ACC/AHA/HFSA Guideline Based Heart Failure Management Tools
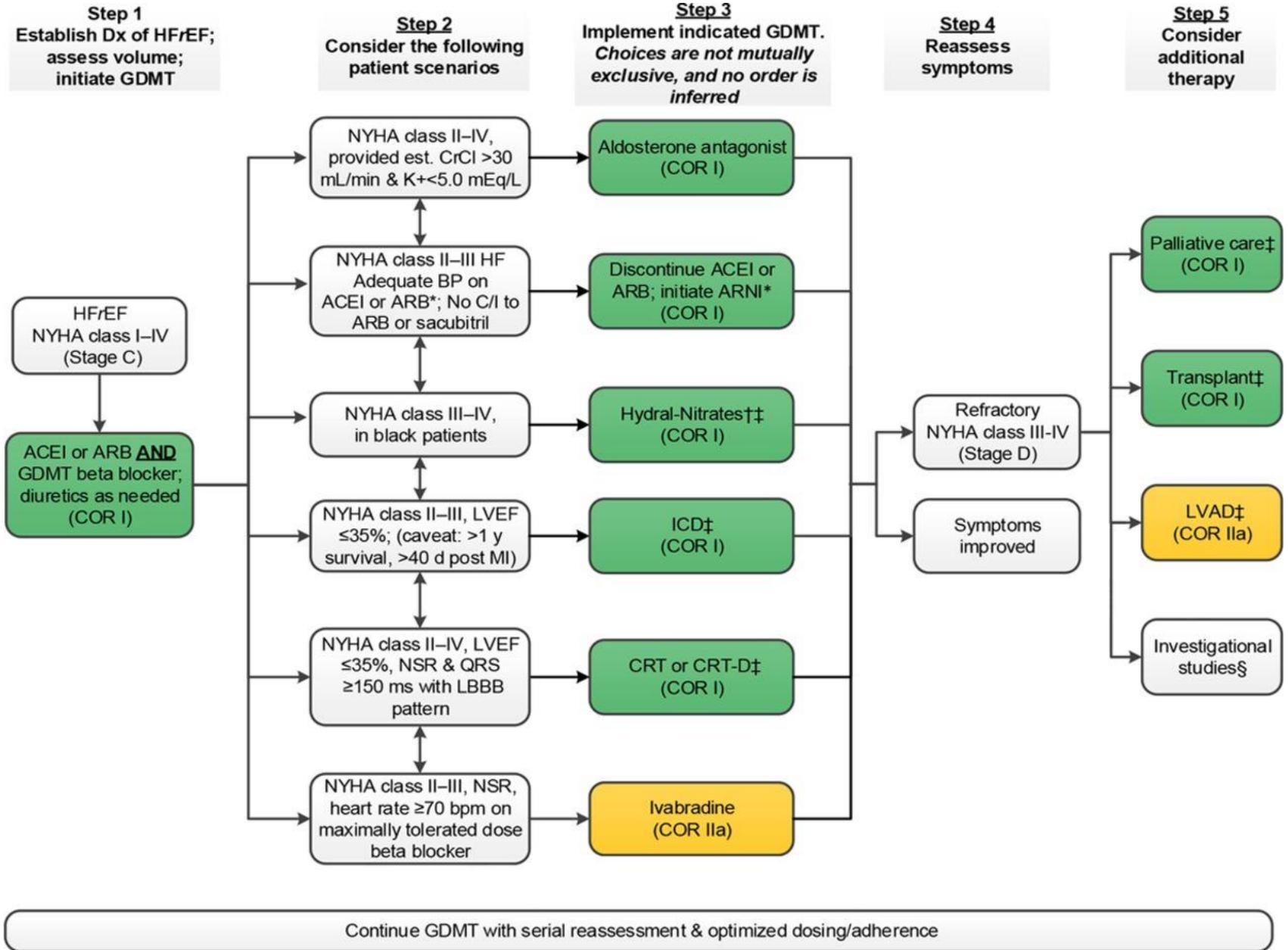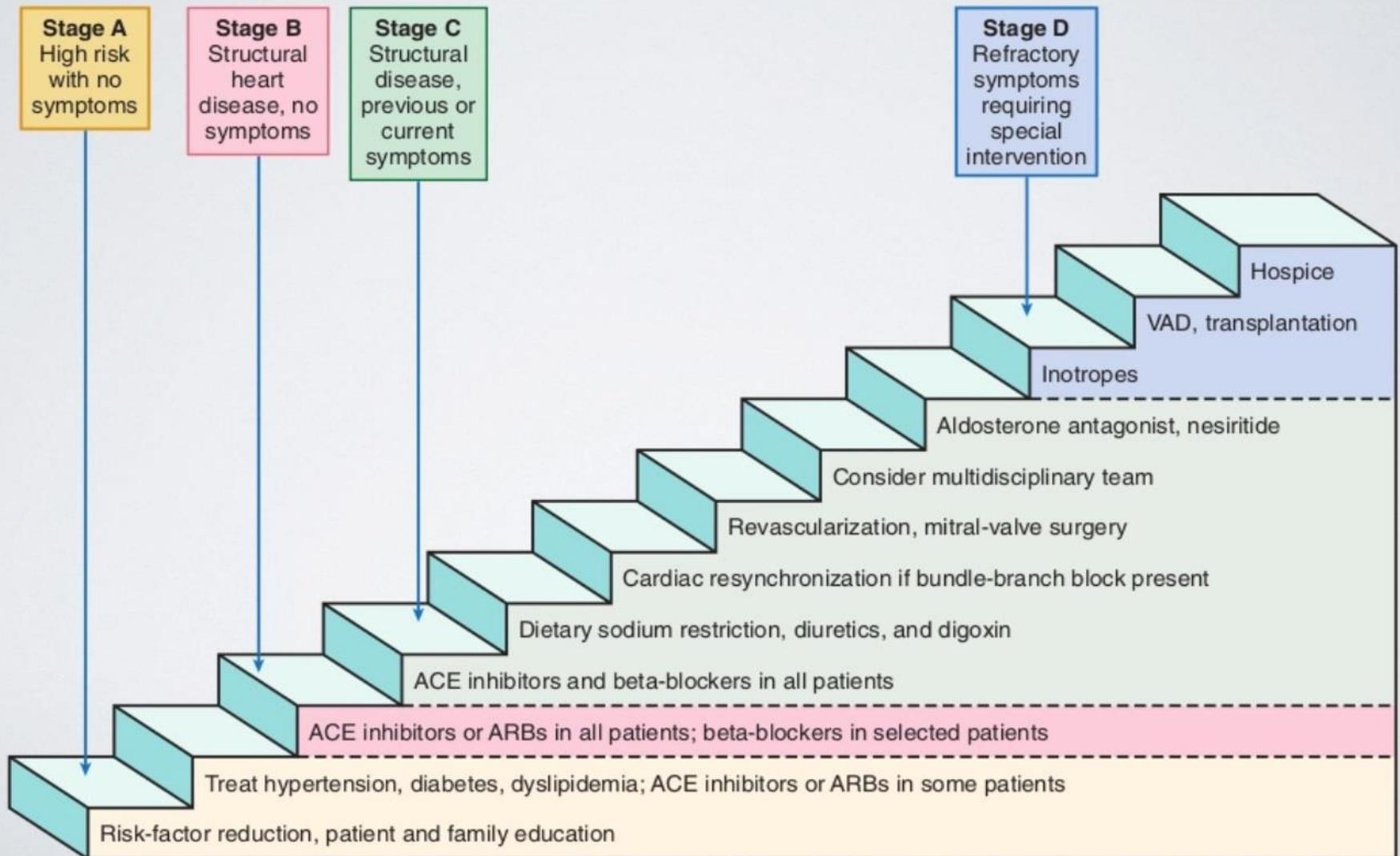
2017 ACC/AHA/HFSA Focused Update of 2012 HF Management Guideline:

