

NEW ZEALAND GUIDELINE FOR THE MANAGEMENT OF CHRONIC HEART FAILURE

Non-Pharmacological Management

- General counselling (compliance, prognosis)
- Record weight daily (for diuretic titration)
- Avoid smoking
- Regular exercise
- Low-salt diet
- Limited alcohol

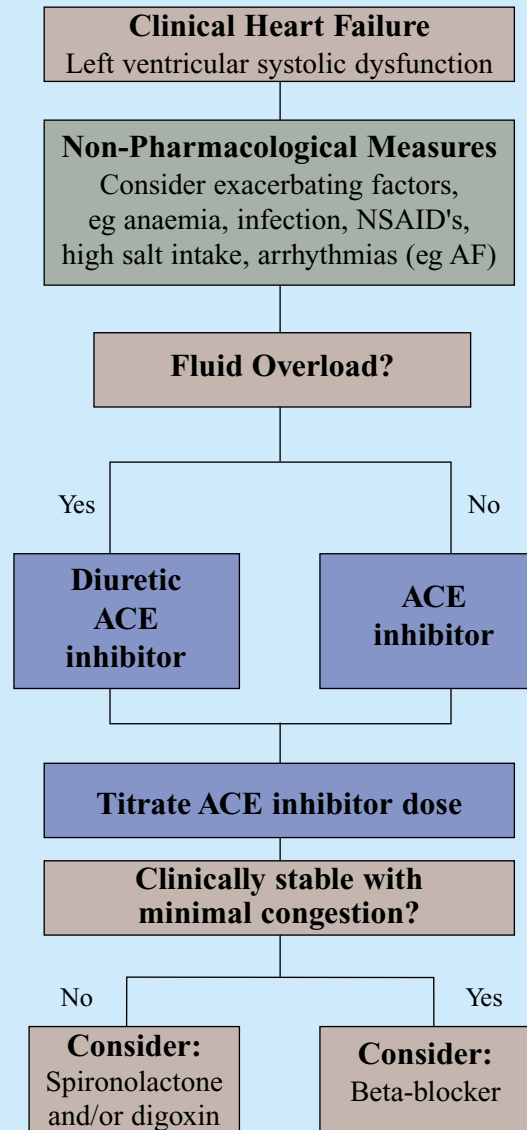
Diuretics

- Titrate according to symptoms and dry weight
- Mild CHF - thiazide alone may suffice (eg bendrofluzide 2.5-5mg daily)
- Moderate-severe CHF - loop diuretic (eg initially frusemide 40mg daily)
- Monitor K+/creatinine weekly during titration, then 3 monthly
- K+ supplementation usually not required with concomitant ACE inhibitor
- Serious hyperkalaemia can arise with combination of high-dose K+-sparing diuretic and ACE inhibitors (see also spironolactone)
- In cases of resistant oedema, double the daily dose of diuretic, rather than give the same dose twice daily

ACE inhibitors

- Start at a low dose (eg captopril 6.25mg tds, enalapril 2.5mg daily)
- Titrate to target dose over 2-3 weeks (eg captopril 25-50mg tds, cilazapril 5mg daily, enalapril 10mg bid, quinapril 10-20mg bid)
- Risk of first-dose hypotension if SBP <90mmHg, or over-diuresis
- Consider lower dosages if elderly or renal impairment
- Monitor K+/creatinine/BP weekly while titrating
- Contraindications: K+ >5.5mmol/l, creatinine >0.25mmol/l, symptomatic hypotension or SBP <80mmHg, angioedema

Treatment Algorithm



Beta-blockers

- Consider for patients with chronic stable CHF and:
 - mild-moderate symptoms
 - minimal signs of congestion
 - stable for one month on adequate doses of ACE inhibitors and diuretics
- Contraindications: asthma, 2nd/3rd degree heart block, symptomatic hypotension, SBP <80mmHg, HR <50bpm
- Initiation and titration may require referral (see NHF CHF Doctors Guide)

Spironolactone

- Consider for patients with New York Heart Association class III/IV (moderate-severe) CHF symptoms
- Recommended dose = 25mg daily
- Hyperkalaemia/renal failure may arise if higher doses are used with ACE inhibitor
- Contraindications: K+ >5mmol/l, creatinine >0.25mmol/l
- Monitor K+/creatinine 3-4 days after starting
- 10% of males may suffer breast pain or gynaecomastia

Digoxin

- Consider for patients in AF or in sinus rhythm if CHF is severe and not controlled with ACE inhibitor and diuretic
- If normal renal function - start with 0.25mg daily and check levels in 1 week
- If elderly or renal impairment - start at 0.125 or 0.0625mg daily, check levels in 2-3 weeks
- Toxicity: confusion, anorexia, nausea, visual disturbance, arrhythmias
- Drugs which increase levels: antibiotics, amiodarone, diltiazem, verapamil, quinidine

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