CMHC
Cardiometabolic Health Congress

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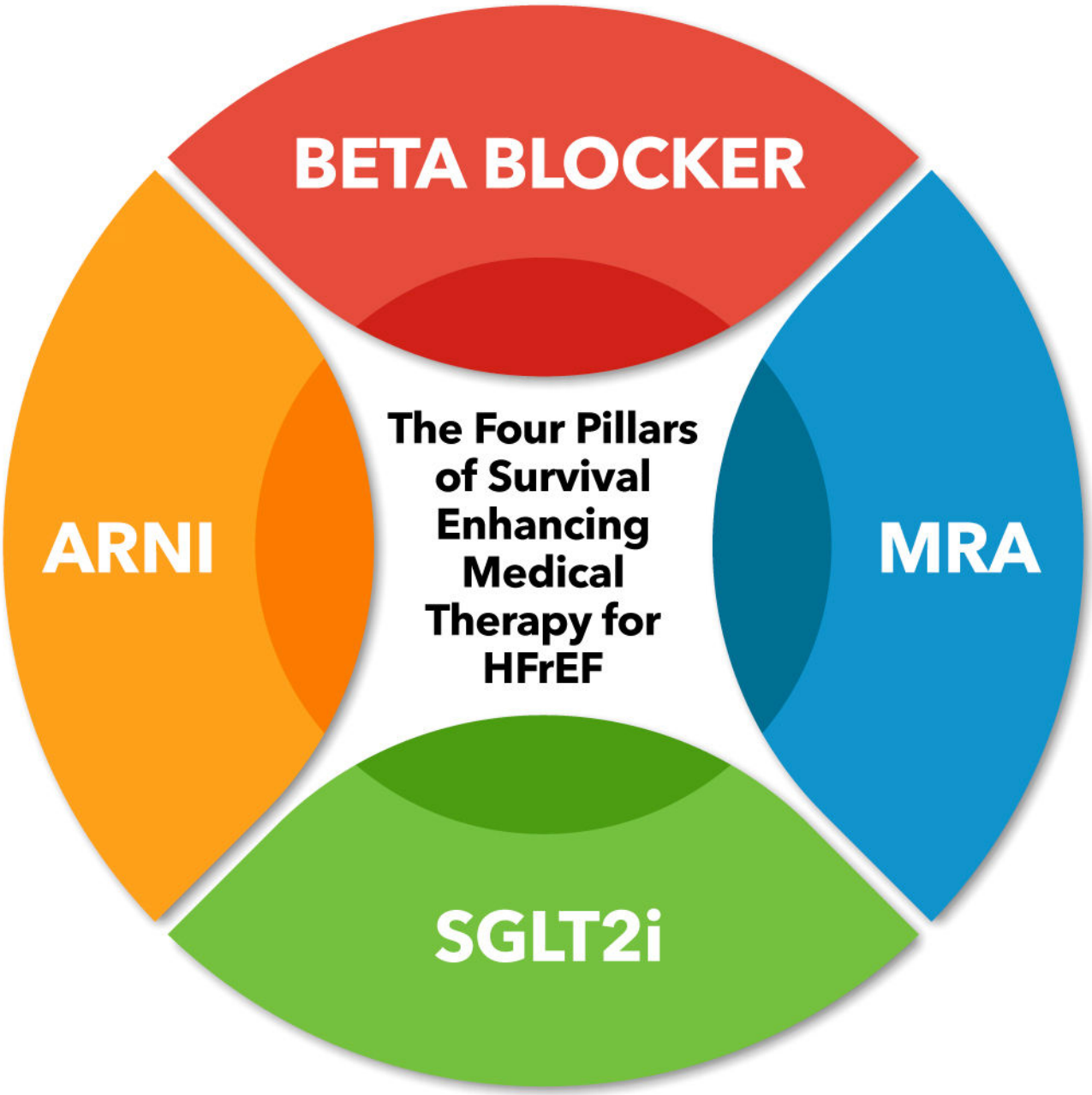
TREATMENT OF HF



