# Heart Failure Treatment Guideline

**The manufacturer's summary of product characteristics (SPC) and the most current online edition of the British National Formulary should be consulted for full information on contraindications, warnings, side effects and drug interactions.**

## Confirm heart failure diagnosis (cardiology specialist)

### Symptomatic Heart Failure with Reduced Ejection Fraction (HFrEF)

**Initiate a loop diuretics to relieve symptoms & signs of congestion in primary care and refer for specialist assessment**

**Therapy with ACE inhibitor (ACEi) or Angiotensin Receptor Blocker (ARB) if intolerant to ACEi**
(if contra-indicated to ACEi or ARB, consider hydralazine with nitrate), Beta-blocker and Mineralocorticoid Receptor Antagonist (MRA) (up-titrate at a 2-4 week interval with appropriate monitoring to maximum tolerated evidence based on dose)

**Is the patient symptomatic?**

No → **No further action required. Consider reducing diuretic dose**

Yes

- **LVEF ≤40% but >35%, their medications are stable for 4 weeks and able to tolerate ACEi (or ARB)**
- **LVEF ≤35% and able to tolerate ACEi (or ARB)**

**Sacubitril/Valsartan to replace ACEi (or ARB)[3]**

**Is the patient symptomatic?**

No → **No further action required. Consider reducing diuretic dose**

Yes

**SLGT-2 as an add-on [4,5]**

**Is the patient symptomatic?**

No → **No further action required. Consider reducing diuretic dose**

Yes

**Consider other treatment options:**

- Sacubitril/ Valsartan [3] - If not already initiated
- Digoxin
- Ivabradine[6]
- Device Therapy[7]
- Hydralazine and Nitrates[8]
- LVAD[9]
- Heart Transplant

**If LVEF ≤35% despite optimum medical therapy or history of symptomatic VTVF, consider ICD implantation [1]**

**LOOP DIURETICS TO RELIEVE SYMPTOMS AND SIGNS OF CONGESTION [2]**

### Symptomatic Heart Failure with Preserved Ejection Fraction (HFpEF)

**Initiate Dapagliflozin [10] and if fluid overloaded add a loop diuretics to relieve symptoms & signs of congestion .**
There is no evidence of prognostic benefit from ACE-I / ARB or beta-blockers but may be prescribed to treat co-morbidities.

**Prescribe diuretics to relieve congestion / peripheral oedema**

**Provide advice on self-management including daily weights and variable diuretic dosing**

**Consider spironolactone if diuretic resistant or hypokalaemia**

**Primary care to identify, treat, optimise and manage other co-morbidities:**

- Atrial Fibrillation
- Hypertension
- IHD
- Diabetes
- CKD

**Primary Care: HFpEF stable- continue to prescribe SGLT-2 [10,11]**
Once diuretic dose is stable and symptoms improve, move to heart failure review for HFpEF (including Us&Es at least 6 monthly).

1. Consider an ICD in line with 'Implantable cardiovascular defibrillators for arrhythmias' (NICE TA 314).
2. Consider metolazone if resistant to increased doses of loop diuretics
3. Sacubitril/Valsartan for treating chronic heart failure as per NICE TA388. Sacubatril/Valsartan has a **green formulary status**- to be recommended or initiated by a specialist in heart failure either in hospital, community or by a healthcare professional with specialist interest.
4. Dapagliflozin for treating chronic heart failure as per NICE TA 679. Dapagliflozin has a **green formulary status**- to be recommended or initiated by a specialist in heart failure either in hospital, community or by a healthcare professional with specialist interest.
5. Empagliflozin for treating chronic heart failure with reduced ejection fraction as per NICE TA 733. Empagliflozin has a **green formulary status**- to be recommended or initiated by a specialist in heart failure either in hospital, community or by a healthcare professional with specialist interest.
6. Ivabradine for treating chronic heart failure as per NICE TA 267
7. Consider CRT in line with 'Cardiac resynchronisation therapy for the treatment of heart failure' (NICE TA 314). CRT-P= pacemaker and CRT-D: Defibrillator
8. Hydralazine in combination with nitrate (especially in people of African or Caribbean origin with moderate to severe heart failure)
9. LVAD- left ventricular assisted device.
10. Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction as per NICE TA902 has a **green formulary status**- to be recommended or initiated by a specialist in heart failure either in hospital, community or by a healthcare professional with specialist interest.
11. Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction as per NICE TA929 has a **green formulary status**- to be recommended or initiated by a specialist in heart failure either in hospital, community or by a healthcare professional with specialist interest.

NHS Suffolk and North East Essex Integrated Care Board: Ipswich and East Suffolk Alliance and North East Essex Alliance with ESNEFT (Ipswich and Colchester Site)
Approved by ESNEFT MGG 22/11/2023 Approved by SNEE IMOC: 14/11/2023 Review date: December 2026

v4 FINAL