



General Management of CHF

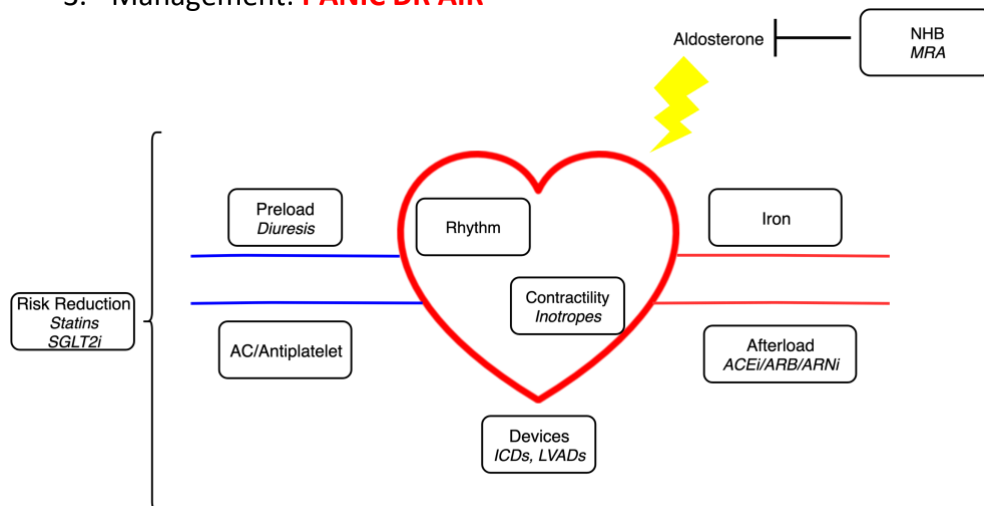
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Special thanks to Drs. Malishchak & Wang



1. Etiologies: see Decompensated Heart Failure Episode. Key: HFrEF vs. HFpEF
2. Disease progression: NYHA Classes: no symptoms (1) → symptoms at rest (4)
3. Management: **PANIC DR AIR**



Tips for Patients:

1. Daily weights
2. Gaining > 3 lbs, increase diuretic & call clinic.
3. Importance of meds, physical activity, BP checks and reducing salt/fluid intake

Preload: Diuresis, dosing to daily weights & volume exam, watch electrolytes & Cr

- Loop diuretics (furosemide, torsemide), exp: -1L net fluid
- Sequential nephron blockade: metolazone, chlorothiazide

Afterload:

- Mechanism: vasodilation → decreased afterload, increased SV
- Isosorbide Dinitrate, hydral, ACEi/ARB/Angiotensin Receptor-Nepriylsin inhibitor → mortality benefit in HFrEF

Neuro-hormonal blockade:

- Mechanism: decreased myocardial remodeling
- β -blockers (hold in cardiogenic shock!), spironolactone, eplerenone.

Intropes/**C**ontractility: “cold” patients

- inodilators: dobutamine, milrinone
- Inopressors: dopamine, epinephrine, norepinephrine

Develops: *also consider heart transplant!*

- Defibrillators: *chronic CHF & stable*, LVEF < 35% → ICD
- Cardiac resynchronization tx: *chronic CHF & stable*. ↓ LVEF, QRS > 120-150, LBBB
- Mechanical circulatory support: *very sick patients* → Intra-aortic balloon pump, Ventricular Assist Devices, Tandem, ECMO etc.

Rhythm: Afib = rate/rhythm control. Ventricular tachycardia also common

Anticoagulation/Antiplatelet: Aspirin, anti-platelet for PCI in CAD. Anticoagulation for Afib

Iron per FAIR-HF – significant improvements in NYHA class, 6-minute walk & QOL

Risk reduction: secondary prevention statin or SGLT2 inhibitors