Conference update: British Society for Heart Failure 12th Annual Autumn Meeting (26-27 November 2009, London)

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THE role of B-type natriuretic peptide in helping to diagnose heart failure was one of the key new developments of interest to primary care clinicians at the 12th Annual Autumn Meeting of the British Society for Heart Failure (BSH).

There is now strong evidence for the value of measuring B-type natriuretic peptide (BNP or NP) and N-terminal pro-BNP to help rule out heart failure, allowing more efficient use of echocardiography resources. There has, to date, been limited uptake of BNP testing by primary care trusts (PCTs) but Dr Theresa McDonagh (London), chair of the BSH, said that a recent Health Technology Assessment on use of these peptides in primary care should be a lever to improve availability. She explained that the HTA endorses the role of BNP testing to exclude a diagnosis of heart failure and strongly recommends this over an ECG, although it suggests that some patients (those with previous myocardial infarction, basal crepitations, and males with ankle oedema) should go straight to echocardiography.

BNP testing is also being investigated as a tool for monitoring heart failure treatment, with therapy being titrated to an NP target. However, the value of this is not yet proven. Dr Fuat reported on trials comparing traditional care with NP-guided therapy, explaining that they have been small with limited follow-up, and have had conflicting results. There is some evidence that efficacy of NP monitoring is reduced in elderly patients, and women were under-represented in the studies, so at present it is unclear how applicable the data are to routine practice.

Heart failure treatment in primary care

Discussing heart failure drug treatment in primary care, Dr Fuat suggested that low use of beta-blockers remains a challenge. We need to get over perceived problems with these drugs. They should be considered for more patients, including patients with chronic obstructive pulmonary disease (COPD) and peripheral vascular disease. Since April 2009, beta-blocker prescribing has been included in the Quality and Outcomes Framework (QOF) heart failure clinical indicators, but there are no data yet on what effect this has had on prescribing.

Primary care prescribing of ACE inhibitors/angiotensin receptor blockers for patients with heart failure is generally high, but few patients are titrated to target doses. Younger males are more likely to get maximal therapy. We all know that for many frail elderly women it can be difficult to get up to high doses, but we should try.

Professor John McMurray (Glasgow) pointed out that the recent HEAAL trial reinforces the message that doses of renin-angiotensin system blockers should be uptitrated in heart failure patients. This trial compared two doses of losartan (50 mg and 150 mg daily) in well-treated patients with symptomatic heart failure and reduced ejection fraction. All-cause death or heart failure hospitalisation (the primary endpoint) was significantly lower with the higher dose, with no significant increase in adverse events.

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Further details about the BSH and future conferences are available on the society's website (www.bsh.org.uk) or from the BSH Secretariat (01865 391836; info@bsh.org.uk).