

Heart Failure

Right Heart Failure

- JVD
- Peripheral edema
- Abdominal pain
- malabsorption

History

- DOE, PND, Orthopnea
- Weight gain

Left Heart Failure

- Pulmonary edema
- Altered mental status
- Right heart failure

Work Up

- Echo to estimate EF and Wall motion abnormality
- LHC to assess for CAD

Systolic dysfunction =
Reduced EF

Diastolic dysfunction =
preserved EF

Common Causes

- **CAD**
- Dilated cardiomyopathies
 - Alcohol
 - HIV
 - Connective tissue disease
 - Post-partum
 - Chemo - doxorubicin
- Tachycardia-induced
- HTN
- Valvular disease
- Takotsubo

Common Causes

- HTN
- CAD
- HOCM
- Restrictive cardiomyopathy

Treatment Options

- Treat the underlying problem
- Try ace-i/arb, BB, diuretics. They may work and help treat symptoms, but won't have mortality benefits seen in HFrEF

Treatment Options

- Beta-blockers (titrate up slowly)
 - Toprol-XL (target: 200 mg)
 - Carvedilol (target: 25 mg BID; 50mg if 85+ Kg)
 - Bisoprolol (target: 10 mg)
- Afterload reduction
 - Ace-I/Arb, Entresto
 - ISDN-HDZL (African-americans)
- Diuretics:
 - Lasix
 - Spironolactone (if K<5)
- Inotropes
 - Digoxin. (-) chronotropic
 - Dobutamine
 - Milrinone
- AICD (EF<35% or QRS>120, if life expectancy >1yr)
- LVAD
- Transplant

Tips for Aggressive Diuresis

- Monitor UOP and daily weights
- Keep K>4 and Mg>2
- Monitor on Telemetry
- Consider stopping when creatinine rises. However, in cardiorenal syndrome, it may be necessary to continue diuresis.