all the possible side effects of VERQUVO. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**How should I store VERQUVO?**

- Store VERQUVO at room temperature between 68°F to 77°F (20°C to 25°C).

**Keep VERQUVO and all medicines out of the reach of children.**

**General information about the safe and effective use of VERQUVO.**

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use VERQUVO for a condition for which it was not prescribed. Do not give VERQUVO to other people, even if they have the same symptoms you have. It may harm them.

You can ask your pharmacist or healthcare provider for information about VERQUVO that is written for health professionals.

**What are the ingredients in VERQUVO?**

Active ingredient: vericiguat.

Inactive ingredients: croscarmellose sodium, hypromellose, lactose monohydrate, magnesium stearate, microcrystalline cellulose, sodium lauryl sulfate.

The tablet film coating contains: hypromellose, talc, titanium dioxide. The film-coating for the 5 mg tablet also contains ferric oxide red. The film-coating for the 10 mg tablet also contains ferric oxide yellow.

usmg-mk1242-t-2302r003  
Revised: 02/2023



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# “Heart failure isn’t stopping us from living!”

From changing words in their vocabulary to following daily medication schedules, James and Jennifer highlight the strategies that have been helping them improve their heart health, as well as their overall well-being. —BY AMY CAPETTA



“Follow your healthcare team’s orders!”

JAMES EBO, 54  
PHILADELPHIA, PA

## Do your homework.

In August 2019, James noticed a change in his breathing, such as shortness of breath with slight pressure in his chest. “It had gotten to the point where I would walk 20 steps and I’d have to stop,” he says. He had never experienced these symptoms before—after all, he works in guest services for multiple sports teams (including the Philadelphia Eagles) and his on-your-feet-all-day lifestyle kept him in good shape. Then, after fainting from dizziness in the store, he ended up at the hospital. Within a few hours, the physician had grim news: The pressure in the chest area was caused by two blood clots in his lungs (known as a pulmonary embolism), while the breathing issues were due to heart failure. His ejection fraction (the measure of how much blood the heart pumps out with each contraction) had dropped to 11% (normal is above 50%)! “My number one tip is to do your research and learn what you’re dealing with,” says James, who was unaware of these conditions at the time of his diagnosis. “My cardiologist gave me leeway and said if I had any questions to reach out to her—and that’s exactly what I did. I flooded her with questions and would not leave her alone!” he laughs.

## Take the necessary steps.

He recalls waking up in the hospital on the morning after his diagnosis and his physician saying, “You’re an extremely lucky man—you should not be alive.” His mother and closest relatives were told to prepare for the worst, yet after several stent surgeries and 48 hours of intense cramping (“The entire experience was traumatic”), James was released from the hospital after two-and-a-half weeks. One month later, he received a dual chamber ICD (implantable cardioverter-defibrillator) and began his road to recovery. “I was determined to make it and was willing to put the work in.” The “work” included going for regular check-ups, abiding by restrictions (for example, jogging has been replaced with walking), taking medication, tak-

ing an at-home cardiac test twice a day where the results are sent to his cardiologist and following his care team’s orders regarding COVID-19 prevention. “Any chance I had to make myself better, I did.”

## Clean up your plate.

Even though James consumed a relatively healthy diet prior to his hospital stay, he consulted with a nutritionist, as well as his cardiologist, about making even better choices. He eliminated processed foods, fried foods and dairy products (“I’ve switched to almond milk”) from his eating plan while adding more lean proteins, like chicken and turkey, fruits (such as blueberries and blackberries) and vegetables (like red peppers, green peppers and green beans) into his meals. “My aunt, who is an amazing cook, sat down with me and came up with simple recipes I can either bake, steam or cook in the air fryer,” he says. These days, James, who can be found on Twitter and Instagram @James\_Ebo, enjoys shopping at his local Italian market twice a week for fresh produce. “I’ve become friendly with some of the food purveyors, and they will even put my favorite foods aside for me.”

