Clinical Champion Update

Date: 5/13/24 Subject: Congestive Heart Failure

Updated guidelines for management of HFrEF

In March, 2024, the American College of Cardiology published a new Expert Consensus Decision Pathway for treatment of HFrEF (the last iteration was in 2021). I've updated the medicine chart with details on initial and target doses of the specific meds with evidence for benefit—see attached "HF meds table".

New recommended core guideline-directed medical therapy (GDMT) for chronic heart failure includes the following first-line meds:

- Angiotensin II receptor/neprilysin inhibitor (ARNI, i.e. Entresto); if cost is a barrier, ACE or ARB.
- Evidence-based BB (carvedilol, metoprolol, bisoprolol)
- SGLT2i (-flozins: Farxiga, Impefa, Jardiance)
- Mineralocorticoid antagonist (MRA: spironolactone, eplerenone).
- When feasible, early and rapid initiation of these therapies and titration to maximally tolerated doses within 3 months is recommended.

As previously, loop diuretics can be used as needed for symptoms of fluid overload.

While no specific order of initiation or titration of GDMT is mandated, the following is some useful guidance:

- Initiating low doses of all core therapies is likely more beneficial than being on one or two maximally titrated therapies
- BB initiation and titration should be deferred until HF is compensated.
- ARNIs and SGLT inhibitors may lead to lower diuretic requirements.
- MRA and SGLT inhibitor use often has less blood pressure lowering effects.

Close monitoring and frequent followup will be needed if multiple meds are started.

- Important to select patients more likely to adhere to recommendations.
- Mild declines in eGFR should not necessarily lead to medication stoppage.

Other management recommendations remain much the same:

- Consider referral to a HF specialist for selected patients

- Most HF patients should have a cardiologist, but PCPs can coordinate care and help patients with self-management. We should be sure to connect patients with Baycare and iCMP case managers whenever possible.
- Adherence to recommended HF therapies is often spotty. Strategies to encourage adherence include:
  - patient education
  - simplification of overall medication regimen
  - reduction of cost and access barriers with assistance from our onsite pharmacists (at GHC, Aaron and Lorelie at Genoa)
  - medication reminders
  - cognitive behavioral therapies.
- In addition to managing cardiovascular (CV) comorbidities, attention should be paid to addressing non-CV comorbidities that impact HF outcomes such as diabetes, chronic kidney disease, sleep-disordered breathing, iron deficiency, and viral infections (prevention with vaccination).
- Palliative care is an integral part of HF care. All clinicians can contribute to palliative care support through routinely identifying goals of care, emphasizing quality of life, managing congestive symptoms throughout the HF course (including end-of-life), utilizing decision support tools, and engaging in advanced care planning.

Adapted from:
2024 ACC Expert Consensus Decision Pathway for Treatment of Heart Failure With Reduced Ejection Fraction: A Report of the American College of Cardiology Solution Set Oversight Committee. *J Am Coll Cardiol* 2024;Mar 8:[Epub ahead of print].

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