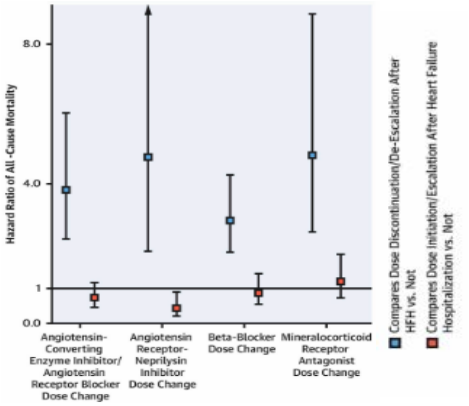
Heart Failure: GDMT

Inpatient Optimization

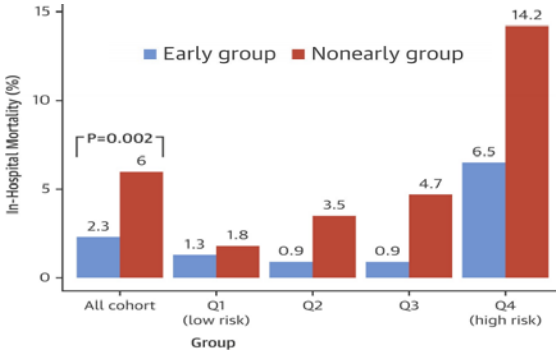
Context: HF often results in hospital admission. Hospitalists are on the front lines of HF management.

Current: Classification according to EF drives management decisions.[1] Despite clear guidelines, regional and international variation in therapy and outcomes persists.[2]

Cutting edge: Inpatient initiation and/or escalation of GDMT correlates with improved all-cause mortality.[3]



Rapid Decongestion

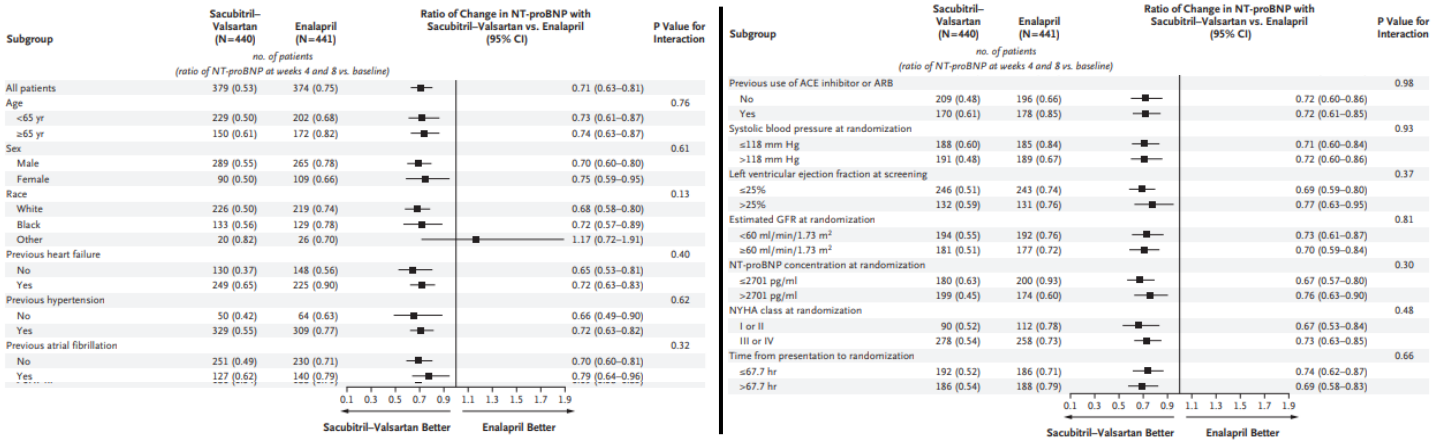


Context: Loop diuretics are first line therapy for management of congestive symptoms in HF.

Current: Delays in achieving effective diuresis for patients presenting with acute HF correlates with higher in-hospital mortality.[4]

Cutting Edge: Care pathways beginning on initial presentation may help reduce Time-to-Furosemide patients beginning with first medical contact for acute HF symptoms.

Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy



Context: ACE-inhibitors and Aldosterone-receptor blockers have been mainstays of afterload reduction.

Current: Trial data has demonstrated superiority of ARNI over ACE/ARB without neprilysin inhibition.[5]

Cutting Edge: ARNIs (ie, sacubitril-valsartan) are preferred over ACE/ARB along with other GDMT. ARNIs can be initiated and titrated during admission the same as other afterload reducing medications.

References:

1. 2013 ACCF/AHA Guideline for the Management of Herat Failure: Executive Summary. Circulation. 2013;128(16):1810-1852.
2. Intercountry Differences in Guideline-Directed Medical Therapy and Outcomes Among Patients With Heart Failure. J Am Coll Cardiol HF. 2021;9(7):497-505.
3. Heart Failure Hospitalizatino and Guidelin-Directed Prescribing Patterns Among Heart Failure With Reduced Ejection Fraction Patients. J AM Coll Cardiol HF. 2021;9(1):28-38.
4. Time-to-Furosemide Treatment and Mortality in Patients Hospitalized with Heart Failure. J AM Coll Cardiol. 2017;69(25):3042-3051.
5. Angiotensin-Neprilysin Inhibition in Acute Decompensated Heart Failure. NEJM 2019;380(6)539-548.