AT RISK FOR HEART FAILURE **HEART FAILURE**

STAGE A

At high risk for HF but without structural heart disease or symptoms of HF

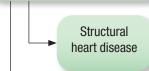
e.g., Patients with:

- HTN
- Atherosclerotic disease
- DM
- Obesity
- Metabolic syndrome

OR

Patients

- Using cardiotoxins
- With family history of cardiomyopathy



THERAPY

Goals

- Heart healthy lifestyle
- Prevent vascular, coronary disease
- Prevent LV structural abnormalities

Drugs

- ACEI or ARB in appropriate patients for vascular disease or DM
- Statins as appropriate

STAGE B

Structural heart disease but without signs or symptoms of HF

LV remodeling including LV

Development

of symptoms

of HF

Asymptomatic valvular

THERAPY

Prevent HF symptoms

Prevent further cardiac

ACEI or ARB as appropriate

remodeling

Beta blockers as

In selected patients

· Revascularization or

valvular surgery as

appropriate

appropriate

e.g.. Patients with:

Previous MI

disease

Goals

Drugs

ICD

Hand low FF

STAGE C

Structural heart disease with prior or current symptoms of HF

e.g., Patients with:

- Known structural heart disease and
- HF signs and symptoms

HFp**EF HF**rEF

THERAPY

Refractory

symptoms

of HF at rest,

despite GDMT

Goals

- Control symptoms
- Patient education

Strategies

Goals

Identification of comorbidities

THERAPY

Control symptoms

Improve HRQ0L

Patient education

Prevent mortality

Prevent hospitalization

Treatment

- Diuresis to relieve symptoms of congestion
- Follow guideline driven indications for comorbidities. e.g., HTN, AF, CAD, DM
- Revascularization or valvular surgery as appropriate

- Improve HRQQL
- Prevent hospitalization
- Prevent mortality

Drugs for routine use

- Diuretics for fluid retention
- ACEI or ARB
- ARNI
- Beta blockers
- Aldosterone antagonists

Drugs for use in selected patients

- Hydralazine/isosorbide dinitrate
- ACEI and ARB
- Ivabradine
- Digoxin

Inselected patients

- CRT
- ICD
- Revascularization or valvular surgery as appropriate

STAGE D

Refractory HF

e.g., Patients with:

- Marked HF symptoms at
- Recurrent hospitalizations despite GDMT

THERAPY

Goals

- Control symptoms
- Improve HRQQL
- Reduce hospital readmissions
- Establish patient's end-oflife goals

Options

- Advanced care measures
- Heart transplant
- Chronic inotropes
- Temporary or permanent MCS
- Experimental surgery or drugs
- Palliative care and hospice
- ICD deactivation



Stages in the development of HF and recommended therapy by stage. ACEI indicates angiotensin-converting enzyme inhibitor; AF, atrial fibrillation; ARB, angiotensin-receptor blocker; CAD, coronary artery disease; CRT, cardiac resynchronization therapy; DM, diabetes mellitus; EF, ejection fraction; GDMT, guideline-directed medical therapy; HF, heart failure; HFpEF, heart failure with preserved ejection fraction; HFRDOL, health-related quality of life; HTN, hypertension; ICD, implantable cardioverter-defibrillator; LV, left ventricular; LVH, left ventricular hypertrophy; MCS, mechanical circulatory support; and MI, myocardial infarction. Adapted from Hunt et al. 3 Yancy CW et al., ACCF/AHA Guideline for the Management of Heart Failure. Circulation, 10/15/13.

Yancy CW et al., 2017 ACC/AHA/HFSA Focused Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure, Circulation, 08/08/2017.