

The Ten Commandments - ESC Guidelines for Acute and Chronic Heart Failure



The new ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure outline ten key messages:

1. The guidelines recommend an angiotensin-converting enzyme inhibitor or angiotensin receptor-neprilysin inhibitor, a beta-blocker, a mineralocorticoid receptor antagonist, and a sodium-glucose co-transporter 2 inhibitor to reduce mortality and heart failure hospitalisations for patients with heart failure with reduced ejection fraction. They may also be considered in patients with heart failure with mildly reduced ejection fraction.
2. Cardiac resynchronisation therapy is recommended in patients with left ventricular ejection fraction (LVEF) $\leq 35\%$ when there is a left bundle branch block and QRS duration >150 ms.
3. An implantable cardioverter-defibrillator is recommended in cases of ischaemic and non-ischaemic aetiology, where appropriate, in patients with LVEF $\leq 35\%$.
4. In patients with advanced heart failure refractory to medical therapy, the guidelines recommend heart transplantation and mechanical circulatory support.
5. Specific causes of acute heart failure should be treated, including acute coronary syndrome, hypertension emergency, arrhythmia, mechanical cause, pulmonary embolism, infection, tamponade with diuretics, vasodilators, inotropes, vasopressors, short-term mechanical support, and renal replacement therapy.
6. The guidelines also recommend a pre-discharge visit and an early follow-up visit at 1-2 weeks following discharge from a heart failure hospitalisation to assess for congestion and drug tolerance.
7. Patients with heart failure should also be regularly screened for anaemia and iron deficiency.
8. Pulmonary vein ablation should be considered when atrial fibrillation is associated with worsening heart failure symptoms.
9. Patients with heart failure and secondary mitral regurgitation should be evaluated and should be considered for percutaneous edge-to-edge mitral valve repair if they fulfill the criteria.
10. Patients with heart failure, equal to or greater than 65 years of age, and increased left ventricular wall with thickness should be screened for cardiac amyloidosis.

Source: [European Heart Journal](#)

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