CORRIDOR CONSULTS
at Heart Failure Update 2021

What can Ottawa and Alberta Agree On? Approaches to Drug Initiation in HFrEF

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You are asked to see patient admitted for AHF 36 hours ago

Presentation

- Female, 77 years, admitted after 4 weeks of progressive fatigue, SOB
  Came to ED after awoke from sleep gasping
- Hypertensive HF (5 years), CKD, Obesity, Non DM,
- Latest acute decompensation a year ago
- Admitted to hospital, given iv furosemide
- Lost 2 kg since admission.

Clinical findings

- BP: 106/74 mmHg, HR: 84 BPM, regular, O2 1 L NP now 96%, RR 18
- JVP 6 cm ASA, 3+ edema, still bibasilar rales ; Soft HF no S3, PSM 2/6

Laboratory data

- Labs: Na 131 mmol/L, K 4.0 mmol/L, creatinine 145 (was 139) µmol/l, no BNP avail.
- ECG: NSR @ 81 bpm, LVH, QRS duration 118 msec
- Last LVEF 32% by ECHO , reported 12 months ago (moderate MR, RVSP 50)

Current treatment

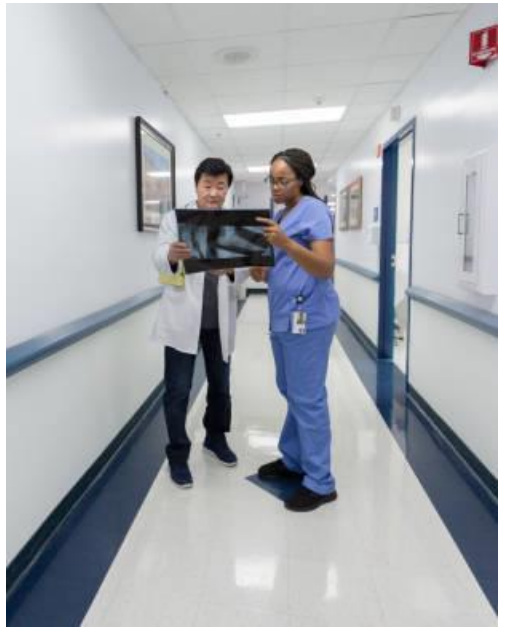
- Enalapril 10 mg BID
- Metoprolol 50 BID
- Digoxin .125 od
- Furosemide 40 iv bid
- Nitropatch 0.4 12 hr/day

What would you like to do next?

1) Continue present RX- its working!
2) Change to oral furosemide
3) Change BB
4) Add SGLT2i
5) Add ivabradine
6) Add vericiguat
7) Add MRA

Corridor Consults: The Case of Mrs. JB

- 67-year-old female
  - History of heavy alcohol use, HTN, CKD, COPD and remote smoker
  - Referred for a new diagnosis of heart failure
  - Investigations
    - Coronary angiogram: 40% mid RCA and 70% OM1
    - Echo: LVDD 7.0 cm with EF 20%, moderate MR, moderate RV dysfunction
    - ECG: Sinus HR 82 LBBB with QRSD 140 msec
  - Current status
    - NYHA FC II
    - Concerns with compliance of diet/meds
    - BP 100/80, HR 90. No signs of fluid overload
    - Cr 150, Na 138, K 4.0
    - NtproBNP 6031
  - Medications
    - Lasix 40 mg po bid
    - Spironolactone 12.5 mg daily



Now what do we do?

- Refer for ICD/CRT
- Add beta blocker
- Add ivabradine
- Change to ARNI
- Increase spironolactone
- Add SGLT2i