AT RISK FOR HEART FAILURE

STAGE A
At high risk for HF but without structural heart disease or symptoms of HF

e.g., Patients with:
- HTN
- Atherosclerotic disease
- DM
- Obesity
- Metabolic syndrome

OR

Patients
- Using cardiotoxins
- With family history of cardiomyopathy

THERAPY

Goals
- Heart healthy lifestyle
- Prevent vascular, coronary disease
- Prevent LV structural abnormalities

Drugs
- ACEI or ARB in appropriate patients for vascular disease or DM
- Statins as appropriate

STAGE B
Structural heart disease but without signs or symptoms of HF

e.g., Patients with:
- Previous MI
- LV remodeling including LV Hand low EF
- Asymptomatic valvular disease

Development of symptoms of HF

THERAPY

Goals
- Prevent HF symptoms
- Prevent further cardiac remodeling

Strategies
- Identification of comorbidities

In selected patients
- ICD
- Revascularization or valvular surgery as appropriate

THERAPY

Goals
- Control symptoms
- Improve HRQOL
- Patient education
- Prevent hospitalization
- Prevent mortality

Drugs for routine use
- Diuretics for fluid retention
- ACEI or ARB
- ARNI
- Beta blockers
- Aldosterone antagonists

In selected patients
- Hydralazine/isosorbide dinitrate
- ACEI and ARB
- Ivabradine
- Digoxin

STAGE C
Structural heart disease with prior or current symptoms of HF

e.g., Patients with:
- Known structural heart disease and HF signs and symptoms

Refactory symptoms of HF at rest, despite GDMT

THERAPY

Goals
- Control symptoms
- Improve HRQOL
- Patient education
- Prevent hospitalization
- Prevent mortality

Options
- Advanced care measures
- Heart transplant
- Chronic inotropes
- Temporary or permanent MCS
- Experimental surgery or drugs
- Palliative care and hospice
- ICD deactivation

STAGE D
Refractory HF

e.g., Patients with:
- Marked HF symptoms at rest
- Recurrent hospitalizations despite GDMT

HEART FAILURE

Development of symptoms of HF

HFpEF

HFrEF

THERAPY

Goals
- Control symptoms
- Improve HRQOL
- Patient education
- Prevent hospitalization
- Prevent mortality

Drugs for routine use
- Diuretics for fluid retention
- ACEI or ARB
- ARNI
- Beta blockers
- Aldosterone antagonists

In selected patients
- CRT
- ICD
- Revascularization or valvular surgery as appropriate

Options
- Advanced care measures
- Heart transplant
- Chronic inotropes
- Temporary or permanent MCS
- Experimental surgery or drugs
- Palliative care and hospice
- ICD deactivation

Stages in the development of HF and recommended therapy by stage. ACEI indicates angiotensin-converting enzyme inhibitor; AF, atrial fibrillation; ARB, angiotensin-receptor blocker; CAD, coronary artery disease; CRT, cardiac resynchronization therapy; DM, diabetes mellitus; EF, ejection fraction; GDMT, guideline-directed medical therapy; HF, heart failure; HFpEF, heart failure with preserved ejection fraction; HFrEF, heart failure with reduced ejection fraction; HTN, hypertension; ICD, implantable cardioverter-defibrillator; LV, left ventricular; LVH, left ventricular hypertrophy; MCS, mechanical circulatory support; and MI, myocardial infarction. Adapted from Hunt et al.3

Yancy CW et al., ACCF/AHA Guideline for the Management of Heart Failure, Circulation, 10/15/13.