

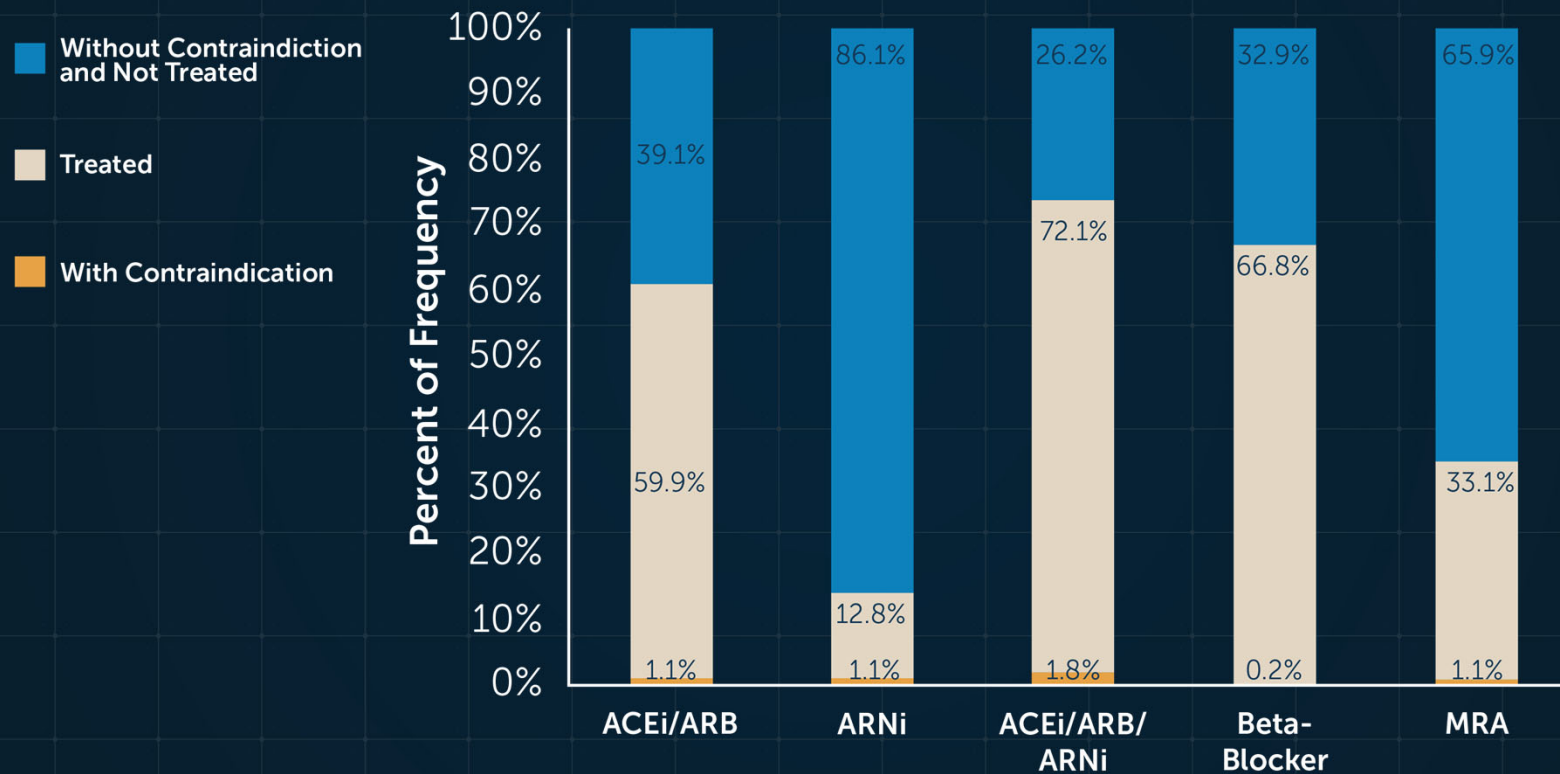


Examining Heart Failure Management: How Can We Do Better?

