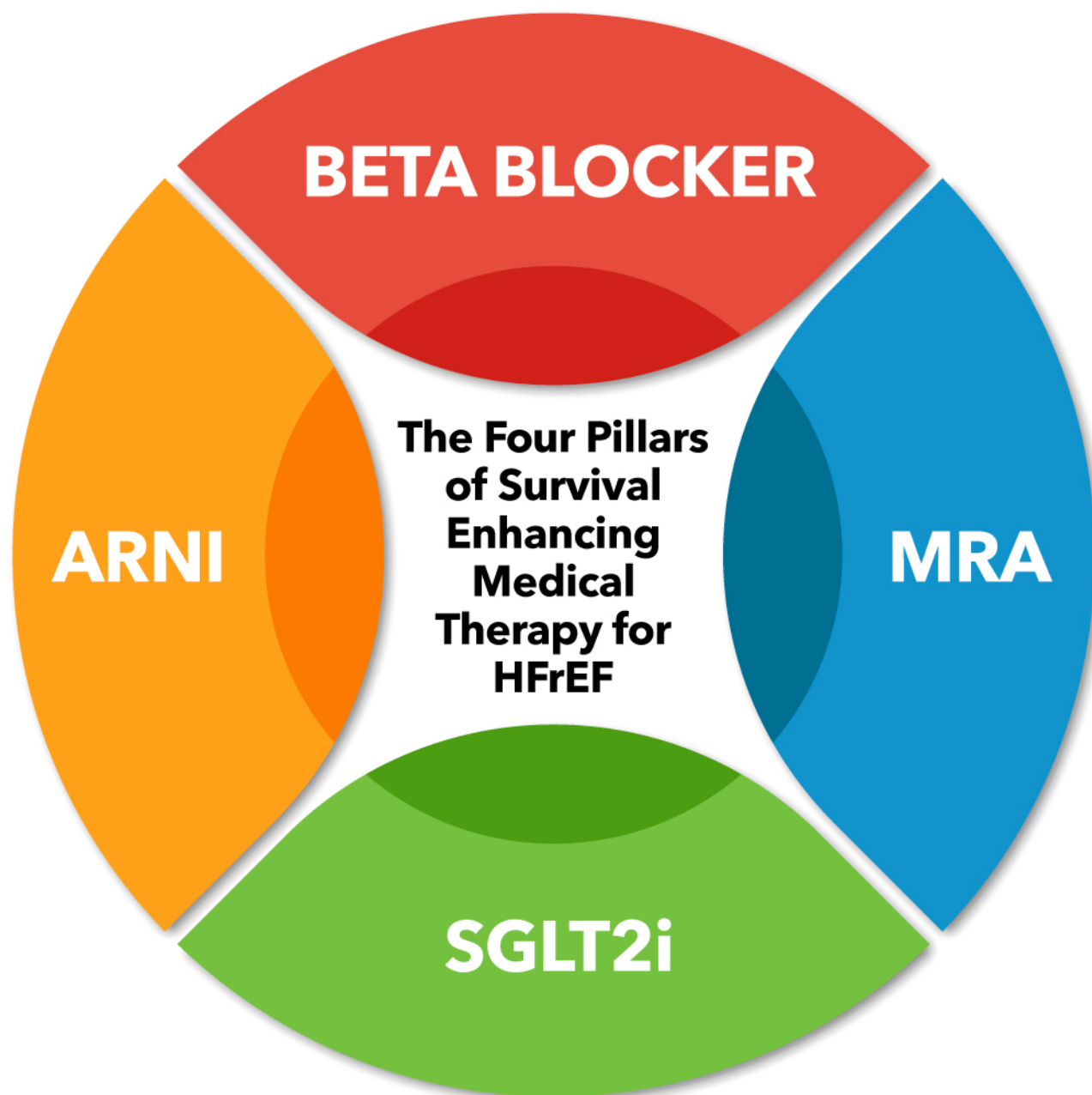




# TREATMENT OF HF



# TREATMENT OF HF



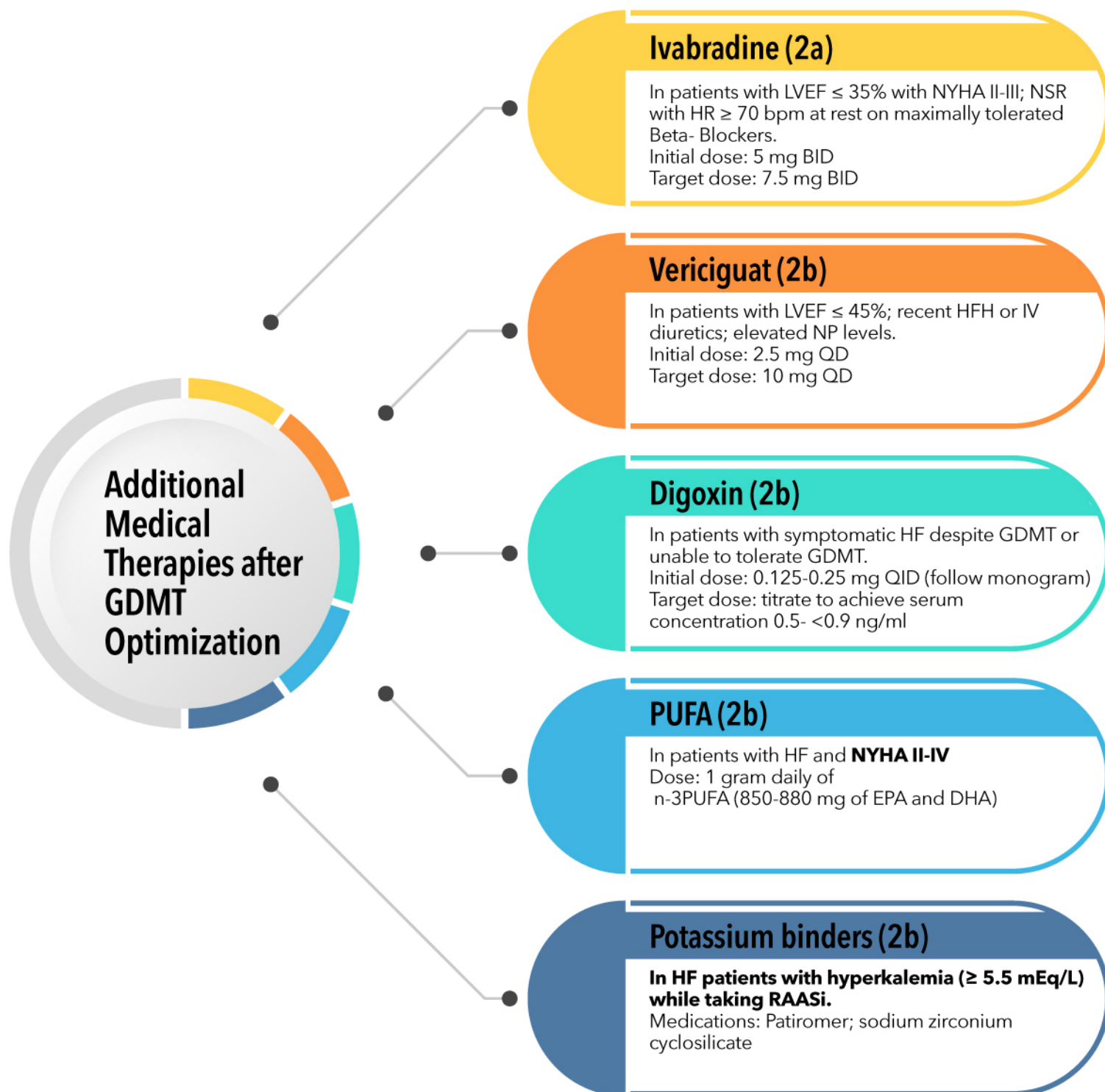
Cumulative risk reduction in all-cause mortality if all four evidence-based medical therapies are used:  
Relative risk reduction 72.9%, Absolute risk reduction: 25.5%, NNT = 3.9, over 24 months

## Foundational Drugs for Treating HFrEF (LVEF <40%)

	COR	LOE	Recommendations
RAAS Inhibitors	1	A	In patients with HFrEF and NYHA class II to III symptoms, the use of <b>ARNi</b> is recommended to reduce morbidity and mortality
	1	A	In patients with previous or current symptoms of chronic HFrEF, the use of <b>ACEi</b> is beneficial to reduce morbidity and mortality when the use of ARNi is not feasible
	1	B- R	In patients with chronic symptomatic HFrEF NYHA class II or III who tolerate an ACE or ARB, <b>replacement by an ARNi</b> is recommended to further reduce morbidity and mortality
Beta blockers	1	A	In patients with HFrEF, with current or previous symptoms, use of 1 of the 3 <b>beta blockers</b> proven to reduce mortality is recommended to reduce mortality and hospitalizations
MRAs	1	A	In patients with HFrEF and NYHA class II to IV symptoms, an <b>MRA</b> is recommended to reduce morbidity and mortality, if eGFR >30 mL/min/ 1.73 m <sup>2</sup> and serum potassium is <5.0 mEq/L
