OwieClear Heart Failure Page Accuracy Review

Page: https://owieclear.com/conditions/heart-failure/
Reviewed: November 17, 2026

Overall assessment

This is a **strong, clinically accurate** consumer page. Weak vs stiff heart (HFrEF/HFpEF idea), classic congestion symptoms, daily weights, salt limit, guideline-directed meds including SGLT2 inhibitors, emergency red flags, and "doesn't mean the heart has stopped" framing are all correct. The "Less common" section is mostly reasonable; rapid weight gain from fluid is common enough that it could sit higher. Minor opportunities to name GDMT pillars more explicitly.

What's currently listed

Common signs

• Dyspnea on exertion · Orthopnea / paroxysmal nocturnal dyspnea · Leg swelling · Fatigue

Less common

• Fast weight gain from fluid · Persistent cough · Abdominal swelling · Nocturia · Confusion (older adults)

Accuracy of the "Less common" section

Item	Verdict	Notes
Rapid fluid weight gain	Often common	Core self-monitoring signal; consider moving up
Chronic cough	Acceptable	Can be congestion or ACEI-related
Ascites / abdominal swelling	Acceptable	More advanced right-sided congestion
Nocturia	Acceptable	Redistribution of fluid when recumbent
Confusion (elderly)	Appropriate	Atypical presentation in older adults

Strengths

• Heart failure ≠ heart stopped — clear and important
• Weak squeeze vs stiff fill explained in plain language
• Classic symptoms: DOE, orthopnea/PND, edema, fatigue
• Daily morning weights + call parameters (2–3 lb/day or 5 lb/week) — excellent self-care
• Echo (EF), BNP, CXR, ECG — right diagnostic pillars
• Meds that prolong life, not just ease symptoms — correct framing
• SGLT2 inhibitors included for HF with/without diabetes — modern
• Avoid NSAIDs — critical safety point
• Devices (ICD, CRT), advanced therapies mentioned at high level
• 911 for acute pulmonary edema signs, chest pain, syncope, arrhythmia
• Cardiac rehab nod

Minor gaps / suggested tightenings

1. Name the four GDMT pillars (HFrEF)

Page groups “heart-protecting medicines.” Optional plain list: ARNI (or ACEI/ARB), evidence-based beta-blocker, mineralocorticoid receptor antagonist, SGLT2 inhibitor. Matches how clinicians and guidelines talk.

2. HFpEF vs HFrEF

Also-called includes both. One sentence that treatment emphasis differs (especially historically) but SGLT2s help both would add clarity without jargon overload.

3. Weight gain ranking

Rapid fluid weight gain is common and actionable — consider moving from “less common” into main symptoms or a “watch for” box alongside daily weighing.

4. Sodium target

“Limit salt” is fine. Optional: many teams use ~2,000 mg sodium/day or individualized limits.

5. Fluid restriction

Correctly conditional (“if your care team tells you to”). Keep that nuance.

Suggested symptoms polish

Common

- Shortness of breath with activity or when lying flat · Waking up breathless · Swollen legs/ankles · Fatigue · Rapid weight gain from fluid

Other

- Persistent cough · Abdominal bloating · Nighttime urination · Confusion in older adults

Emergency

- Severe breathlessness, pink frothy sputum, chest pain, fainting, or very fast/irregular heartbeat → 911

Bottom line

Area	Rating
Definition (weak vs stiff heart)	Accurate
Core congestion symptoms	Accurate
Rapid weight gain ranking	Slightly underweighted
Daily weights + call thresholds	Excellent
Diagnostics (echo, BNP)	Accurate
GDMT / SGLT2 inclusion	Modern; could name pillars
NSAID avoidance	Correct & important
Emergency red flags	Strong

Overall: One of the stronger cardiac pages. No major factual errors. Highest-value micro-edits: (1) elevate rapid fluid weight gain in the symptom hierarchy, (2) optionally name the four HFrEF GDMT pillars, and (3) keep the excellent daily-weight and NSAID-avoidance messages.

Review based on page content as of November 17, 2026, cross-checked against standard heart failure clinical guidance (congestion symptoms, GDMT, self-care monitoring).