NHS Clinical Knowledge Surveys
(Draft topic on Heart Failure – chronic)

BANCC Response

This Clinical Knowledge Summary on Chronic Heart Failure is relevant in its content, accurate with its evidence base and provides credible information. In regard to "completeness", it lacks some content, which has been indicated in the response as outlined below. It is well written and the layout logical and easy to follow.

Questions document and Clinical Summaries document.

Questions document.

Question 1
Should al these people be referred for specialist assessment and advice on adding an aldosterone antagonist, an AIIRA (if not already on one), or digoxin?

Yes. NICE guidelines suggest that all patients with a diagnosis of heart failure should have an assessment at some point by a cardiologist. If this group of patients are not responding to conventional therapy and have not been seen by a cardiologist previously, they should be reviewed by the cardiologist who can advise on the addition of an aldosterone antagonist, AIIRA and digoxin. Even if the patient has been seen in the past by the cardiologist the condition may have changed and therefore benefit from a review. Guidance can then be given on implementing any new therapy along with monitoring advice.

Question 2
Should all people with HFPEF be referred for specialist assessment?

Yes. There is no evidence base for the treatment of HFPEF from clinical trials. Therefore referral for specialist assessment is of value to review comorbidities and precipitating factors and advise on their treatments and possible interactions. You also advise doing this within the clinical scenarios "when should I refer someone with chronic heart failure".

Question 3
The combination of a loop diuretic with a thiazide diuretic is recommended in NICE, SIGN, and European guidance for people with

resistant oedema. Should this combination always be given in secondary care (in an inpatient setting) or is it ever appropriate to give this combination in primary care?

If so, is the advice that we give GPs regarding dosage and monitoring sufficient?

No it does not require "always being given in secondary care". The combination may be given in primary care if the GP is confident and competent in managing heart failure i.e. GPwSI, or GP Lead for Heart Failure Services. However, on some occasions it may be necessary to administer as an inpatient, depending on severity of the condition and / or comorbidities.

The advice provided to GPs, regarding the dosage and monitoring when using combination therapy in Primary care is not sufficient. It does not suggest starting Metolazone at a low dose of 2.5 mg od 2-3 times per week or alternate days and monitor the response. It does not advice when combination therapy should be discontinued. This area needs further detailed explanation.

Clinical Summaries document.

Scenario: Suspected chronic heart failure due to left ventricular dysfunction.
Clinical summary: Managing suspected chronic heart failure while waiting for echocardiography to provide a definitive diagnosis.
Q) How should I manage a person with suspected heart failure while they are waiting for echocardiography?

No comments.

Scenario: Chronic heart failure with left ventricular systolic dysfunction on echocardiography.
Clinical Summary: Self-care advice.
Q) What self-care advice should I give someone with chronic heart failure?

- **How to recognize the symptoms of heart failure, and what to do if symptoms deteriorate**

Need to explain what these are.

- **How to restrict salt consumption.**

Add in, not to replace salt with "Lo Salt" as contains significant levels of K+ and may interfere with ACE, AIIRA, Spironolactone or Eplerenone.

Scenario: Chronic heart failure with left ventricular systolic dysfunction on echocardiography.
Clinical Summary: What information should I provide for people with heart failure?

Q) What information should I provide about sexual activity?
Add in that referral to a sexual dysfunction clinic can be made if desired.

Scenario: Chronic heart failure with left ventricular systolic dysfunction on echocardiography.
Clinical Summary: Managing drug treatments for heart failure with left ventricular dysfunction.

Q) What drug treatments should I consider in a person with heart failure and left ventricular systolic dysfunction?
- Monitor renal function and serum electrolytes before starting and ACE inhibitor or an AIIRA **1 – 2 weeks** after each dose increase.
- Do not increase dose if worsening renal function or hyperkalaemia

Scenario: Chronic heart failure with left ventricular systolic dysfunction on echocardiography.
Clinical Summary: Follow up and monitoring: referral of people with chronic heart failure.
Q) How should I follow up someone with heart failure?
Fluid status:
- Add in, presence of ascities.

Scenario: Chronic heart failure with left ventricular systolic dysfunction on echocardiography.
Clinical Summary: Diuretics – prescribing information.
No comments.

Scenario: Chronic heart failure with left ventricular systolic dysfunction on echocardiography.
Clinical summary: Angiotensin-converting enzyme inhibitors– prescribing information.
Q) What monitoring is required for someone taking ACE I or an AIIRA.
- Add on, monitoring required. Do not increase dose if worsening renal function or hyperkalaemia

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Scenario: Chronic heart failure with left ventricular systolic dysfunction on echocardiography.
Clinical summary: Angiotensin-II receptor antagonists- prescribing information.
Q) What monitoring is required for someone taking ACE I or an AIIRA:
-Add on, monitoring required. Do not increase dose if worsening renal function or hyperkalaemia

Scenario: Chronic heart failure with left ventricular systolic dysfunction on echocardiography.
Clinical summary: Beta-blockers – prescribing information.
Q) What monitoring is required for someone taking a beta-blocker?
- Add in, check blood pressure after each dose – increase, if hypothesize below 90mmg systolic and symptomatic reduce dose to previous dose. If asymptomatic, monitor – may continue on dose.

Scenario: Chronic heart failure with left ventricular systolic dysfunction on echocardiography.
Clinical summary: Aldosterone antagonist – prescribing information.
No comments.

Scenario: Chronic heart failure with left ventricular systolic dysfunction on echocardiography.

Clinical summary: Digoxin – prescribing information.
No comments.

Scenario: Heart failure symptoms with normal left ventricular ejection fraction on echocardiogram.
Clinical summary: Heart failure symptoms with normal left ventricular ejection fraction on echocardiogram.
No comments.

Scenario: End-stage chronic heart failure.
Clinical summary: Managing end-stage chronic heart failure.
No comment.

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