

# Primary Care Heart Failure Treatment Guideline

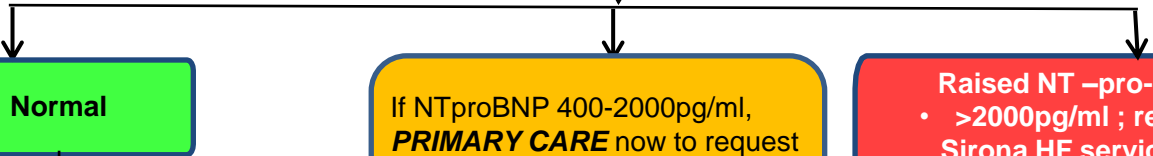
Suspect heart failure if: breathlessness, fatigue, oedema

## Mandatory baseline tests:

- NT-pro-BNP needed before referral in all patients.
- Blood tests: U+Es, FBC, TFTs, LFTs, HbA1c & lipids
- ECG if available

Consider: CXR, urinalysis, lung function tests

Check NT-pro-BNP



**Normal**

Heart failure unlikely; consider alternative diagnosis. Discuss with specialist if ongoing concerns

If NTproBNP 400-2000pg/ml, **PRIMARY CARE** now to request echocardiogram at their **local** secondary care hospital

**Raised NT -pro-BNP**

- >2000pg/ml ; refer to Sirona HF service for a review at the one stop echo/consultant clinic within 2 weeks
- **DO NOT REQUEST ECHO**

**Systolic RV Dysfunction**

**Valvular Heart Disease**

**EF > 50%/ HF preserved EF**

**Systolic LV Dysfunction EF < 50%**

Seek advice from site where the ECHO was completed via ERS/A&G if needed or trust the patient would be referred to

To make diagnosis, support is available from secondary care provider where the ECHO was completed via A&G/ERS or trust the patient would be referred to.

- Assess NYHA status (box below)
- See treatment algorithm for LVSD
- Ensure correct GP coding for LVSD (need both a heart failure code **AND** LVSD code to qualify for QOF)
- Seek advice from site where the ECHO was completed via A&G/ERS if needed or trust the patient would be referred to

For all patients:

- Discuss treatment goals and advanced care planning
- Consider ReSPECT form & process

- Assess NYHA status (box below)
- See treatment algorithm for preserved ejection fraction/ EF >50% on page 3
- Ensure correct GP coding for preserved ejection fraction

**NYHA I:** No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea (shortness of breath).

**NYHA II:** Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea (shortness of breath).

**NYHA III:** Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation, or dyspnea.

**NYHA IV:** Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.



# Treatment Algorithm for Preserved Ejection Fraction/EF > 50%

Treatment usually started in primary care

Optimise co-morbidities including

- Hypertension
  - spironolactone is preferable due to benefits in HF-PEF, as well as hypertension and as a diuretic. If already established on ACEI/ARB these can be continued
- Diabetes
- Smoking
- Obesity



Consider treatment with low to medium dose loop diuretics (furosemide <80mg/day) (or equivalent) to relieve symptoms of fluid overload



**If patients remain symptomatic, consider specialist advice to assess need for:**

SGLT2i dapagliflozin 10mg od on advice of heart failure specialist (TLS Amber specialist recommended) or empagliflozin 10mg od on advice of specialist (TLS Amber specialist recommended)



## Monitoring

Monitor renal function after each dose change of diuretic

Refer to Heart Failure Guidelines available on the [cardiovascular system guideline](#) page for:

- **Practical Guidance on how to use heart failure medicines**
- **How to monitor renal function and potassium rises in stable heart failure**
- **Use of dapagliflozin and empagliflozin (SGLT2i) in patients with heart failure**

### Lifestyle Advice -

- Exercise (consider referral to cardiac rehab programme)
- Smoking, diet
- Sexual activity, pregnancy & contraception
- Flu vaccination, air travel
- Driving
- COVID-19 precautions
- Occupational support/advice

### Symptom Management-

Consider:

- St Peter's hospice fatigue & breathlessness course
- Referral to palliative care
- Psychosocial support – eg Harbour counselling
- Hospital @ Home

### End of Life Planning

Identify patients for palliative care register

End of Life indicators include:

- Progressive general deterioration
- Frequent hospital admissions
- No response to increased treatment
- Frequent ICD shocks – consider device deactivation via pacing clinic
- BNSSG [Remedy End of Life Care](#) page