## Stick to an Rx schedule.

“I have medicines that I need to take once every 12 hours, so I plan everything out in order to stay on course,” says James, who currently has an ejection fraction of 52%. And maintaining a schedule is necessary, since his days are back to being action-packed. “When I am giving tours or working on game days at Lincoln Financial Field, I’m walking about 25,000 steps, which is equal to about 12 miles!” he says. “I also travel, spend time with my family and live life on my terms. I had to change the way I lived, but I’m still living my life—I wake up every day and I feel so good!”

Photo by Brian Angelini



“Stay strong—and stay positive!”

JENNIFER REYNOLDS, 46  
CHARLOTTE, NC

## Reframe your language.

In the early weeks of the 2020 pandemic, Jennifer became ill. “I was in bed with a fever, I couldn’t breathe very well and I could not get over this mystery virus,” she explains. Once a physician agreed to examine her in person on April 30, she was instructed to head to the ER—where physicians determined she had seven blood clots. Unfortunately, one of the clots had traveled to her heart and reduced her ejection fraction to 10%. Due to a combination of suffering two cardiac arrests, spending time on a ventilator (“They told my husband, Eric, to be prepared”) and being in a state of shock, Jennifer has limited memories of this experience. However, she does recall learning about the heart failure diagnosis. “The word failure to me has a hopeless connotation.” She envisioned herself as a car where the brakes were no longer working and would lead to death. “I’m a perfectionist, and the word failure has never been a word in my vocabulary. So, I asked my physicians

to refer to it as ‘heart weakness.’ Failure is just that—failing—but weakness is more manageable.”

**Rely on your healthcare team for information.**

Once Jennifer was discharged from the hospital, she spent one week in rehab before returning home exactly two months after being diagnosed. She attempted to read more about heart failure online, but the websites she came across provided only negative statistics, which left her feeling terrified. “So I would call the heart clinic and speak with my main heart failure physician,” she says. The specialist reassured her that this generalized information did not reflect her situation.

(In fact, Jennifer’s physician refers to her as a “unicorn” since she does not retain fluids.) “I’ve learned that everyone is unique, which is why it is so important that you talk to your own provider.”

**Read nutrition labels.**

Even though Jennifer does not need to follow a restrictive diet, she opted to watch her sodium intake and turned to the American Medical Association for guidance (which recommends no more than 2,300 milligrams a day). “I had no idea how much sodium is in our everyday foods until I started reading the labels,” she states. “It seems to be hidden in everything—cheese, bread, meat. One slice of pizza can have 1,500

milligrams!” She encourages others to take the extra time to check the nutrition facts label, as well as to search online for the nutrition content in restaurant meals.

**Tend to your mental health.**

Jennifer, who runs a decorating and lifestyle channel on YouTube at Live, Laugh, Love with Jen and on Instagram @liveloughlovewithjen, was prescribed a medicine used to treat adults with chronic heart failure—and today her ejection fraction has increased to 50%. Along with focusing on her physical well-being, she also nurtures her emotional health. “I think the anxiety has been the worst part,” says Jennifer, who manages stress levels by speaking with a therapist, taking walks and beginning each day by jotting down her thoughts in *The Artist’s Way Morning Pages Journal*. Yet she continues to move forward to life live to the fullest. “I want others with heart failure to know there is hope. And I think some people take on the responsibility that they’ve caused the heart failure, but sometimes it’s out of our control.” ●



**Health **m** Monitor**

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Photos by Rick HoVis



**TAMING FEARS** My care provider recently diagnosed me with heart failure, and I feel like I need to start getting my affairs in order and saying my goodbyes. But my wife keeps saying not to be fatalistic and that I can manage it. I’m so confused. Why is it called heart failure then?