SGLT2 Inhibitors	1	A	In patients with symptomatic chronic HFrEF, <b>SGLT2i</b> are recommended to reduce hospitalization for HF and cardiovascular mortality, irrespective of the presence of type 2 diabetes



# TREATMENT OF HF



**Abbreviations:** DHA indicates docosaexaenoic acid; EPA, eicosapentaenoic acid; GDMT, guideline-directed medical therapy; HF, heart failure; HFH, heart failure hospitalization; HR, heart rate; IV, intravenous; LVEF, left ventricular ejection fraction; NP, natriuretic peptide; NSR, normal sinus rhythm; NYHA, New York Heart Association; PUFA, polyunsaturated fatty acid; and RAASi, renin-angiotensin-aldosterone system inhibitors.



## Foundational Drugs for Treating HFpEF

	COR	LOE	Recommendations
<b>Spironolactone</b>	2b	B-R	In selected patients with HFpEF, MRAs may be considered to decrease hospitalizations, particularly among patients with LVEF on the lower end of this spectrum.
<b>ARNis</b>	2b	B-R	In selected patients with HFpEF, ARNi may be considered to decrease hospitalizations, particularly among patients with LVEF on the lower end of this spectrum.
<b>SGLT2i</b>	2a	B-R	In patients with HFpEF, SGLT2is can be beneficial in decreasing HF hospitalizations and cardiovascular mortality



## HFpEF by the Guidelines

