

ACNAP Webinar on Clinical cases on heart failure

January, 29th 2019

Questions and answers

We would like to thank everyone for the interesting and motivational queries they sent. Few of the questions are beyond the scope of the current webinar but make excellent suggestions for the coming ones. Below you may find answers and relevant references to your questions. We are looking for even more interaction in the future and keep sending us your suggestions and queries.

ICD and palliative care in end stage heart failure

There is a great importance at understanding the mechanisms of good quality end of life care for patients and their relatives in end stage HF. Optimizing quality of life with a view to achieving a timely, dignified, and peaceful death is the primary endeavor of palliative care. Engagement of patients and caregivers should be done relatively early and be characterized by communication and education, close attention to patients' needs, symptoms and preferences, as well as periodic re-examination and flexible planning. Discussions about ICD inactivation should be conducted early in the follow-up of end-stage HF patients, ideally before being confronted with a dilemma at the end of life.

References

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- Khera R, Pandey A, Link MS, Sulistio MS. Managing Implantable Cardioverter-Defibrillators at End-of-Life: Practical Challenges and Care Considerations. *Am J Med Sci.* 2019 Feb;357(2):143-150. doi: 10.1016/j.amjms.2018.11.016. Epub 2018 Nov 29.

- Brady DR. Planning for Deactivation of Implantable Cardioverter Defibrillators at the End of Life in Patients With Heart Failure. Crit Care Nurse. 2016 Dec;36(6):24-31

How do You deal with patients with too high intake of Varfarine in CHF, and GI bleedings?

Beyond the scope of the present clinical cases.

Why not add Entresto first according to guidelines instead of start with amlodipin?

Reference to the guidelines Ponikowski P et al. Eur J Heart Fail. (2016). 2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: The Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC). Developed with the special contribution of the Heart Failure Association (HFA) of the ESC.

Why did you start a MRA if the ACEi and BB were not optimised?

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Should MRA be started prior to ACEi/ Bet a Blocker optimization

Could be individualized for each patient what is best to optimize ACE/BB to target doses or add MRA before target dose, especially challenging in patient with renal failure.

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most of our patients like to have control of their diuretics and manage flexible diuretic dosing well.

We advise pt to call us if higher does over 2-3 days so that bloods can be done if required (discussion)

Has to be decided for each individual patient with his/her HF clinic or physician

Efficacy and safety of spironolacton vs.eplerenon in pts with HFpEF and CKD?

Beyond the scope of the present clinical cases.

Independent predictors of both hypoK and hyperK?

Depending on the medication received and renal function mainly.

Amlodipin in severe CHF (NICMP)?

Reference to the guidelines Ponikowski P et al. Eur J Heart Fail. (2016). 2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: The Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC). Developed with the special contribution of the Heart Failure Association (HFA) of the ESC.

BB in acute HF-do they cause harm?

Depends on the clinical condition. Every effort should be made to maintain BB therapy or initiate as soon as possible

Which several drugs enhance Ca⁺⁺ uptake by the sarcoplasmic reticulum?

Beyond the scope of the present clinical cases.

What should we prefer in patients with CHF: spironolacton or eplerenone?

Both have documentation and no one recommended before the other.

Reference to the guidelines Ponikowski P et al. Eur J Heart Fail. (2016). 2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: The Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC). Developed with the special contribution of the Heart Failure Association (HFA) of the ESC.

Which beta blocker would you choose and why?

Use Betablockers as recommended in Guidelines based on scientific documentation.

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What about pts with HF, angina and asthma treating by b-agonists?

Individualised and based on clinical judgment.

What about depressive symptoms in hf patients?

Both depression and HF are able to negatively affect one-other. These two conditions could possibly interact at several different pathophysiological levels. Depression tends to exacerbate HF, HF worsens HR-QoL and leads to the development of depressive symptoms. Depression is a well-established independent negative prognostic factor in patients with HF but is often unrecognized in cardiac patients. Comorbidity of HF and depression may be approached taking into account the multifaceted pathophysiological characteristics underlying both these conditions. A multidisciplinary therapeutical approach is the preferable way to manage this complicated condition.

References

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- Tu RH, Zeng ZY, Zhong GQ, et al. Effects of exercise training on depression in patients with heart failure: a systematic review and meta-analysis of randomized controlled trials. *Eur J Heart Fail* 2014; 16: 749–757.