Chronic heart failure is a summary of the recommendations on management from NICE’s guideline on chronic heart failure. See the original guidance at www.nice.org.uk/guidance/NG106.

**Offer diuretics for congestive symptoms and fluid retention**

**Offer:**
- ACEI* and BB
- an MRA* if symptoms continue

**Manage comorbidities** such as hypertension, atrial fibrillation, ischaemic heart disease and diabetes in line with NICE guidance.

**Heart failure with preserved ejection fraction**

Add hydralazine and nitrate (especially if of African-Caribbean descent)

If symptoms persist despite first-line treatment, seek specialist advice and consider one or more of the following:

- Consider hydralazine and nitrate if intolerant of ACEI and ARB
- Digoxin for heart failure with sinus rhythm to improve symptoms
- Add ivabradine for sinus rhythm with heart rate >75 and ejection fraction <35% (TA267)
- Replace ACEI (or ARB) with sacubitril valsartan* if ejection fraction <35% (TA388)
- Cardiac resynchronisation therapy (TA314)

*Measure serum sodium, potassium and assess renal function before and after starting and after each dose increment.

If eGFR is 30 to 45 ml/min/1.73 m², consider lower doses of diuretics or ACEI or ARBs, sacubitril valsartan and digoxin.

**Heart failure with reduced ejection fraction**

Offer a personalised exercise-based cardiac rehabilitation programme unless condition is unstable.

Unstable

- Programmed until condition is manageable
- Exercise
- Offer a personalised exercise-based rehabilitation programme
- Manage comorbidities such as hypertension, atrial fibrillation, ischemic heart disease and diabetes in line with NICE guidance.

**Specialist re-assessment**