VALLEY MEDICAL GROUP
Prevention & Medical Care To Help You Live Better, Longer.

Clinical Champion Update

Date: 4/4/22 Subject: Congestive Heart Failure

Info from Prescriber's Letter and UpToDate

HFrEF management:

- Echocardiogram monitoring: there are no hard and fast rules as to how often echocardiograms should be done. One recommendation is after 3 to 6 months on optimal therapy, to detect the persistence of restrictive filling pattern, if present at diagnosis; then after 12 to 24 months, to analyze the response of the LV to optimal medical treatment; then serial examinations thereafter if stable, perhaps every three years, or more frequently if unstable. (see https://pubmed.ncbi.nlm.nih.gov/11109188/)
    - According to a report culled from Athena, 895 patients have HF VMG-wide; 243 of them have no echo listed in chart; and another 259 have one listed that's over 3 years old. This info is available organized by provider.
- Use evidence-based meds and doses to reduce morbidity and mortality in patients with HFrEF. See the table for details.
- Don't prescribe NSAIDs, glitazones, diltiazem, -gliptins, verapamil, nifedipine, sotalol, or dronedarone.

HFpEF management:

There is still no clear evidence for any meds that give benefit. General guidelines as follows:

- Cautious diuresis
- Good control of HTN (consider BB, ACE or ARB)
- Management of other comorbidities (anemia, afib, copd, obesity, OSA)
- Consider Jardiance in select patients (with or without diabetes with class II, III, or IV HFpEF, elevated BNP, and eGFR ≥20.
- spironolactone or sacubitril/valsartan (Entresto) in select patients (EF ≥45%, elevated BNP or HF admission within one year, eGFR >30, creatinine <2.5 (only applicable to spironolactone), potassium <5 mEq [mmol]/L

Patient education:

Take advantage of the case management services available for many Medicare patients (Baycare, Lorrie McGrath GHC, Galina Agapov GHC, Laurie Runkle AMC, Louise Whitworth EHC, Jessica LaMontagne NHC) and MassHealth patients (CDHPHO, Sara White). They can make regular calls

when they receive a referral to help patients get the hang of home self-management. Patients with CCA typically have case managers assigned to them as well.

General guidelines:

- Emphasize importance of avoiding NSAIDs
- Limit salt in diet to no more than 3g daily.
- Exercise: as tolerated, either independently or refer to cardiac rehab
- Quit smoking
- EtOH: No more than 2 drinks daily for men or 1 daily for women
- Monitor self daily for edema worsening in severity or extent up lower extremities.
- Monitor self for worsening DOE, or new or worsening PND/orthopnea.
- Watch for dizziness / lightheadedness / near syncope.
- Keep a log of daily weights to monitor fluid retention. Teach patients to self-titrate diuretic meds if 2 to 5 lb weight gain over a week; have them contact you if over 5 lbs in a week.
- Provide patients with a HF action plan. See the link below, then click on figures 3 and 4: https://www.uptodate.com/contents/heart-failure-self-management?search=sodium%20limitation%20guidelinesheart%20failure&sectionRank=2&usage_type=default&anchor=H723563907&source=machineLearning&selectedTitle=1~150&display_rank=1#H6600128
- Patients may not have a scale. Unfortunately, we do not have the resources available for vouchers even for patients who are eligible for case management services. There are some good options for inexpensive digital scales at $20 or so at BJs, Walmart, local pharmacies or online.

Peter Buchanan
CHF Clinical Champion