



This patient booklet has been developed and fully funded by Bayer



Images are not of real patients and are for illustrative purposes only.

Looking after yourself and your heart

Understanding heart failure, how it's treated and what you can do day-to-day to help manage it

If you get any side effects after taking your medications, contact your doctor, pharmacist or nurse. This includes any possible side effects not listed in the patient information leaflet. You can also report side effects directly via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard. By reporting side effects you can help provide more information on the safety of this medicine.

Introduction

Your doctor has prescribed a new treatment for you, called ▼ Verquvo.

Its active ingredient, vericiguat, acts in a different way to other medicines to help protect your heart.

It is important that you take all your medications as prescribed by your healthcare professional.

You will find further information on the effects of Verquvo in this booklet, along with useful information about chronic heart failure and support to help you manage your condition.

This booklet will help explain:

- Your diagnosis of heart failure
- How to recognise worsening symptoms
- How those around you can support you
- Verquvo to help manage your worsening heart failure

However, this booklet does not replace the advice contained in the Verquvo patient information leaflet or the need for follow-up appointments.

▼ This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get.

Contents

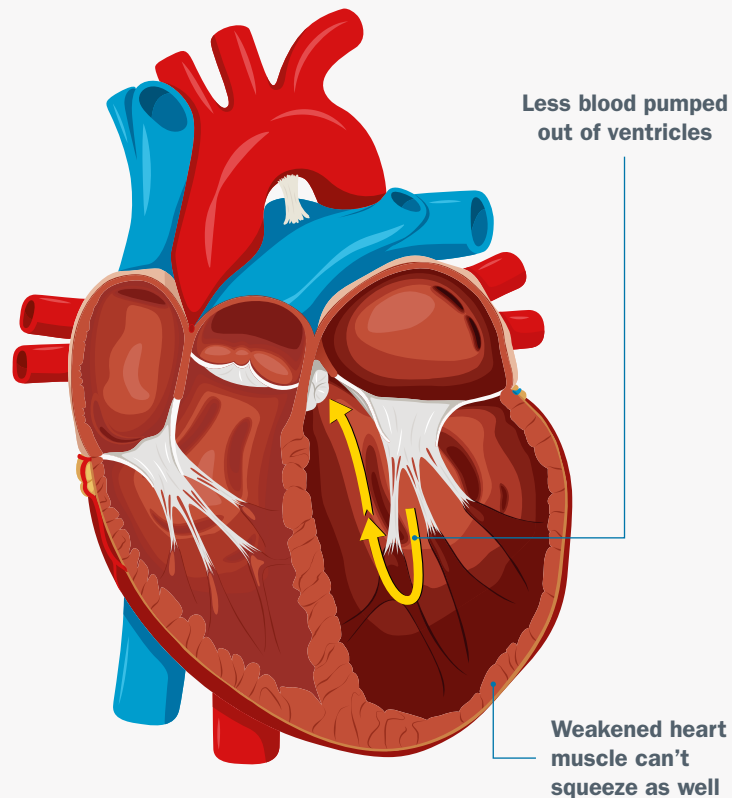
04	What is chronic heart failure?
06	What are the symptoms of chronic heart failure?
07	What is ‘worsening heart failure’?
08	Managing worsening heart failure
09	Supporting someone with worsening heart failure
11	Verquvo
12	Living with your heart medicines
13	Taking your heart medicines
13	Dosing
14	Notes

What is chronic heart failure?

Chronic heart failure (CHF) is a condition where the heart is not working as it should. It needs to work very hard in order to keep blood and oxygen flowing through the body. Around 60 million people worldwide suffer from heart failure, so you are not alone.¹

What happens in CHF?

You will see in the image that the heart is divided into four chambers. These chambers work together, squeezing or contracting to move blood around the body, ensuring oxygen and nutrients are circulated.² In heart failure, the contracting motion of the chambers doesn't work properly so the heart isn't able to transport the blood around the body as well as it should.³



What causes CHF?

