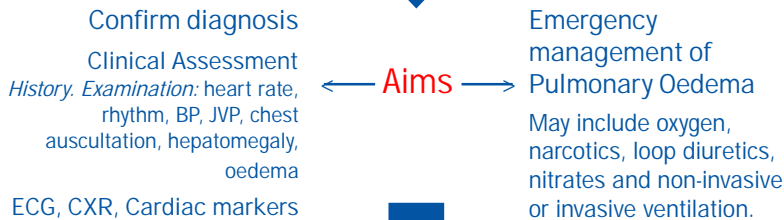


Suspected Heart Failure

Heart Failure is a malignant condition with a poor prognosis.
Optimal management considerably improves prognosis.



Approach - once stabilised

1. Determine mechanism (systolic vs diastolic dysfunction).
2. Assess for aetiological factors - ischaemic heart disease, hypertension, rheumatic or valvular heart disease, alcohol.
3. Determine aggravating factors (arrhythmia, ischaemia, infection, non-adherence to diet and medications, etc).

Further investigations

1. Blood (E/LFT, FBC, TFT).
2. Serial Cardiac Markers and ECGs.
3. Echocardiogram.
4. Consider assessing for coronary artery disease (if candidate for revascularisation).

Management

Consider Cardiology referral if

1. Cardiomyopathy of uncertain cause.
2. Refractory Case.
3. Significant Valvular disease.
4. Eligible for revascularisation or transplantation.

Systolic Dysfunction (LVEF < 40%)
see treatment algorithm

Diastolic Dysfunction (LVEF > 40%)
see BCC web site
www.health.qld.gov.au/BCC or
Guidelines for management of patients with chronic heart failure in Australia. MJA 2001; 174: 459-466

Treatment of Systolic Heart Failure

NYHA Class II-IV

Correct Aggravating Factors

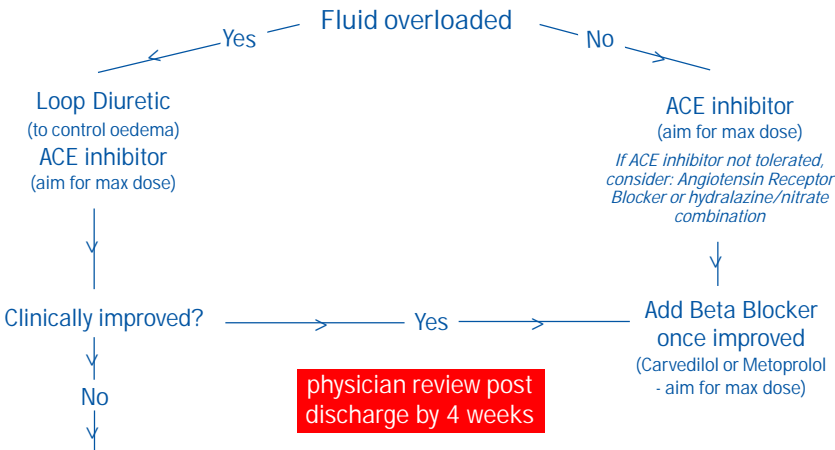
- Optimise adherence to diet and medications
- Stop exacerbating drugs - NSAIDs, Cox 2 inhibitors, calcium channel blockers
- Monitor for ischaemia, infarction
- Treat - Arrhythmia*
 - Anaemia
 - Infection
 - Pulmonary embolism
 - Thyroid disease

**patients in atrial fibrillation should be anticoagulated with target INR of 2.0-3.0*

Non-pharmacological Management

- Low salt diet, fluid balance
- Weight monitoring
- Exercise/conditioning
- Avoid excess alcohol
- Risk factor modification
- Recommend influenza and pneumococcal vaccination
- Develop action plan

Pharmacological Management



additional management

Persistent oedema despite increasing loop diuretic

Thiazide diuretic, Nitrates, Digoxin, IV diuretic

Recurrent/persistent NYHA III-IV heart failure

Low dose Spironolactone. Digoxin, Angiotensin receptor blocker, Nitrates, Hydralazine

Carvedilol or Metoprolol - aim for max dose; Carvedilol if Class IV