KISS: Management of Chronic Heart Failure with Reduced Ejection Fraction

BJGP2017; 67;326 & Lancet 2017;390;1981 & SIGN 2016 & ESC CHF Guidelines 2016

General

- **Lifestyle advice:** smoking cessation, alcohol advice, low salt diet (avoid low sodium salt substitutes due to their high K content) & regular, low intensity aerobic exercise
    - Encourage daily weighing and report if >1.5kg in 2 days
    - Offer symptomatic patients structured, supervised exercise programme
- **Depression**
    - Screen for depression. Offer CBT. If drug treatment needed, use SSRI
- **Anaemia**
    - *If Hb level is 9.5 to 13.5 and iron deficiency (ferritin <100 microgm/l) consider for i.v. iron infusion*
- **Vaccinations**: One pneumococcal and annual influenza vaccination
- **Palliative care**
    - Consider palliative and end of life care when appropriate to do so, usually in patients with advanced heart failure with on-going symptoms despite optimal management
        - Consider low dose opioids, titrated against effect, in patients with dyspnoea

Pharmacological therapy

- **Diuretics**
    - Individualise dose to treat symptoms and signs of fluid overload without over treating which may cause dehydration or renal dysfunction
    - Use flexibly, and reduce or temporarily stop if dehydrated or dose reduction
- **STEP ONE**
    - Commence beta blockers and angiotensin drugs
        - Angiotensin drugs
            - Start ACEi, Use ARB if intolerant to ACEi
        - Beta blockers
            - Bisoprolol, carvedilol or nebivolol are first choice
            - If beta blockers are contraindicated, consider ivabradine
- **STEP TWO,** if on-going symptoms
    - Add mineralcorticoid receptor antagonist (MRA), unless contraindicated by renal impairment (CKD stage ≥ 4) OR raised serum K >5 (NB with very careful monitoring of K levels, see Prescribing Hot Topics section & MHRA Guidance 2016)
    - Consider combination of ACEi + ARB if unable to tolerate MRA
- **STEP THREE,** if on-going symptoms refer for specialist advice
    - Sacubitril/valsartan (stop ACEi and ARBs, continue BB and MRA)
- **STEP FOUR** options, if on-going symptoms (all specialist initiated options)
    - Ivabradine, if sinus rhythm resting HR >75 bpm & LVEF<35%
    - Digoxin, consider as add on in patients in sinus rhythm, still symptomatic on optimal therapy
    - Hydralazine/isosorbide dinitrate (if intolerant to ACE, ARB or sacubitril/valsartan)
    - Consideration of implantable cardioverter defibrillators (ICD), cardiac resynchronisation CRT and heart transplantation in selected patients