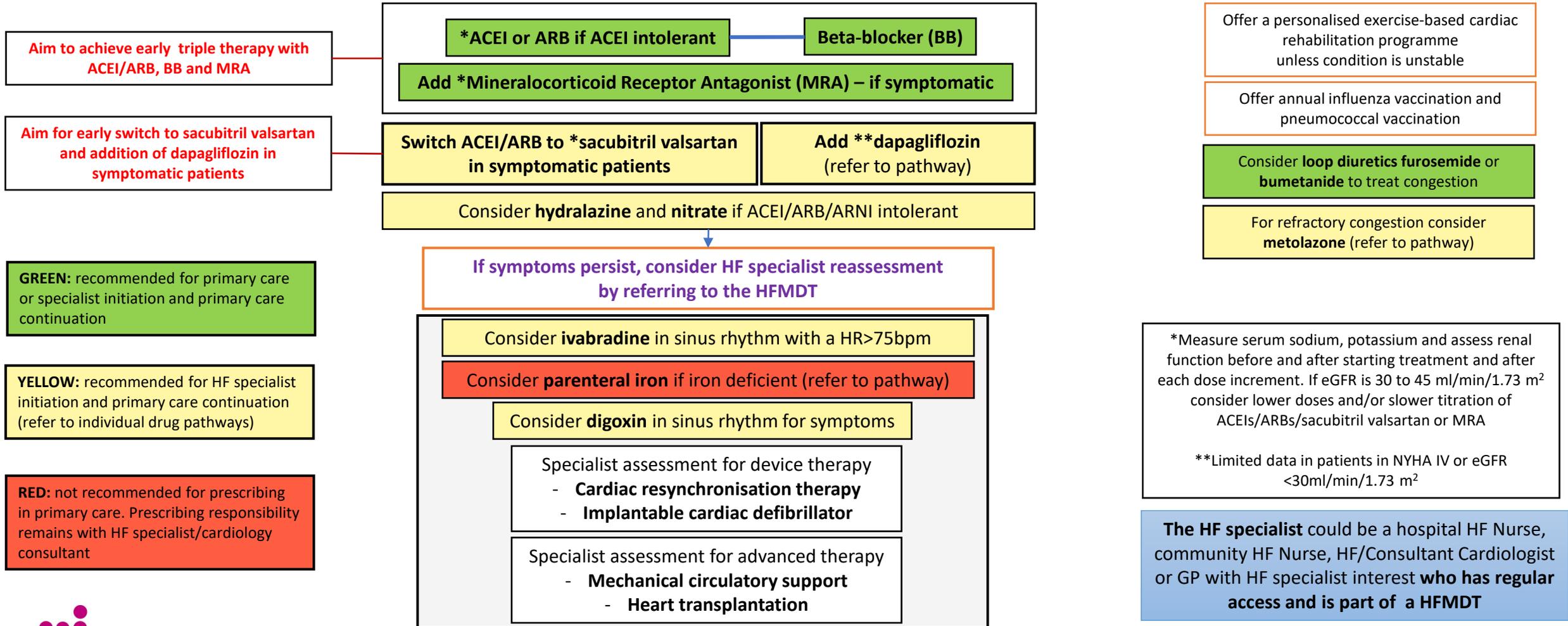


HFREF Diagnosed

Ensure patient is on an appropriate HF clinical pathway in primary or secondary care to avoid delay in initiating prognostic medication

Start/Uptitrate



MAIN TREATMENT GOALS

- To ensure that all HF patients following diagnosis, are managed in an appropriate specialist HF clinic in primary or secondary care.
- To ensure that treatment is started early in a supervised fashion, with as many classes of disease modifying agents for HF.

SPECIALIST INITIATED DRUGS

Dapagliflozin - please refer to dapagliflozin pathway and NICE TA679

Sacubitril valsartan (Entresto) - please refer to sacubitril valsartan pathway and NICE TA388

Hydralazine and nitrate

Ivabradine - NICE TA267

Digoxin

Metolazone - please refer to metolazone pathway

PREFERRED TREATMENT CHOICES

- ***There are no head-to-head trials of beta-blockers, ACEIs or ARBs in HFREF***
- If starting in newly diagnosed patients, to streamline the formulary and to provide guidance, please consider opposite as preferred choice

SUGGESTED MONITORING

ACEI/ARB/sacubitril valsartan/MRA

- Measure serum sodium, potassium and assess renal function before and after starting treatment, and after each dose increment.
- If eGFR is 30 to 45 ml/min/1.73 m², consider lower doses and/or slower titration.
- Measure blood pressure (BP) before and after each dose increment.
- Once the target or maximum tolerated dose is reached, monitor treatment monthly for 3 months and then every 3 to 6 months in stable patients. More frequent monitoring may be needed in those who have had their medication recently adjusted or following hospitalisation or becoming acutely unwell.

Loop diuretics

- Measure serum sodium, potassium and assess renal function before and after starting treatment, and after each dose increment.
- Monitor renal function every 3 to 6 months in stable patients. More frequent monitoring may be needed in those who have had their medication recently adjusted or following hospitalisation or becoming acutely unwell.
- Measure BP before and after each dose increment.

Beta-blockers

- Measure BP, Heart Rate (HR) and ideally record ECG before starting treatment and after each dose increment.
- Consider dose reduction or discontinuation if symptomatic bradycardia (HR <60bpm). Refer to HF MDT via community HF nurse in this case, if unsure.

ACE inhibitor	Ramipril and Perindopril
Beta-blocker	Bisoprolol and Carvedilol
ARB	Candesartan and Valsartan

References	NICE Guideline Chronic heart failure in adults: diagnosis and management (September 2018): https://www.nice.org.uk/guidance/ng106/resources/chronic-heart-failure-in-adults-diagnosis-and-management-pdf-66141541311685		
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