CHAMP-HF Registry

- 3,518 patients with HFrEF
- 150 United States primary care and cardiology clinics

CHAMP-HF Registry: Use of GDMT



GDMT = guideline-directed medical therapy
Adapted from: Greene SJ, Butler J, Albert NM, et al. *J Am Coll Cardiol.* 2018;72(4):351-366.

CHAMP-HF Registry (con't.)

- Among eligible registry patients
 - 22.1% were simultaneously prescribed ACEi/ARB/ARNi, beta-blocker, and MRA therapy
 - Only 1.1% were prescribed target doses of all 3 therapies

European Data: Use of GDMT

- Swedish Heart Failure Registry
 - 11,215 patients with HFrEF <40%
 - 40% received an MRA
- BIOSTAT-CHF
 - Higher baseline K⁺ was an independent predictor of lower ACEi/ARB dosages (OR 0.70; 95% CI 0.51–0.98)

GDMT = guideline-directed medical therapy

Savarese G, Carrero JJ, Pitt B, et al. *Eur J Heart Fail.* 2018;20(9):1326-1334. eusekamp JC, Tromp J, van der Wal HH, et al. *Eur J Heart Fail.* 2018;20(5):923-930.

Heart Failure Team Care

- Engage the patient as a team member
- Evaluate the low-hanging fruits of:
 - Low sodium diet
 - Exercise
 - Smoking cessation
 - Adherence to medications
- Pharmacists can review medication side effect profiles
- Nutritionists can discuss diet recommendations

Heart Failure Team Care (con't.)

- Treatment of comorbidities
 - High blood pressure
 - Diabetes
 - Obesity
 - Dyslipidemia
 - Iron deficiency

ESC Expert Consensus

Potassium binders should facilitate the use of RAASi therapy.

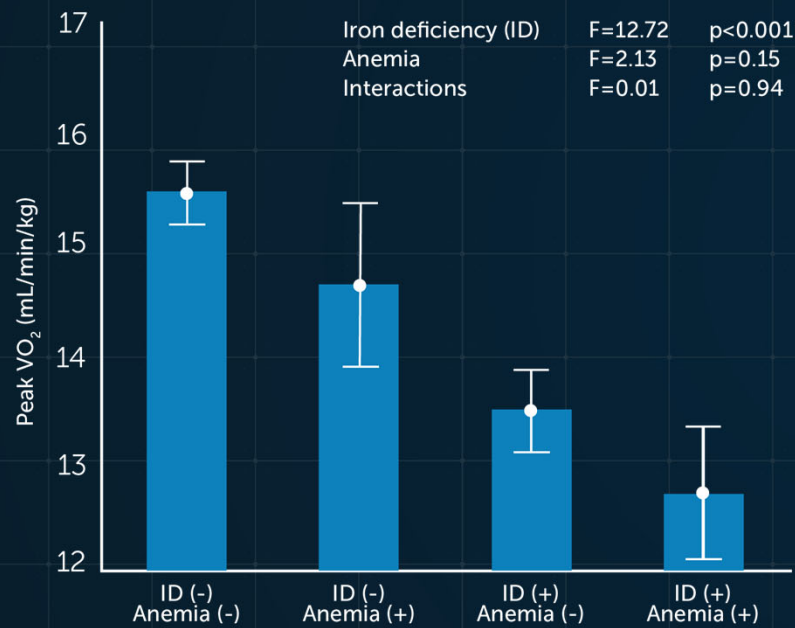
Evaluation Other Medications as a Cause of Hyperkalemia

