Chronic heart failure: core treatments for heart failure

Heart failure with reduced ejection fraction

Offer:

- an ACE inhibitor, and
- a beta-blocker, and
- an MRA, and
- an SGLT2 inhibitor

Healthcare professionals should not necessarily optimise the dose of each medicine before introducing another

If symptoms persist with maximum tolerated dose of each medicine, consider replacing the ACE inhibitor with an ARNI

Consider lower doses or smaller dose increments if the person has chronic kidney disease and an eGFR of 45 ml per minute per 1.73 m^2 or less

Consider liaising with renal physician if the person has chronic kidney disease and an eGFR of less than 30 ml per minute per 1.73 m^2

Alternative options

(eGFR advice applies for ARNIs and ARBs)

Replace the ACE inhibitor with an ARNI if the person cannot tolerate the ACE inhibitor

Consider replacing the ACE inhibitor with an ARB if the person cannot tolerate the ACE inhibitor or ARNI

Consider replacing the ACE inhibitor with hydralazine and nitrate if the person cannot tolerate the ACE inhibitor, ARNI or ARB

In **all settings** and at **all stages** in the care pathway:

- ensure people with heart failure have **rehabilitation and education**
- give **diuretics**, at lowest effective dose, if needed for **congestion and fluid retention**
- consider an implantable cardioverter defibrillator (see NICE technology appraisal TA314 for full details)
- only use medicines licensed for heart failure

Specialist assessment

If symptoms persist, seek specialist advice and consider:

Ivabradine, if sinus rhythym and heart rate of 75 beats per minute or more and ejection fraction of 35% or less (see NICE technology appraisal TA267 for full details)

Digoxin, for worsening or severe heart failure despite optimised treatment combinations

Cardiac resynchronisation therapy, if QRS interval of 120 or more and ejection fraction of 35% or less (see NICE technology appraisal TA314 for full details)

ACE: angiotensin-converting emzyme
ARB: angiotensin II receptor blocker
ARNI: angiotensin receptor–neprilysin inhibitor
MRA: mineralocorticoid receptor antagonist
SGLT2: sodium–glucose cotransporter 2 inhibitor

NICE National Institute for Health and Care Excellence

This diagram covers only part of the guideline content. For full details, see Chronic heart failure in adults: diagnosis and management.

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Chronic heart failure: core treatments for heart failure

Heart failure with mildly reduced ejection fraction

Consider:

- an ACE inhibitor, and
- a beta-blocker, and
- an MRA, and
- an SGLT2 inhibitor (see NICE technology appraisal TA929 and NICE technology appraisal TA902 for full details)

Healthcare professionals should not necessarily optimise the dose of each medicine before introducing another

Consider lower doses or smaller dose increments if the person has chronic kidney disease and an eGFR of 45 ml per minute per 1.73 m^2 or less

Consider liaising with renal physician if the person has chronic kidney disease and an eGFR of less than 30 ml per minute per 1.73 m^2

Alternative options

(eGFR advice applies for ARBs)

Consider replacing the ACE inhibitor with an ARB if the person cannot tolerate the ACE inhibitor

Heart failure with preserved ejection fraction

Consider:

- an MRA, and
- an SGLT2 inhibitor (see NICE technology appraisal TA929 and NICE technology appraisal TA902 for full details)

Healthcare professionals should not necessarily optimise the dose of each medicine before introducing another

Consider lower doses or smaller dose increments if the person has chronic kidney disease and an eGFR of 45 ml per minute per 1.73 m^2 or less

Consider liaising with renal physician if the person has chronic kidney disease and an eGFR of less than 30 ml per minute per 1.73 m^2

In **all settings** and at **all stages** in each care pathway:

- ensure people with heart failure have **rehabilitation and education**
- give **diuretics**, at lowest effective dose, if needed for **congestion and fluid retention**
- only use medicines licensed for heart failure

ACE: angiotensin-converting emzyme
ARB: angiotensin II receptor blocker
ARNI: angiotensin receptor–neprilysin inhibitor
MRA: mineralocorticoid receptor antagonist
SGLT2: sodium–glucose cotransporter 2 inhibitor

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