



CCF o HFrEF



The University of Zambia
School of Public Health o Family Medicine MMed Program

B/I Asymptomatic

- ACEI
- SGLT-2 inhibitor

C/II-III Symptomatic

- ACEI
- SGLT-2 inhibitor
- Beta blocker
- Furosemide
- *Spironolactone

D/IV Refractory

- Transplant
- Chronic ionotropes
- Mechanical Circulatory Support
- Experimental interventions
- Palliative care
- ICD deactivation

Goals of therapy

- Identify cause
- Control HR/BP/volume status
- Guideline mandated medications
- Decrease hospitalizations
- Decrease mortality
- Increase quality of life

Medications if indicated

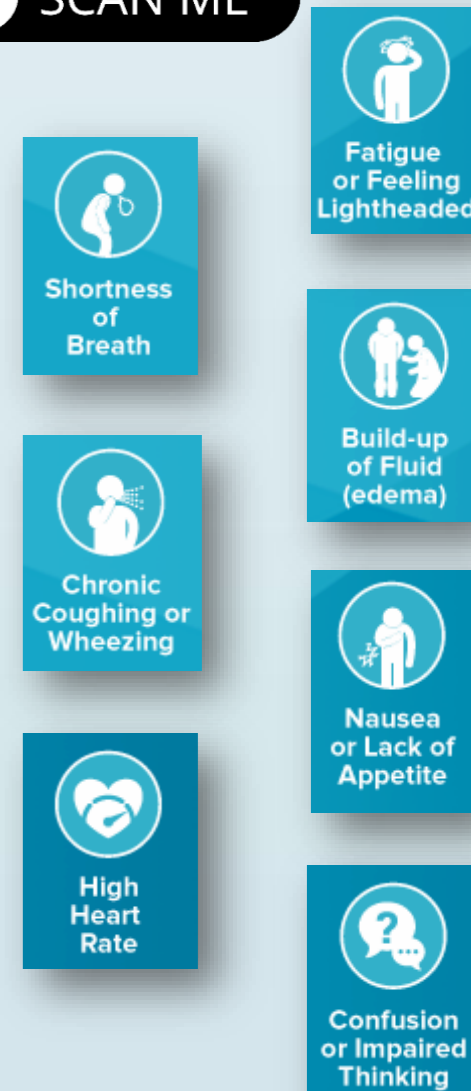
- Statin if ASCVD present or risk $\geq 10\%$
- Aspirin if clinical ASCVD present
- Anticoagulation if LV clot, a-fib or previous embolic event

Interventions if indicated

- Surgery: revascularization or valve surgery
- ICD: Class I-III or C with an $EF \leq 30\%$ and have life expectancy > 6 months, \downarrow sudden death, \downarrow mortality
- CRT: $\leq 35\%$, $QRS > 150$, symptoms despite max medical therapy. \uparrow QOL, \downarrow mortality, \downarrow hospitalizations
- Transplant



SCAN ME



| MEDICATION | STARTING | TARGET | AFFECTS | NOTES |
|----------------------|---------------|-------------------|---------------|---|
| Enalapril | 2.5mg bd | 10mg bd | Mortality/QOL | All patients with HFrEF Alters natural history |
| Empagliflozin | 10mg daily | ----- | Mortality | If DM can use 25mg |
| Carvedilol | 3.125mg bd | 25mg bd | Mortality | Add when stable Improves clinical outcomes/NH |
| Furosemide | 40 daily | 20-160mg/dose | Symptoms | Use as needed No mortality benefit |
| Spironolactone | 12.5mg daily | 25mg daily | Mortality | Class C/III-IV despite ACEI & BB *Only affects mortality if $EF \leq 35\%$ |
| Sacubitril/Valsartan | 49/51mg bd | 97/103mg bd | Mortality/QOL | First line instead of ACEI/ARB Alters natural history |
| Hydralazine | 37.5mg td | 75mg td | | If intolerant of ACEI/ARB |
| Isosorbide dinitrate | 20mg td | 40mg td | | |
| Digoxin | 0.125mg daily | 0.125-0.375 daily | Symptoms | No mortality benefit |