Heart failure occurs due to damage to the heart muscle, which can be the result of:^{4,5}

- A heart attack (myocardial infarction)
- High blood pressure (hypertension)
- Coronary artery disease (CAD), when arteries that supply blood to the heart muscle become blocked
- Abnormal heart rhythms (heart arrhythmias)

Heart failure can also be triggered by other conditions, such as:^{4,5}

- Diabetes
- Valvular heart disease, where there is damage to one of the valves, affecting the direction and force of the blood flow
- Cardiomyopathy, a general term for diseases of the heart muscle, where the walls of the heart chambers have become stretched, thickened or stiff. This can be caused by the effects of some treatments for other diseases, such as chemotherapy for certain cancers

There are several other risk factors that can also contribute to developing heart failure.

Risk factors²

Age (over 65 years)

Family history

Lifestyle habits

Smoking

Unhealthy diet

Heavy alcohol use

Lack of physical activity

Race or ethnicity

African Americans

Other medical conditions

Heart failure is a serious and progressive condition. This means that it can worsen. While heart failure cannot be cured, there are lots of things that you and your doctor or cardiologist can do to control the condition. There are treatment options available that can help you stay out of hospital, live longer and continue to do the things you enjoy.

What are the symptoms of chronic heart failure?

As less blood is circulating round the body due to heart failure, you may experience a range of symptoms, such as:⁴



Chronic coughing, wheezing, shortness of breath



Swelling in the legs and ankles (fluid retention)



Dizziness



Reduced ability to exercise

Doctors usually classify heart failure by the severity of their patients' symptoms. The most commonly used system is the New York Heart Association (NYHA) Functional Classification.⁶ It places patients into one of four classes, based on how much they are limited during physical activity. The classes are listed in the following table.

NYHA Functional Classification⁶

Class	Patient symptoms
I	No limitation of physical activity
II	Slight limitation of physical activity
III	Marked limitation of physical activity
IV	Unable to carry on any physical activity without discomfort

For example, if you were assessed as having an NYHA classification of III, while you may feel comfortable at rest, anything above an ordinary activity level causes you fatigue, palpitation, or shortness of breath.⁶

What is 'worsening heart failure'?

Keep a close watch for any changes in your symptoms, particularly those highlighted in the chart below. You will be advised on how to monitor them, and if you notice a change, or have any concerns about your symptoms, contact your heart failure team. If you become acutely unwell then please call 999.^{4,6,7} A change in symptoms is a warning signal from your body, and your cardiologist may refer to your increasing symptoms as a 'worsening HF event', which means you may need additional treatment and possibly a stay in hospital.^{1,5}

Symptoms of worsening heart failure^{4,6,7}



Increased weight gain



Worsening shortness of breath



Increased swelling in the legs and ankles (fluid retention)



New or worsening dizziness



Decreased capacity for physical activity



Persistent chest pain (angina)



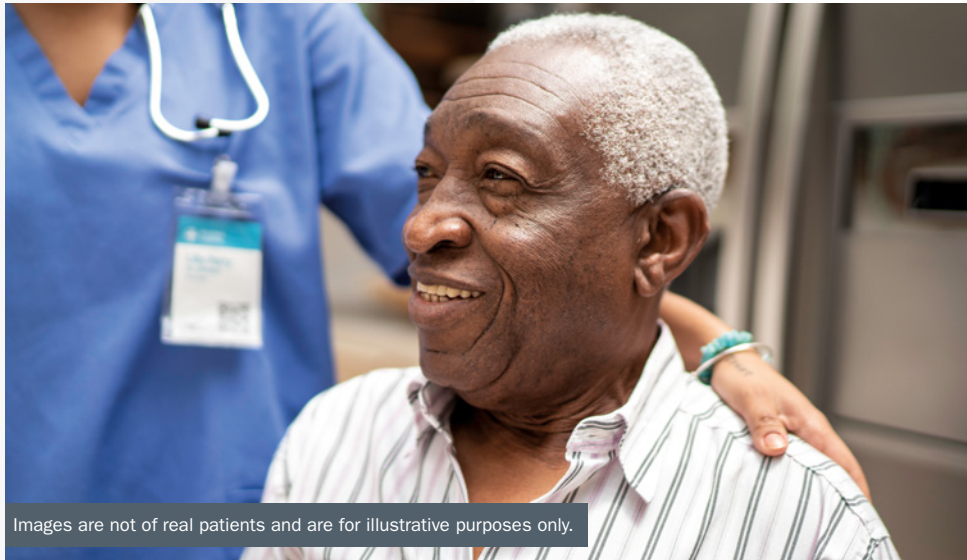
Rapid heart rate (palpitations)



Increased trouble sleeping

As heart failure is a chronic disease, this is not an uncommon event. In fact, heart failure continues to be the leading cause of hospitalisations in the US and Europe, despite improvements in care.^{1,8}

The important thing to remember is to keep a close track of your symptoms, so help can be given as soon as possible.



