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Clinical Champion Update

Date: 10/10/22 Subject: Congestive Heart Failure

Updated HF guidelines from Journal of the American College of Cardiology, May 3, 2022

Existing categories of HF:

- HFrEF: heart failure with reduced ejection fraction, defined as an EF =< 40%
- HFpEF: heart failure with preserved ejection fraction, defined as an EF => 50%

New categories of HF with the updated guidelines:

- HFmrEF: heart failure with mildly reduced ejection fraction, defined as an EF of 41% to 49%, and which has never dropped below 40%.
    - There are less data about how to treat these patients, but generally use the same meds as for HFrEF, especially if the EF is at the lower end of this range.
    - Optimize triple therapy (see previous post and meds table for details). In HFmrEF, this possibly lowers risk of hospitalization and death:
        - ACE, ARB or ARNI
        - Evidence-based BB
        - Aldosterone antagonist
    - Consider adding an SGLT2 inhibitor (i.e., a -flozin) if patients have symptoms on optimized triple therapy or also have type 2 diabetes.
- HFimpEF: heart failure with improved ejection fraction, defined as an EF>40% in patients who previously had HFrEF.
    - An improved EF doesn't mean myocardial recovery or return to normal left ventricle function. Plus the improvement in EF is partly due to treating HFrEF appropriately.
    - Heart failure meds should be continued even if symptoms are improved. Some evidence suggests that stopping meds or decreasing doses can lead to a drop in EF or return of symptoms.

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