Step 1
Establish Dx of HFrEF; assess volume; initiate GDMT

Step 2
Consider the following patient scenarios

Step 3
Implement indicated GDMT. *Choices are not mutually exclusive, and no order is inferred*

Step 4
Reassess symptoms

Step 5
Consider additional therapy

HFrEF
NYHA class I–IV
(Stage C)

ACEI or ARB **AND** GDMT beta blocker; diuretics as needed
(COR I)

NYHA class II–IV, provided est. CrCl >30 mL/min & K+<5.0 mEq/L → Aldosterone antagonist (COR I)

NYHA class II–III HF Adequate BP on ACEI or ARB*; No C/I to ARB or sacubitril → Discontinue ACEI or ARB; initiate ARNI* (COR I)

NYHA class III–IV, in black patients → Hydral-Nitrates†‡ (COR I)

NYHA class II–III, LVEF ≤35%; (caveat: >1 y survival, >40 d post MI) → ICD‡ (COR I)

NYHA class II–IV, LVEF ≤35%, NSR & QRS ≥150 ms with LBBB pattern → CRT or CRT-D‡ (COR I)

NYHA class II–III, NSR, heart rate ≥70 bpm on maximally tolerated dose beta blocker → Ivabradine (COR IIa)

Refractory NYHA class III-IV (Stage D)

Symptoms improved

Palliative care‡ (COR I)

Transplant‡ (COR I)

LVAD‡ (COR IIa)

Investigational studies§

Continue GDMT with serial reassessment & optimized dosing/adherence

STAGES OF HEART FAILURE
and the Correlating STEPS of THERAPY

Stage A
High risk with no symptoms

Stage B
Structural heart disease, no symptoms

Stage C
Structural disease, previous or current symptoms

Stage D
Refractory symptoms requiring special intervention

Hospice

VAD, transplantation

Inotropes

Aldosterone antagonist, nesiritide

Consider multidisciplinary team

Revascularization, mitral-valve surgery

Cardiac resynchronization if bundle-branch block present

Dietary sodium restriction, diuretics, and digoxin

ACE inhibitors and beta-blockers in all patients

ACE inhibitors or ARBs in all patients; beta-blockers in selected patients

Treat hypertension, diabetes, dyslipidemia; ACE inhibitors or ARBs in some patients

