**Diagnosis of HF**

HFPEF (also known as Heart failure with normal ejection fraction) refers to preserved left ventricular ejection fraction and the absence of valvular abnormalities. This includes HF with diastolic dysfunction (an older definition).

**Risk factors** include previous MI, hypertension, heart disease incl. AF, diabetes, excessive alcohol consumption and any family history of early heart failure or sudden cardiac death.

**EDU1** Recognise risks factors. What to do if there are no present risk factors. Understand variations in presentation based on pt ethnicity. Eg. Afro-Caribbeans

**Previous MI**

- **No previous MI**
  - Within 2 weeks
    - Order NT-proBNP to rule out heart failure
    - Order ECG, full blood screening (blood count, LFT, TFT, urea, electrolytes). Consider CXR spirometry
  - Within 6 weeks

**Commissioners:** Ensure timely NT-proBNP test results and results are reported using NICE CG108 2010 cut-offs

**Normal levels**

- **High levels**
  - > 2000 pg/ml (236pmol/litre)
- **Raised levels**
  - 400 - 2000 pg/ml (47-236pmol/litre)

**Likelihood of heart failure**

- Within 2 weeks
- Within 6 weeks

**Request ECHO AND Specialist Assessment**

*(Details of how this is accessed in your borough)*

**Specialist diagnosis with clear management plan**

**Heart Failure due to Left Ventricular Systolic Dysfunction (LVSD)**

**Heart Failure with Preserved Ejection Fraction (HFPEF)**

**Other cardiac abnormality**

**Heart failure unlikely**

Consider alternative diagnosis

**EDU 2:** Ensure diagnosed pts have Echo AND specialist assess

**Commissioners:** Ensure that a clear pathway is in place for each of these conditions

**Commissioners:** Ensure a service is in place with access to timely echos AND Specialist assessment. Consider a one-stop clinic and the use of Choose and Book for referrals to enable data collection of Nt-proBNP test for Performance indicators 2, 3, 4, 5 by requiring a NT-ProBNP result as part of the referral criteria

**NOTE:** QOF Register HF2 2012/13: The percentage of patients with a diagnosis of HF (diagnosed after 1 April 2006) which has been confirmed by an echocardiogram OR by a specialist assessment. NICE recommends both. HFNS clinics require both.

**Patient presents with breathlessness possibly worse at night, fatigue or fluid retention with swollen ankles OR abdomen.**

- Explore risk factors
- Establish if patient has had a prior MI
- Carry out physical assessment (manual pulse, BP, full clinical exam)
GP Heart Failure Algorithm - Access to HF Services (New diagnosis)

**Patient newly diagnosed with heart failure**

Include patient in QOF HF2 register with READ codes:
- HF (G58%) **AND**
- Echocardiogram abnormal (58531) **AND** either of the following:

**LVSD**
- Heart failure with normal ejection fraction (G583)
- OR Echocardiogram shows LVDDF (G585g)

**HFPEF**
- Need clear management plan from specialist
- Manage BP/diabetes/AF

**EDU 3:** Med. mgmt of HF patients, NYHA classification

**Commissioners:** Ensure Cardiac Rehabilitation services have been commissioned to include heart failure patients in their inclusion criteria

**HFNS:** Ensure clear referral form

**GP:** Review patient medication following any hospital discharge for medication changes
- Offer lifestyle advice (ref: BHF Living with HF)
- Offer immunisations

**GMIS:** Add the 6 month monitoring template to the QOF template

**Monitor every 6 months**

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Add **ACE-i (or ARB if not tolerated) AND** beta-blocker
- Uptitrare to maximum tolerated dose
- Diuretics if fluid overload
- If symptoms persist seek specialist advice.

Consider:
- *Aldosterone antagonist* (Spironolactone/Eplerenone) **OR**
- *Hydralazine and nitrate* (especially African/Caribbean origin pts with moderate - severe HF) **OR**
- *Ivabradine* with SR HR \( \geq 75 \) with contraindications to or on maximum tolerated beta blocker dose
- REFER: [http://www.slcns.nhs.uk/prescribing.html](http://www.slcns.nhs.uk/prescribing.html)

**Offer exercise-based cardiac rehabilitation** (NYHA 1,2,3 stable for 3 weeks with no step change)

**Referral to community HF team** (based on inclusion criteria & local guidelines)

**Assess for Depression (PHQ9) AND Anxiety (GAD7)**

**Commissioners:** Ensure access to psychological services

**EMIS**

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Diagnosis of HF – GPs9_Commissioner version
NOTE ON RIGHT SIDED HEART FAILURE

Right sided heart failure is a confusing term and should probably be avoided as this can include patients with systolic heart failure or HFPEF in whom the signs and symptoms are predominantly due to peripheral oedema and ascites, or patients (typically with lung disease) where the heart failure is due to right ventricular dysfunction. Patients with right ventricular dysfunction are managed along similar lines to patients with HFPEF but care must be kept to ensure filling pressures are not too low and the underlying lung disease should be treated where possible (including long term oxygen therapy if appropriate); in addition to this group primary or disproportionate pulmonary hypertension should be excluded.