Images are not of real patients and are for illustrative purposes only.

Managing worsening heart failure

There is a lot that can be done to manage your worsening heart failure.

Along with the many treatment options available today, there are some lifestyle changes you can make to help you manage your heart failure and its symptoms.

Lifestyle changes

Modify your diet – your doctor may recommend reducing the amount of salt, alcohol and fat in your diet, and reducing weight if necessary

Exercise regularly – gentle physical activity can help relieve symptoms and increase your wellbeing. Your doctor can suggest ways to develop a healthy exercise routine

Stop smoking – smoking can worsen existing damage to the heart muscle, making it even more difficult for the heart to transport blood around the body. It's never too late to benefit from stopping smoking

Emotional support – living with heart failure can be worrying, but there are things you can do to help you relax and feel in control of your condition. Friends and family are an important source of support. They can help you come to terms with your heart failure, and social connections can be a great way to reduce stress and anxiety. The section 'Supporting someone with heart failure' will help them to help you

Treatments

Heart failure is a serious disease, but, with new advances in treatments in recent years, it has been possible to improve the outlook.

Many drug treatments today are often used in combination to get the best effect. The 'Verquvo' chapter in this booklet explains this in more detail.

Supporting someone with worsening heart failure

If you care for someone who has been diagnosed with heart failure, it's important to familiarise yourself with the condition and what to look out for. The following advice may help:

- Listening to how they are feeling is an important source of support for them, as they may well feel uncertain or afraid. You can help them come to terms with their heart failure
- If the person has been in hospital, help to schedule regular follow-up visits after they have returned home. Be familiar with their management plan and help ensure their heart failure does not progress further
- Join in with any recommended lifestyle changes – it can be easier for people to make changes together
- Watch out for worsening symptoms (see 'What are the symptoms of chronic heart failure?') and encourage them to speak to their heart failure team as soon as you notice a difference
- Help them to follow the guidance from their doctor so they get the most out of the treatment
- Encourage them to keep all their appointments – patients who have regular follow-up visits with their doctor after being hospitalised after a worsening event tend to do better and are less likely to need to go back into hospital⁹
- Remind them to take their medicine as directed by their healthcare professional
- Support them when visiting their doctor; you can help to remind them of all the questions they may want to ask, as well as any advice they were given by their doctor





Images are not of real patients and are for illustrative purposes only.



Verquvo

Today, many drug treatments for heart failure are often used in combination to get the best effect.

Your heart failure specialist follows well-established guidelines to decide which combination of treatments is best for you.

However, even with good management, your heart failure can still worsen, as it is a progressive disease. If this happens, you may be admitted to hospital until your condition is stabilised again.

To help achieve this, your cardiologist has added a new treatment to your existing ones. It is called Verquvo (vericiguat) and it works in a different way when compared to other heart failure medications.

Think of it as an extra layer of protection on top of your existing medicines. Verquvo has been widely studied in patients just like you – those who have recently experienced a worsening HF event.

The importance of choosing the right treatment

The top priority in the management of your worsening heart failure is to support your heart so you can continue with an active life.

Your heart failure team will make the right choices so you spend more time

with your family and loved ones and less time in hospital. To have the best chance of this happening, it is very important that you take all your medicines as directed (See 'Taking your heart medicines'). Ask a friend or member of your family to help you do this if you find it difficult.

Living with your heart medicines

How do my heart medicines affect my day-to-day life?

Medicines have other effects alongside the beneficial effects. These are called 'side effects'.

For further information on the possible side effects of your medications, please refer to the patient information leaflets that accompany each of your medications. Most will interfere little with your day-to-day life, but if you experience side effects like low blood pressure (hypotension), low number of red blood cells (anaemia) which can cause pale skin, weakness or breathlessness, dizziness, headache, nausea and vomiting, indigestion (dyspepsia) or heartburn (gastroesophageal reflux disease) when you take Verquvo, you should tell your healthcare professional (your cardiologist, doctor or nurse) or a member of your heart failure team.