Q

A

*Answers that make managing heart failure easier*

**A:** Your wife is correct: Although it’s called heart failure, the condition does not necessarily mean a person is terminally ill. Instead, it refers to the heart’s reduced ability to pump enough blood. In fact, some people with heart failure may rarely or even never experience symptoms—such as shortness of breath, fatigue and swelling of the feet, ankles and abdomen—and be able to exercise without significant limitations. For such patients, medication can be enough to help them lead a normal life. On the other hand, some people experience severe symptoms or mechanical pumps to feel well. Your best bet is to follow your management plan and keep an open dialogue with your care provider.

**WHAT’S NEXT?**

**Q:** I was started on an oral heart failure medication after I wound up in the hospital with an ejection fraction of 22%. Luckily, that and some diet changes seem to be helping a lot, and I have my energy back. Can I expect this medication to keep working or should I be discussing next steps with my care team?

**A:** I’m happy you have found a regimen that is working well for you. As you’re finding, medications for heart failure are critical to improve patients’ symptoms, quality of life, heart recovery and longevity. Depending on the cause of your heart failure and its severity, medications may work for an extended period of time and sometimes can even lead to full recovery of heart func-

tion. But sometimes, despite best efforts, heart failure can keep getting worse. When the heart weakens to an advanced stage, you still have options, which include intravenous medications, mechanical pumps, and even heart transplantation. Every step of the way, your care team will work with you and your family to determine the best options for you and how to help you feel better and live a good life.

**REMEMBERING MY MEDS**

**Q:** I have a terrible memory and am still getting into the routine of taking all my medicines for my heart failure. What could happen if I forget my pills one day? Is it a big deal?


**A:** To get the best benefit from your medication, it is important to take it as prescribed each day—forgetting too often can be dangerous! If you realize you have forgotten your meds, call your healthcare provider. They may want you to take an extra dose of one class of your medications but not a different one. Better yet, avoid the problem altogether by finding a system that works for you, whether a pillbox you keep near your toothbrush, a special alarm, a smartphone app or a loving nudge from a family member. ●

**OUR EXPERT:**

**Roger S. Blumenthal, MD**  
The Kenneth Jay Pollin Professor of Cardiology; Director, Ciccarone Center for the Prevention of Heart Disease

TAKE CHARGE

# Overcome your hurdles to living well

 No question, living with heart failure brings its own set of challenges. The key is recognizing the emotion or symptom that's holding you back and finding the strategy that helps you get over it. The reward? Having the stamina to engage with family and friends and get back to doing the things you love!

## GO FROM HOPELESS TO HOPEFUL... by accepting—and even embracing—your heart failure.

Read more materials like this guide, ask your care provider the questions on the back cover and take advantage of healthcare professionals and services, such as psychologists, dietitians and cardiac rehab programs. A study in the *European Journal of Cardiovascular Nursing* found that people who accepted their diagnosis reported less pain, more energy, a better attitude and better sleep. They also had a richer social life and were more active.

**Tip:** Increase your sense of control by monitoring your symptoms. Weigh yourself daily, check your blood pressure, assess your swelling and note your energy levels. Tuning into the improvements that come with following your treatment plan can help you stay the course.

## FIGHT FATIGUE AND SUMMON STAMINA... by using your energy wisely.

For starters, give yourself ample time to complete a task without rushing, using slow, smooth flowing movements, then rest before moving to the next activity. Think about *how* you do tasks, too. Can you sit instead of stand while showering, folding laundry or prepping food? Throughout your home, place the items you use most in easy-to-reach cabinets and drawers. And invest in items and gadgets that make everyday tasks easier, such as grab rails, second banisters, higher commodes and even tilting kettles that let you pour without lifting.

**Tip:** Maintaining good posture can help make activities easier and put less strain on your body.

## TURN THE TABLES ON DEPRESSION... by opening up to your HCP.

Anywhere from 24% to 42% of people with heart failure also suffer from depression. And it's important to treat it—studies show that depression can lower quality of life and increase hospital readmission rates among people with the disease. Not sure how to bring up the topic? Go for something simple and direct, such as: "I think I am depressed" or "I am experiencing the following symptoms." If it's hard for you to talk about, jot down your symptoms in a notebook and take it to your exam. Be open to seeing a therapist and taking an antidepressant.