Risk-factor reduction, patient and family education

Indicators for Advanced HF Management:

I NEED HELP

I: Intravenous inotropes

N: NYHA class IIIB/IV, ACC Stage D; or persistently elevated natriuretic peptides

E: End-organ dysfunction

E: EF ≤35%

D: Defibrillator shocks

H: Hospitalizations >1

E: Edema despite escalating diuretics

L: Low systolic BP ≤90, high resting heart rate

P: Prognostic medication; progressive intolerance or down-titration of guideline-directed medical therapy [GDMT])

AMERICAN COLLEGE of CARDIOLOGY

Helpful Guideline-based tool from Abbot

CLINICAL CONSIDERATIONS FOR ADVANCED HEART FAILURE SOLUTIONS*
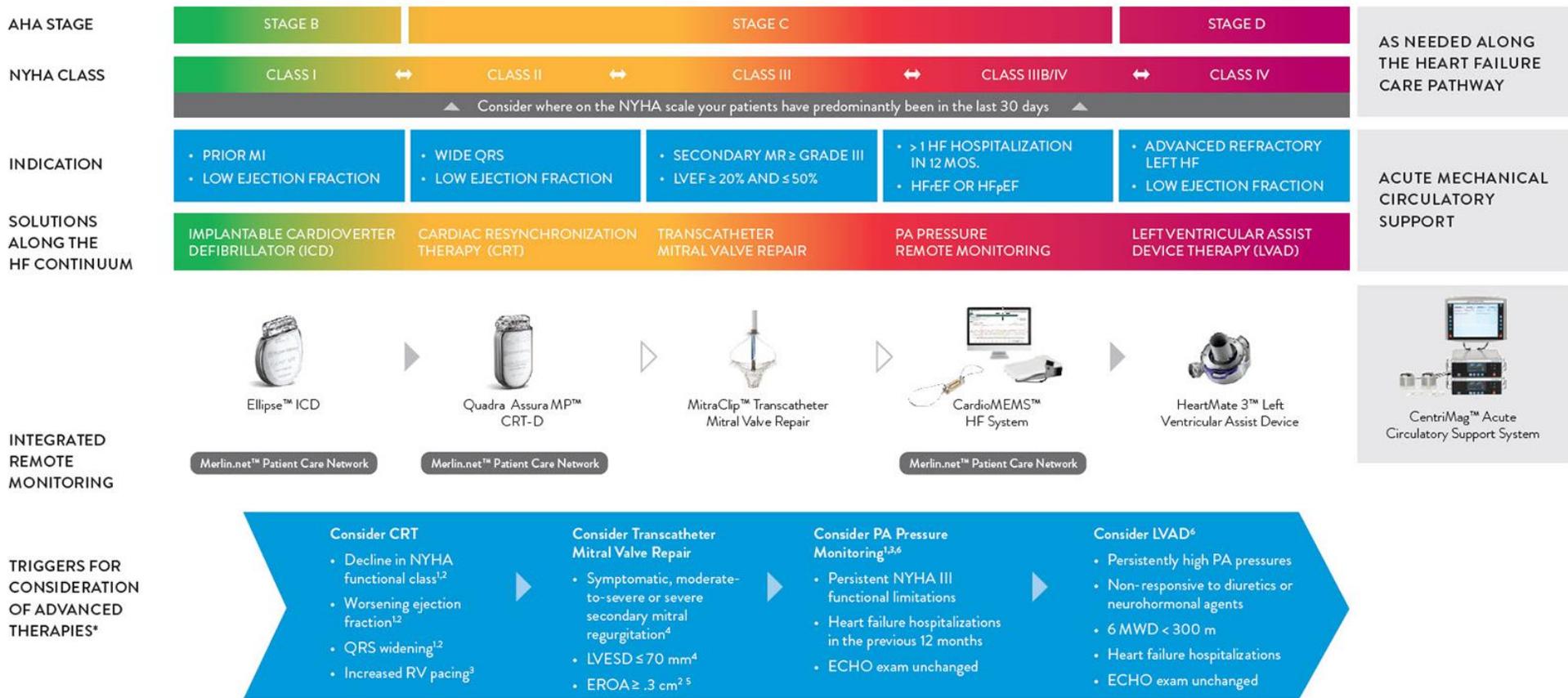
Link to UF Shands Advanced HF Program:

https://ufhealth.org/specialty/advanced-heart-failure-and-transplant-cardiology

Links to download current ACC/AHA/HFSA HF Guidelines:

[2017 ACC AHA HFSA Focused Update of 2013 Heart Failure Management Guidelines](#)

[2012 ACCF/AHA/HRS Focused Update of the 2008 Guidelines for Device-Based Therapy of Cardiac Rhythm Abnormalities](#)

[2019 ACC Expert Consensus Decision Pathway on Risk Assessment, Management, and Clinical Trajectory of Patients Hospitalized With Heart Failure](#)