

Reference File: Current Treatment Guidelines (Excerpt)

Source: Adapted for educational purposes from AHA/ACC/HFSA 2022 Heart Failure Management and 2023 Hypertension Guidelines.

Heart Failure with Reduced Ejection Fraction (HFrEF): Core Management Principles

- Initiate or optimize **guideline-directed medical therapy (GDMT)**:
 - ACE inhibitors, ARBs, or ARNI (angiotensin receptor-neprilysin inhibitor)
 - Evidence-based beta-blockers (carvedilol, metoprolol succinate, bisoprolol)
 - Mineralocorticoid receptor antagonists (spironolactone or eplerenone) if eGFR > 30 mL/min and potassium < 5.0 mmol/L
 - SGLT2 inhibitors (dapagliflozin or empagliflozin) regardless of diabetes status
- **Monitor blood pressure and renal function** closely after each medication change.
- **Encourage sodium restriction** and **daily weight monitoring** to detect fluid retention early.
- Refer to **cardiology** for patients with LVEF ≤ 40% and recurrent heart failure symptoms.

Hypertension and Risk Reduction

- Blood pressure target: **<130/80 mmHg** for patients with diabetes or cardiovascular disease.
- Combination therapy often required (e.g., ACE inhibitor + calcium channel blocker + diuretic).
- **Lifestyle modifications:** smoking cessation, weight loss, DASH diet, and physical activity.

Lipid and Glycemic Control

- LDL goal: **<70 mg/dL** for high-risk cardiovascular patients.
- HbA1c target: **<7%** for most non-frail adults with diabetes, individualized as needed.

Follow-up and Safety Monitoring

- Schedule **re-evaluation every 4–6 weeks** after medication adjustment.
- Educate patients on recognizing early signs of fluid overload (e.g., weight gain > 2 kg/week, ankle swelling, shortness of breath).
- Review **medication adherence** and potential contraindications at each visit.