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## *Clinical Champion Update*

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*Date: 10/19/20      Subject: Congestive Heart Failure*

### HEART FAILURE REMINDER

Unlike all the other clinical initiatives, this is not about primary or secondary prevention. When blood pressure, lipid or diabetic control don't work, or smoking cessation has been put off, sometimes you end up treating patients with heart failure.

In order to develop a treatment plan, you must first determine whether the symptoms are pump-related (HFrEF= heart failure with reduced ejection fraction, "HEFF-reff") or non pump-related (HFpEF = heart failure with preserved ejection fraction, "HEFF-peff"). EF can be determined multiple ways, but most often by echocardiogram.

Symptoms are the same, but treatment (after diuretics and sodium avoidance) is very different. HFpEF requires treatment of the underlying cause, whether diastolic dysfunction, bad valves, lung or systemic disease.

HFrEF treatment is rapidly evolving, but the most salient primary care features now are:

- Avoid overdiuresis.
- Start with either ARNI (angiotensin receptor blocker/neprolysin inhibitor of which there is presently only one, brand name Entresto) or ACEI. The first is more effective, but also more costly and more frequent side effects. Single agent ARB is much less effective.
- Increase to maximum tolerated dose by adjusting up every 2weeks, checking renal function, electrolytes and BP at least every 2 weeks.
- Simultaneously add appropriate beta blocker (see CHF guidelines).
- May monitor with proBNP (NOT BNP) if clinical picture confounded by COPD or other condition.

Additional details and algorithms are available in UpToDate.

Don't forget to continue to address all the related primary care issues (diet, exercise, smoking, alcohol, blood pressure, blood sugar, lipids, health/life goals and preferences).

Be as clear as possible with your patient (as well as family, caregivers) and their heart specialist(s) about what your respective roles are. Remember we have excellent case managers and nurses whose involvement can improve communication and care immensely.

Finally---stay tuned for updated guidelines!

Sincerely,  
Pat Iverson  
CHF Clinical Champion