Fundación redGDPS
Comprometidos con la DIABETES

PHARMACOTHERAPY DECISION TREE FOR CHRONIC HEART FAILURE WITH EJECTION FRACTION < 50%*

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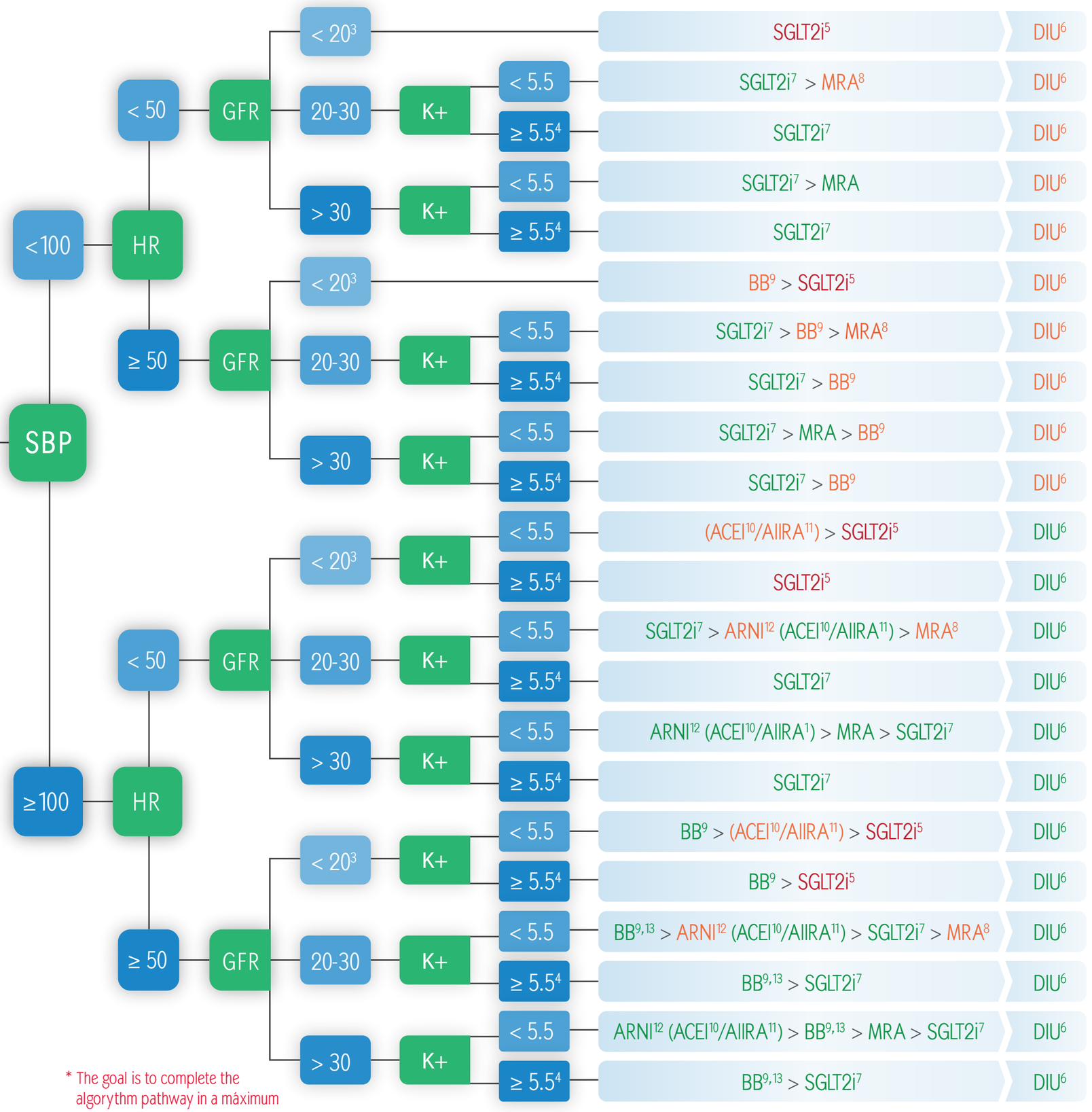

1. Comorbidity prioritizes the election of each treatment. See Heart failure in type 2 diabetes: therapeutic algorithm. redGDPS.
2. In LVEF values between 41 and 49 the lack of studies leads to a lower level of evidence in recommendations, compared with LVEF values ≤ 40%.
3. Due to lack of evidence available in patients with GFR < 20, nephrologist advice should be considered.
4. New potassium chelators (sodium zirconium cyclosilicate and calcium patyromer) are useful to reduce levels of K+ and allows a treatment optimization associating suitable drugs. Possible causes of hyperkalemia should be previously corrected.
5. Don´t start. Dapagliflozin could be continued only if previously taken.
6. Furosemide or Torasemide. Only if needed for congestion control at the lower neccesary dose, monitoring hypotension.
7. Only dapagliflozin and empagliflozin. Initiate empagliflozin with GFR ≥ 20 and dapagliflozin with GFR ≥ 25.
8. If GFR < 30, with extreme K+ level monitoring, at a maximum dose of 12,5mg/24h.
9. Only bisoprolol, carvedilol, metoprolol succinate and nebivolol in elderly people, monitoring hypotension and heart rate. If HR > 75 bpm at a máximum tolerated dose, assess ivabradine 5mg/12h.
10. Monitoring K+ level in the first weeks and GFR.
11. In case of ARNI or ACEi intolerance.
12. First choice in LVEF ≤ 40%. Dose adjustment and hypotension, K+ levels and GFR monitoring is necessary (not indicated in end stage CKD).
13. First choice drug only in euvolemic patients; if not, delay its use until hemodynamic stability.

ACRONYMS:
ACEi: angiotensin-converting enzyme inhibitor; AIIRA: angiotensin II receptor antagonists; ARNI: angiotensin receptor neprilysin inhibitor; BB: beta blockers; CKD: chronic kidney disease; DIU: Loop diuretics; EF: Ejection fraction; GFR: glomerular filtration rate; HF: heart failure; HR: heart rate; K+: potassium; LVEF: left ventricular ejection fraction; MRA: mineralocorticoid receptors antagonists; SBP: systolic blood presssure; SGLT2i: sodium-glucose cotransporter 2 inhibitors.

* The goal is to complete the algorythm pathway in a máximum period of 8 weeks with the introduction of all indicated drugs in each clinical setting.

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