

# Surrey Heartlands Chronic Heart Failure Treatment Pathway

**Chronic Heart Failure** (diagnosis as per [NICE Chronic Heart Failure in adults NG106 Guideline](#))

Manage co-morbid conditions – Hypertension, Ischaemic Heart Disease (IHD), Diabetes Mellitus (DM), Atrial Fibrillation (AF). Give loop diuretics for symptomatic relief of congestion, provide cardiac rehab (if stable) and patient education.

**HFpEF** (Heart Failure with Preserved Ejection Fraction)

**LVEF ≥ 50%**, elevated natriuretic peptides and objective evidence of high left atrial pressure. Heterogenous pathophysiology and characterised by endothelial dysfunction, arterial stiffness, and LV abnormalities.

**NICE guideline NG106 advocates standard care as loop diuretics and treatments for other co-morbidities.**

**HFmrEF** (Heart Failure with Mildly Reduced Ejection Fraction)

**LVEF 41-49%**

Although HFmrEF is phenotypically more in common with HFrEF than HFpEF & retrospective RCT analyses show benefits with similar HFrEF therapies, **NICE guideline NG106 advocates standard care as loop diuretics and treatments for other co-morbidities.**

**HFrEF** (Heart Failure with Reduced Ejection Fraction) **LVEF ≤ 40%**

HFpEF and HFmrEF collectively known as HFp/mrEF (heart failure with preserved or mildly reduced ejection fraction)

**Empagliflozin NICE TA929** or **Dapagliflozin NICE TA902** for symptomatic HFp/mrEF. Initiated by or on recommendation of a heart failure specialist.

**1<sup>st</sup> line – ANGIOTENSIN CONVERTING ENZYME INHIBITOR (ACE-I)** e.g., ramipril. Up titrate to the maximum tolerated dose.  
**AND BETA-BLOCKERS (BB)** e.g., bisoprolol  
 Consider **ANGIOTENSIN II RECEPTOR BLOCKER (ARB)** e.g., candesartan - if intolerant of ACE-I. Up titrate to the maximum tolerated dose.

*(If remains symptomatic)*  
**EMPAGLIFLOZIN(TA773)/Dapagliflozin (TA679)** Initiation by or on advice of a HF specialist as add on to optimised ACE-I/ARB + Beta blocker + MRA (if tolerated)

**Offer an MRA if symptoms continue**  
**MINERALOCORTICOID RECEPTOR ANTAGONISTS (MRA)/ALDOSTERONE ANTAGONISTS (AA)** e.g., spironolactone/epplerone  
**Up titrate to maximum tolerated dose**

**IF REMAINS SYMPTOMATIC SEEK SPECIALIST ADVICE for consideration of:**

• **Sacubitril/Valsartan:** Replacement for ACE-I (or ARB) if ejection fraction ≤35% (TA388).  
 EMPAGLIFLOZIN(TA773)/Dapagliflozin(TA679) (if not already used) **Add-on** to Sacubitril/Valsartan plus Beta blocker + MRA (if tolerated)

- Ivabradine
- Digoxin
- Hydralazine
- Device therapy
- Transplant