**Tip:** Tap your support system: Studies show that people with heart failure who have a strong network of family and friends are better able to cope and manage with their condition. ●



# Keep him safe in your home. Dispose of unused opioids.

## Keep your family safe.

- ✓ Don't share opioid pain medicines with others.
- ✓ Store opioids out of sight and out of reach of children or teens.
- ✓ Dispose of unused opioids safely when there is no longer a medical need for them.

[www.FDA.gov/DrugDisposal](http://www.FDA.gov/DrugDisposal)



# Eat the foods you love!



Think you have to give up your favorite menu items because you have heart failure? Not so! With a few tweaks and substitutions, you can still enjoy all the flavors and textures you want without the sodium, saturated fat and heavy carbs that can take a toll on your cardiovascular health. Check out these comfort-food classics remade to be more heart smart.



**IF YOU CRAVE DINER-STYLE PANCAKES, TRY**

## Banana Oat Pancakes!

Mix two bananas, two eggs, 1/2 cup rolled oats and 1/2 tsp baking powder in a blender or in a bowl until smooth. Heat on a non-stick pan until batter is golden brown on both sides. Top with fresh fruit.



**IF YOU CRAVE CREAMY MAC AND CHEESE, TRY**

## Butternut Squash Mac and Cheese!

Cook two cups whole-grain macaroni. Mix 2 1/2 cups skim milk, 1 cup shredded low-fat cheese and 2 cups butternut squash purée in a bowl (or blender) and whisk into a sauce. Combine and enjoy.



**IF YOU CRAVE A HAMBURGER WITH KETCHUP, TRY**

## Portobello Burger Wrap with Black Bean Salsa!

Spritz two Portobello mushroom caps with extra virgin olive oil and grill on the stovetop for five minutes on each side. In a small bowl, combine one diced red pepper, one diced tomato, one mango, 1/2 cup low-sodium cooked black beans and 1 Tbsp olive oil. Place each mushroom cap into a Bibb or Boston lettuce leaf (or whole-wheat tortilla) and spoon on salsa. Top with sliced avocados.



**IF YOU CRAVE CHEESE PIZZA, TRY**

## Whole-Grain Mini Pizzas!

Spread 2 Tbsp tomato purée onto two whole-wheat sandwich thins. Top with 1/2 cup part-skim mozzarella cheese, 1/2 cup sliced zucchini and fresh basil or oregano. Bake at 350°F for 10 to 13 minutes or until cheese starts to melt.



**IF YOU CRAVE CHINESE FRIED RICE, TRY**

## Cauliflower Fried Rice!

In a large sauté pan, heat 1 Tbsp olive oil. Add 1/3 cup chopped onions, 4 sliced scallions, 1/4 cup frozen peas, 1/4 cup chopped carrots and 2 minced garlic cloves; sauté over medium-high heat until soft, about 3 minutes. Add 2 cups cauliflower rice (buy in the produce department) and a dash of low-sodium soy sauce. Stir to combine well, cover and cook about 5 minutes, stirring frequently, until cauliflower is slightly crisp. ●

# Health Monitor Living



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## Questions to ask your healthcare team

How serious is my heart failure?



Is my heart failure well controlled?



Is there any other treatment or medication that might help me?



Could heart failure increase my risk for complications (such as kidney or liver disease)?



Am I a candidate for cardiac rehab?



What kind of tests will I need to monitor my heart failure?



What are the goals of my treatment and what can I do to reach them?



What can I do to reduce my risk of being hospitalized?



How many fluids can I drink in a day, and how much sodium can I eat?



### **On treatment and need help covering the cost?**

Ask your healthcare provider about patient assistance programs or call the manufacturer of the treatment you have been prescribed. Many pharmaceutical companies offer copay assistance programs that can make treatment more affordable.