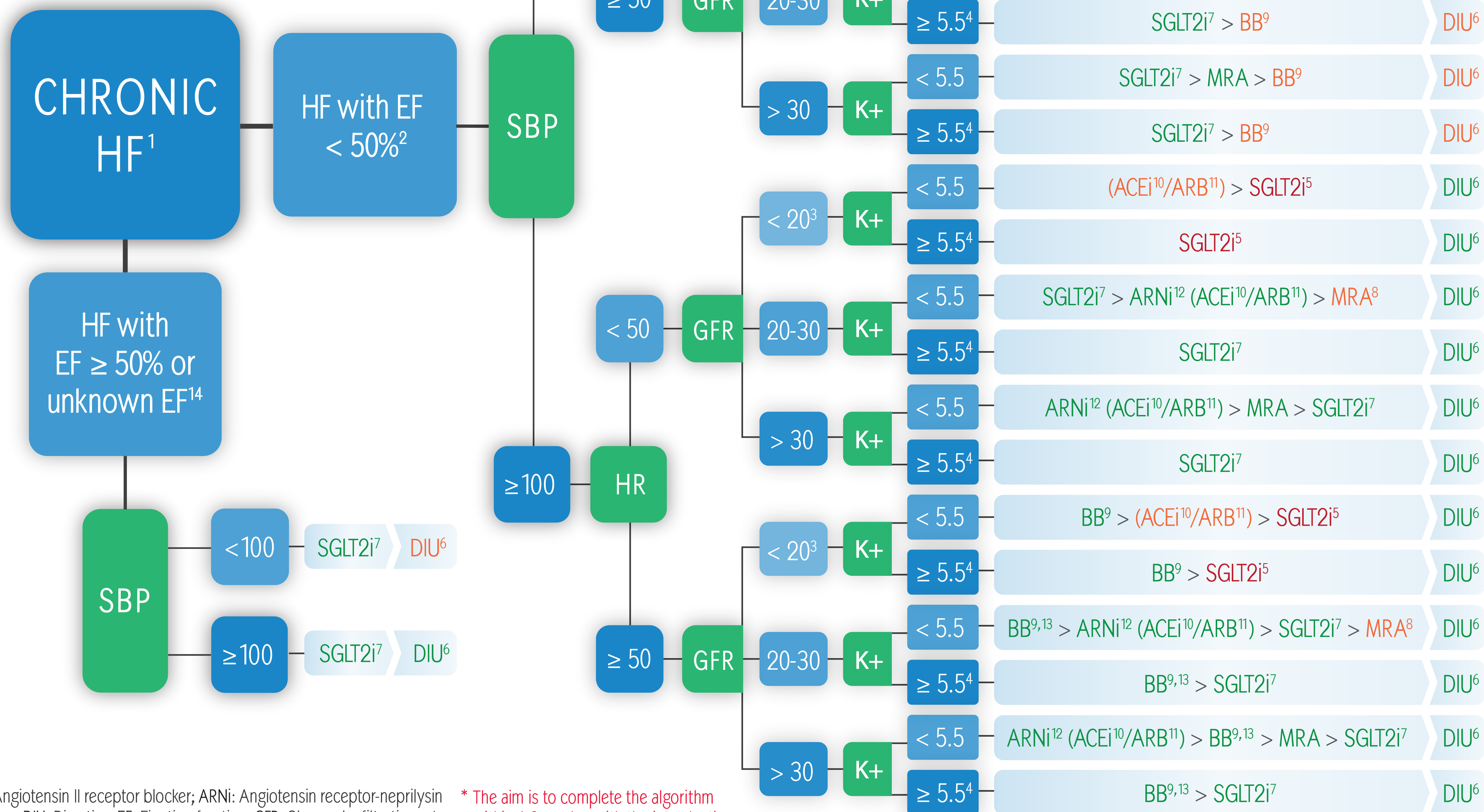
Fundación
redGDPS

DECISION TREE FOR THE PHARMACOLOGICAL TREATMENT OF CHRONIC HEART FAILURE*

1. Comorbidity prioritises the choice of one or other treatment. (See the redGDPS Heart Failure in Type 2 Diabetes: Therapeutic Algorithm).
2. EXCEPT FOR SGLT2i, for LVEF between 41 and 49, the lack of studies results in a lower level of evidence for recommendations compared with LVEF values <40%.
3. Due to the lack of evidence available in patients with GFR <20, a consultation with nephrology should be considered.
4. New potassium chelators (sodium-zirconium cyclosilicate and calcium patiromer) are useful to reduce K+ levels and allow treatment optimisation associating the necessary drugs. Possible causes of hyperkalaemia should be corrected first.
5. DO NOT start. Dapagliflozin could be continued only if previously taken.
6. Furosemide or Torasemide and thiazides if necessary. Only if needed to control congestion, at the lower required dose, monitoring hypotension. For decompensated HF with volume overload: acetazolamide.
7. Only dapagliflozin and empagliflozin. Initiate empagliflozin with GFR ≥20 and dapagliflozin with GFR ≥25.
8. For GFR <30, with extreme K+ level monitoring, a maximum dose of 12.5 mg/24 h could be administered.
9. Only bisoprolol, carvedilol, metoprolol succinate, and nebivolol in the elderly, monitoring hypotension and heart rate. If HR >75 bpm at the maximum tolerated dose, evaluate ivabradine to 5 mg/12 h.
10. Monitor K+ levels and GFR in the first weeks.
11. In case of ARNi or ACEi intolerance.
12. First choice in LVEF ≤40%. Requires dose adjustment and hypotension, K+ level and GFR monitoring (not indicated in end stage CKD).
13. First choice drug only in euvolaemic patients; if not, delay its use until achieving haemodynamic stability.
14. An echocardiogram is desirable in all HF patients to determine EF and choose the optimum treatment based on it.



ABBREVIATIONS:
ACEi: Angiotensin-converting enzyme inhibitor; ARB: Angiotensin II receptor blocker; ARNi: Angiotensin receptor-neprilysin inhibitor; BB: Beta-blockers; CKD: Chronic kidney disease; DIU: Diuretics; EF: Ejection fraction; GFR: Glomerular filtration rate; HF: Heart failure; HR: Heart rate; K+: Potassium; MRA: Mineralocorticoid receptor antagonists; SBP: Systolic blood pressure; SGLT2i: Sodium-Glucose co-transporter 2 inhibitors.

* The aim is to complete the algorithm within 4-8 weeks, with the introduction of the drugs indicated for each clinical scenario.

■ Particularly indicated ■ Allowed with special monitoring ■ Extreme precaution

© redGDPS https://redgdps.org/licencia · DOI: https://doi.org/10.52102/arbolttoicfe · Published: January 2022 · Updated: May 2023