

Top Ten Things to Know 2017 ACC/AHA/HFSA Focused Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure

1. Heart Failure (HF) prevalence has increased from 5.7 million to 6.5 million in Americans ≥ 20 years of age and projections show prevalence will increase by 46% from 2012 to 2030 resulting in more than 8 million people 18 years of age and older with HF.ⁱ
2. This update represents the second of a two-stage publication with the 2016 ACC/AHA/HFSA Focused Update on New Pharmacological Therapy for Heart Failure which incorporated the use of an angiotensin receptor neprilysin inhibitor (ARNI) (valsartan/sacubitril) and a sinoatrial node modulator (ivabradine) for patients with heart failure with reduced ejection fraction (HFrEF).
3. This focused update includes the recommendations for these newer pharmacotherapies, revisions to the sections on biomarkers, heart failure with preserved ejection fraction (HFpEF), important comorbidities including sleep apnea, anemia and hypertension, and insights regarding HF prevention.
4. For patients at risk of developing heart failure, use of natriuretic peptide biomarker-based screening followed by team-based care including a cardiovascular specialist optimizing guideline-directed management and therapy (GDMT) can be useful to prevent the development of Left Ventricular (LV) dysfunction (systolic or diastolic) or new onset HF.
5. Based on observational studies, for patients hospitalized with HF, a pre-discharge natriuretic peptide level can be useful to establish a post-discharge prognosis.
6. For the pharmacologic treatment of Stage C HFpEF, aldosterone receptor antagonists might be considered in appropriately selected patients; however, routine use of nitrates or phosphodiesterase-5 inhibitors to increase activity or quality of life (QoL) in patients is not effective.
7. For patients with New York Heart Association (NYHA) class II and III HF with comorbid iron deficiency anemia, intravenous iron replacement might be reasonable to improve functional status and QoL; however, use of erythropoietin stimulating agents in patients with HF and anemia should not be used.
8. Recommendations and goals for blood pressure management have been added for patients at risk of developing HF (Stage A HF) and those with both Stage C HFrEF with hypertension and HFpEF with persistent hypertension.
9. A formal sleep assessment is reasonable for patients with NYHA class II-IV HF and suspicion of sleep disordered breathing or excessive daytime sleepiness. Importance of diagnosing obstructive versus central sleep apnea is highlighted. While treating the former may be reasonable, treating patients with NYHA class II-IV HFrEF and central sleep apnea with adaptive servo-ventilation (ASV) causes harm and is not recommended.
10. This focused update incorporates new data since the previous publication and emphasizes important topics including HF prevention, hypertension management, and treatment of common comorbid conditions.

Yancy CW, Jessup M, Bozkurt B, Butler J, Casey DE Jr, Colvin MM, et al. [2017 ACC/AHA/HFSA focused update of the 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Failure Society of America](#) [published online ahead of print April 28, 2017]. *Circulation*. doi: 10.1161/CIR.0000000000000509.

ⁱ Benjamin EJ, Blaha MJ, Chiuve SE, Cushman M, Das SR, Deo R, et al: on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2017 update: a report from the American Heart Association. *Circulation*. 2017;135:e146—e603. DOI: 10.1161/CIR.0000000000000485.