Can I take Verquvo with other medicines?

People like yourself with worsening heart failure often have other related conditions. As a result, you are probably taking other medicines. Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines, including ones bought over the shelf or without any prescription.

However, you can be reassured that Verquvo is suitable for most patients with worsening heart failure, including those:¹⁰



taking other heart failure medicines



with coronary heart disease



with atrial fibrillation



with Type 2 diabetes



with impaired kidney function*

There are some medicines that should not be taken alongside Verquvo. Please check with your healthcare professional if you are using any other medicine.

*not recommended for patients with kidney failure or those on dialysis

Taking your heart medicines

It is very important that you always follow the instructions given by your healthcare professional.

This includes how and when to take your medicines, as the dosage you receive is critical to the effectiveness of your treatment; too little and the medicines cannot do their job, too much and you could experience harmful side effects.

You are already familiar with how to take your existing heart medicines, but you may be less familiar with how and when to take Verquvo.

Verquvo is a simple, once-a-day treatment with which you slowly build up the dose over a 4-week period:¹⁰

- When you first start, you take **one 2.5 mg tablet ONCE DAILY**
- After 2 weeks, you take **one 5 mg tablet ONCE DAILY**
- After a further 2 weeks, you take **one 10 mg tablet ONCE DAILY**

This is your 'maintenance dose' and no further changes should be necessary. However, if you experience any side effects (for example, feeling dizzy or light-headed), you should tell your healthcare professional.

Remember to take your medicine with food. If you prefer, you can crush the tablets and mix with water.

If you take more Verquvo than you should and you get any side effects, contact your doctor immediately. The most likely side effect would be a lowering of your blood pressure which can make you feel dizzy and light-headed.¹⁰

If you forget to take Verquvo, take the missed tablet as soon as you remember on the same day of the missed dose. Do not take a double dose to make up for a forgotten tablet.¹⁰

Please read the full patient information leaflet for more information.

Week 1	Week 2	Week 3	Week 4	Week 5+
Start date: ____/____/____		Start date: ____/____/____		Start date: ____/____/____

Reporting of side effects

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the patient information leaflet. You should also report side effects directly via the Yellow Card site at www.mhra.gov.uk/yellowcard. By reporting side effects you can help provide more information on the safety of this medicine.

Kidney function*

*Treatment with Verquvo is not recommended in patients with eGFR <15 mL/min/1.73 m² at treatment initiation or on dialysis.

References

1. Butler J, Yang M, Manzi AM *et al.* *J Am Coll Cardiol.* 2019;73(8):935–944.
2. National Heart, Lung and Blood Institute, NHLBI. Heart failure. Available at: <https://www.nhlbi.nih.gov/health-topics/heart-failure> accessed May 2022.
3. Shah SJ. Heart Failure (Congestive Heart Failure). MSD Manual Consumer Version July 2018. Available at: <https://www.msdmanuals.com/home/heart-and-blood-vessel-disorders/heart-failure/heart-failure> accessed May 2022.
4. NHS. Heart failure. Available at: <https://www.nhs.co.uk/conditions/heart-failure/> accessed May 2022.
5. Mayo Clinic. Heart failure – symptoms & causes. Available at: <https://www.mayoclinic.org/diseases-conditions/heart-failure/symptoms-causes/syc-20373142> accessed May 2022.
6. AHA. Classes of heart failure. Available at: <https://www.heart.org/en/health-topics/heart-failure/what-is-heart-failure/classes-of-heart-failure> accessed May 2022.
7. AHA. Rise above heart failure. Available at: <https://www.heart.org/-/media/files/health-topics/heart-failure/hf-symptom-tracker.pdf?la=en> accessed May 2022.
8. Ambrosy AP, Fonarow GC, Butler J *et al.* *J Am Coll Cardiol.* 2014;63(12):1123–1133.
9. AHA. Early follow-up after a heart failure. Available at: <https://www.ahajournals.org/doi/10.1161/CIRCHEARTFAILURE.116.003194> accessed May 2022.
10. Verquvo Patient Information Leaflet.