Cumulative risk reduction in all-cause mortality if all four evidence-based medical therapies are used: Relative risk reduction 72.9%, Absolute risk reduction: 25.5%, NNT = 3.9, over 24 months

Updated from Fonarow GC et al, Am Heart J 2011; 161:1024-1030 and Lancet 2008;372:1195-1196
Bassi NS et al JAMA Cardiol 2020, May 6, e200898

Foundational Drugs for Treating HFrEF (LVEF <40%)

	COR	LOE	Recommendations
RAAS Inhibitors	1	A	In patients with HFrEF and NYHA class II to III symptoms, the use of **ARNi** is recommended to reduce morbidity and mortality
	1	A	In patients with previous or current symptoms of chronic HFrEF, the use of **ACEi** is beneficial to reduce morbidity and mortality when the use of ARNi is not feasible
	1	B- R	In patients with chronic symptomatic HFrEF NYHA class II or III who tolerate an ACE or ARB, **replacement by an ARNi** is recommended to further reduce morbidity and mortality
Beta blockers	1	A	In patients with HFrEF, with current or previous symptoms, use of 1 of the 3 **beta blockers** proven to reduce mortality is recommended to reduce mortality and hospitalizations
MRAs	1	A	In patients with HFrEF and NYHA class II to IV symptoms, an **MRA** is recommended to reduce morbidity and mortality, if eGFR >30 mL/min/ 1.73 m2 and serum potassium is <5.0 mEq/L
SGLT2 Inhibitors	1	A	In patients with symptomatic chronic HFrEF, **SGLT2i** are recommended to reduce hospitalization for HF and cardiovascular mortality, irrespective of the presence of tvpe 2 diabetes

Heidenreich P et al. 2022 ACC/AHA/HFSA Heart Failure Guideline.

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Ivabradine (2a)

In patients with LVEF ≤ 35% with NYHA II-III; NSR with HR ≥ 70 bpm at rest on maximally tolerated Beta- Blockers.
Initial dose: 5 mg BID
Target dose: 7.5 mg BID

Vericiguat (2b)

In patients with LVEF ≤ 45%; recent HFH or IV diuretics; elevated NP levels.
Initial dose: 2.5 mg QD
Target dose: 10 mg QD

Digoxin (2b)

In patients with symptomatic HF despite GDMT or unable to tolerate GDMT.
Initial dose: 0.125-0.25 mg QID (follow monogram)
Target dose: titrate to achieve serum concentration 0.5- <0.9 ng/ml

PUFA (2b)

In patients with HF and **NYHA II-IV**
Dose: 1 gram daily of
n-3PUFA (850-880 mg of EPA and DHA)

Potassium binders (2b)

In HF patients with hyperkalemia (≥ 5.5 mEq/L) while taking RAASi.
Medications: Patiromer; sodium zirconium cyclosilicate

Abbreviations: DHA indicates docosaexaenoic acid; EPA, eicosapentaenoic acid; GDMT, guideline-directed medical therapy; HF, heart failure; HFH, heart failure hospitalization; HR, heart rate; IV, intravenous; LVEF, left ventricular ejection fraction; NP, natriuretic peptide; NSR, normal sinus rhythm; NYHA, New York Heart Association; PUFA, polyunsaturated fatty acid; and RAASi, renin-angiotensin-aldosterone system inhibitors.