- NSAIDs
- Antibiotics
- Antifungal therapies
- Nutraceuticals, supplements

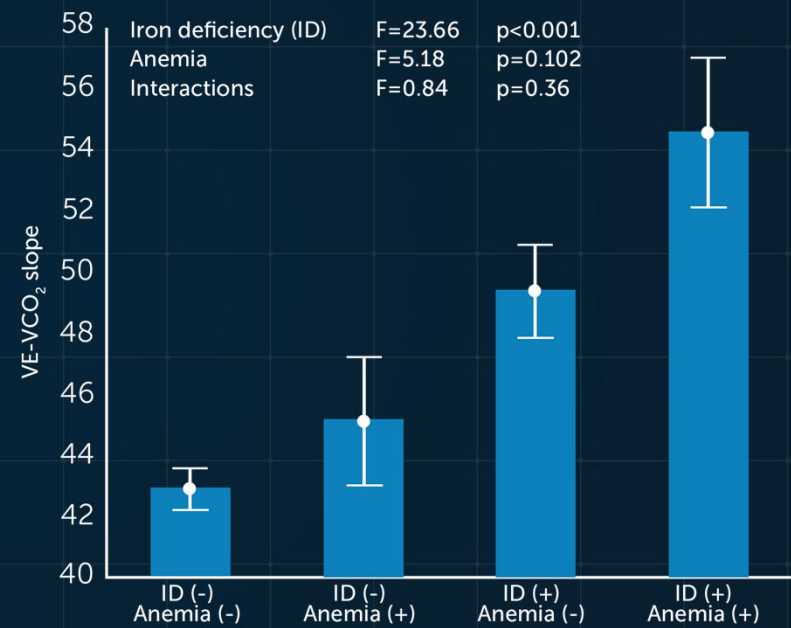
HF-ACTION

- Exercise is safe in HFrEF
- May decrease risk of HF hospitalization or CV death

Iron Deficiency Reduces Exercise Capacity in CHF

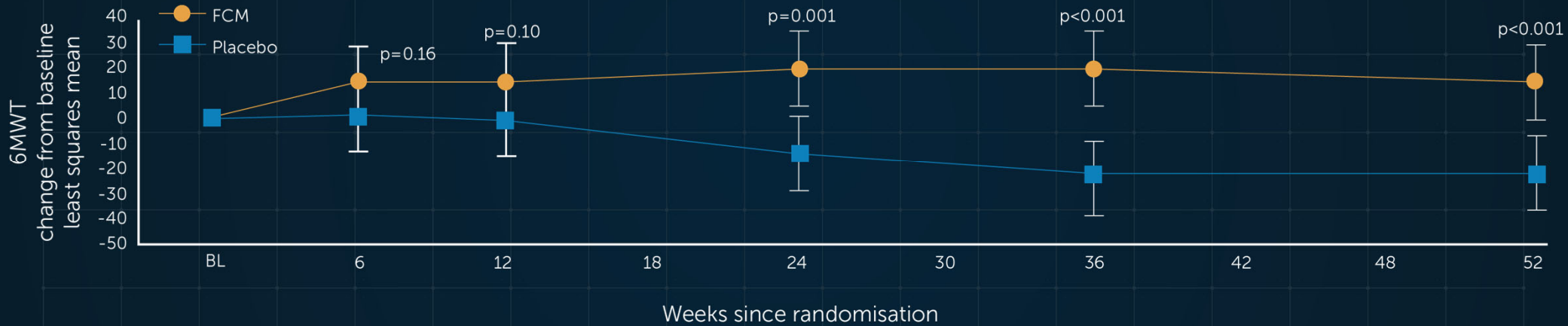


Peak Oxygen Consumption



Ventilatory Response to Exercise

CONFIRM-HF: IV Iron Improves Exercise Capacity in HFrEF



6-Min Walk Test

6MWT = 6-minute walk test; FCM = ferric carboxymaltose
Adapted from: Ponikowski P, van Veldhuisen DJ, Comin-Colet J, et al. *Eur Heart J*. 2015;36(11):657-668.

ESC HF Guidelines

- Test serum ferritin and TSAT in newly diagnosed patients
- Iron deficiency defined as
 - Ferritin <100 $\mu\text{g/L}$ or
 - Ferritin 100-299 $\mu\text{g/L}$ with TSAT $<20\%$

Iron Supplementation

- Oral iron has no effect on exercise capacity
- Only IV iron improves
 - Exercise capacity
 - Quality of life

ACC/AHA/HFSA Guidelines

- Patients with NYHA class II and III HF and iron deficiency may benefit from IV iron replacement (Class IIb)
- Iron deficiency defined as
 - Ferritin <100 ng/mL or
 - Ferritin 100-300 ng/mL with TSAT <20%

Stability is an Illusion

- Follow the guidelines
- Titrate doses to achieve optimal GDMT
- Consider:
 - Potassium binders
 - IV iron
- More education about food and diet