Heart Failure update NICE 2018

New terminology of heart failure

NT-pro BNP

Medication

Team working

HFrEF and HFpEF

Guidelines are now using the term heart failure with reduced ejection fraction (HFrEF) rather than left ventricular systolic dysfunction (LVSD), and the inclusion of heart failure with preserved ejection fraction (HFpEF).

NT-pro BNP

- Measure N-terminal pro-B-type natriuretic peptide (NT-proBNP) in people with suspected heart failure. **[2018]**
- Because very high levels of NT-proBNP carry a poor prognosis, refer people with suspected heart failure and an NT-proBNP level above 2,000 urgently, to have specialist assessment and transthoracic echocardiography within 2 weeks. **[2018]**
- Refer people with suspected heart failure and an NT-proBNP level between 400 and 2,000 to have specialist assessment and transthoracic echocardiography within 6 weeks. **[2018]**

Be aware

- an NT-proBNP level less than 400 in an untreated person makes a diagnosis of heart failure less likely
- the level of serum natriuretic peptide does not differentiate between heart failure with reduced ejection and heart failure with preserved ejection fraction (2018).
- high levels of serum natriuretic peptides can have causes other than heart failure (2018)

Echocardiogram

- Remains gold standard test for diagnosis
- Consider alternative methods of imaging the heart if a poor image is produced by transthoracic echocardiography.
- Perform an ECG and consider the following tests to evaluate possible aggravating factors and/or alternative diagnoses

Medication HFrEF

- ACE inhibitors
- Consider an ARB (if in tolerantto ACEi)
- If neither ACE inhibitors nor ARBs are tolerated, consider hydralazine in combination with nitrate
- Beta-blockers
- Mineralocorticoid receptor antagonists

Specialist treatment

- Ivabradine

Chronic HF.

Stable HF NYHA II-IV .

Sinus rhythm HR >75bpm.

In combination with standard ACE i(ARB) and BB therapy or when BB is contra indicated or not tolerated.
EF <35%.

Specialist treatment

- Sacubitril/ valsartan (Entresto)

New York Heart Association (NYHA) class II to IV symptoms

Left ventricular ejection fraction of 35% or less

Who are already taking a stable dose of ACEi or ARBs.

Specialist treatment

- Digoxin

Atrial fibrillation

Recommended for worsening or severe heart failure with rEF despite first-line treatment

- Hydralazine in combination with nitrate

Medication with all Types of HF

- Diuretics -titrate according to need and relief of symptoms
- HFpEF - usually offered a low to medium dose (for example, less than 80 mg furosemide per day)
- Calcium-channel blockers (avoid in rEF)
- Amiodarone (consultant prescribed)
- Anticoagulants (AF, Sinus rhythm with history of PE, intracardiac thrombus
- Vaccinations

Team working

- The specialist heart failure MDT should directly involve, or refer people to, other services, including rehabilitation, services for older people and palliative care services, as needed.
- The primary care team should carry out the following for people with heart failure at all times, including periods when the person is also receiving specialist heart failure care from the MDT.