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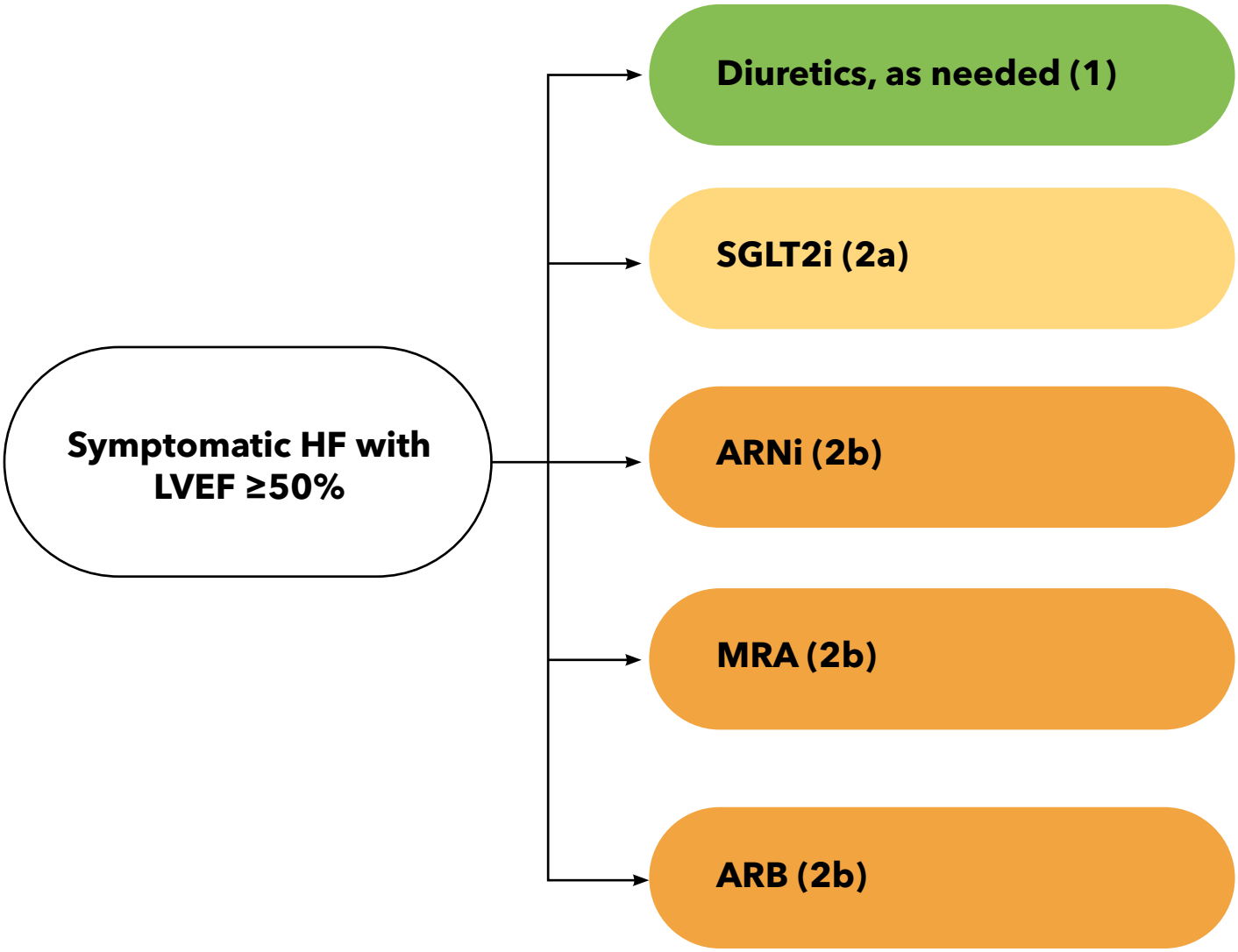
Foundational Drugs for Treating HFpEF

	COR	LOE	Recommendations
Spironolactone	2b	B-R	In selected patients with HFpEF, MRAs may be considered to decrease hospitalizations, particularly among patients with LVEF on the lower end of this spectrum.
ARNis	2b	B-R	In selected patients with HFpEF, ARNi may be considered to decrease hospitalizations, particularly among patients with LVEF on the lower end of this spectrum.
SGLT2i	2a	B-R	In patients with HFpEF, SGLT2is can be beneficial in decreasing HF hospitalizations and cardiovascular mortality

Heidenreich P et al. 2022 ACC/AHA/HFSA Heart Failure Guideline.

HFpEF by the Guidelines



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