The British Society for Heart Failure

NHS

NHS Improvement
Heart

CANCER

DIAGNOSTICS

HEART

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STROKE

Heart Failure
Top Tips for GPs

www.improvement.nhs.uk/heart/heartfailure

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Top Tips for GPs - **ONE**

Spotting heart failure

Think about heart failure in a patient presenting with…

1. **A history of ischemic heart disease**
2. **Atrial fibrillation**
3. **The chest infection that isn't getting any better**
4. **COPD that is deteriorating more than it should and**
5. **Late onset asthma (is it?)**
6. **'Always putting things down to their age'**
7. **Breathlessness in diabetic or hypertensive patients**

Then...

8. **Use Serum Natriuretic Peptides either BNP or NT proBNP and refer if raised**
9. **Don't start an ACE inhibitor before echo and specialist assessment**
10. **…but diuretics are fine**

Ideally, don't just refer for an echo but a rapid assessment heart failure service, which includes an echo and a specialist opinion.

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Top Tips for GPs - **TWO**

Up-titration

1. **Start with the lowest dose of beta-blocker and ACEI**
2. **Increase every two weeks**
3. **Check U/Es and blood pressure every two weeks**
4. **Use a beta-blocker that is licensed for heart failure - bisoprolol, carvedilol or nebivolol**
5. **Beta-blockers are safe in COPD**
6. **An increase in creatinine to 265 µmol per litre or no more than 50% above starting level is OK**
7. **If potassium rises above 5.5 half the ACE inhibitor; if over 6mmol then stop it**
8. **Dropping back a dose is far better than stopping**
9. **Low doses of beta-blocker and an ACE inhibitor together are better than one alone - every little helps!**
10. **If discharged from hospital and heart failure medication has been stopped then restart it as soon as reasonable**

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Top Tips for GPs - **THREE**

Managing heart failure patients

1. **Untreated heart failure mortality is second only to lung cancer, although has now fallen from about 70% at one year and could fall as low as 10% with the best treatment - YOU can make that difference!**
2. **Review your patients twice a year**
3. **Review your patients after any hospital admission just to check medication hasn't been stopped!**
4. **If the patient develops angina, atrial fibrillation, or left bundle branch block consider referral to a cardiologist with an expertise in heart failure**
5. **If there are repeated admissions i.e. more than three in the last six months, then ensure that a heart failure cardiologist is involved and consider the GSF register, just like with cancer patients**
6. **Never forget spironolactone or eplerenone which can be excellent in more severe heart failure. Ask a cardiologist if in doubt!**
7. **Lobby your CCG for a consultant with a specific interest in heart failure**
8. **Lobby your CCG to commission a service that joins up secondary and primary care and makes best use of heart failure specialist nurses**
9. **Cardiac rehabilitation benefits heart failure patients a great deal, and keeps them out of hospital, and is good value for money**
10. **Visit The British Society for Heart Failure website at: www.bsh.org.uk if you want to join and for further advice**

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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.

1. **Many of the symptoms and signs are the same as in LVSD - it can be impossible to tell them apart clinically**
2. **Patients should be diagnosed through the same rapid access heart failure clinic using BNP**
3. **BNP or NT proBNP will be raised, though often not quite as high as LVSD**
4. **Mortality is only slightly better than LVSD**
5. **Treatment is mainly with diuretics, though ACE inhibitors can be useful for high blood pressure and for renal protection diabetes**
6. **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**