





Heart Failure Top Tips for GPs

DIAGNOSTICS

www.improvement.nhs.uk/ heart/heartfailure













Top Tips for GPs - FOUR

A crash course in heart failure with preserved ejection fraction (HFPEF)

Nearly all the heart failure therapy and evidence pertains to left ventricular systolic dysfunction (LSVD). However, many ventricles, especially in the elderly, fill poorly in diastole because of hypertrophic, stiff, fibrotic ventricles. This is usually the result of years of hypertension and often diabetes too. It is important to make sure the underlying cause is clear.

- Many of the symptoms and signs are the same as in LVSD - it can be impossible to tell them apart clinically
- Patients should be diagnosed through the same rapid access heart failure clinic using BNP
- BNP or NT proBNP will be raised, though often not quite as high as LVSD
- 4. Mortality is only slightly better than LVSD
- Treatment is mainly with diuretics, though ACE inhibitors can be useful for high blood pressure and for renal protection diabetes
- Don't overtreat with diuretics as then there won't be enough fluid left to fill that stiff ventricle. These patients need fine tuning
- 7. Have they had an echo to rule out valve disease?
- 8. Patients also benefit from cardiac rehabilitation and self-management input
- 9. Check for diabetes and hypertension
- 10. Also check for angina and refer for optimal treatment of this