Heart Failure
Case Studies

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Impact of Heart Failure

- Associated with considerable morbidity and mortality
- One million bed days are attributed to HF in the UK each year
- A major effect on the Quality of Life of patients and their families
- The management of the patient with HF is complex
- The numbers of patients involved are large and increasing
- 40% of patients admitted with HF had symptoms that could have been managed in primary care to possibly prevent admission
  (The NHS long term plan 2019, NCEPOD 2018)
- **Patients with HF benefit from ongoing review** and should have access to a HF specialist team (SIGN 2016)

The i reports the number of cases of heart failure has risen by a third in five years. The paper says more than 900,000 people are living with an incurable form of the heart disease.

Sign in

Heart failure hospital admissions rise by a third in five years putting 'immense pressure' on the NHS

BHF (2019) Solution primary and secondary care to work together. NB Our Referrals have doubled in 1 year

Patient Case Studies

Case 1

- 78 year old Female
- Re-Referral, Discharge from HF service 6/12 ago (had declined further up titration as well). Phoned service as 2 week history new symptoms
- **Diagnosis** Echo Mod/Sev LVSD EF 38%
- **PMH** IHD, MI 5 years ago, PCI RCA, AF
- **Signs and Symptoms** Worsening ankle oedema, weight increase 2kg in 1 week, Increase SOB (could walk around Asda and now struggling)
- Loosing confidence with exercise/balance
- **Cardiac Medications** – Ramipril 5mg, Bisoprolol 5mg, Spironolactone 25mg, Furosemide 40mg, Edoxaban 60mg
- **Obervations/Assessment** BP 133/78mmHg, HR 88bpm irreg, Creps right base, 4 pillow orthopnoea, occassional PND, Nil chest pain
- **Renal function** stable, eGFR 56

What are the Issues?

- New Oedema
- Worsening SOB
- Increase Weight
- Mobility/Confidence
- ? Compliance – discuss loop diuretic flexibility/PRN loop

Things to consider

What NYHA?
What can you offer?
Scope to alter medication?
Advice?
Tests? Other Diagnosis?
Further Referrals?
Follow up and Management Plan?
Patient Advise and education?

Whats next?

Increase Furosemide and what dose? (mention bendroflumathiazide)

OR

Up Titrate Ramipril

OR

Switch to Entresto (Sacubitril/Valsartan)

OR

Increase Furosemide and switch to Entresto

OR

Up titrate Bisoprolol (AF)

OR

Add Dapagliflozin (NB mobility/confidence improved with medication changes)

Case 2

• 32 year old male
•New Presentation SOB minimal exertion and fatigue ++, 3 months post CPVID, He thought it was long covid so didnt report symptoms (NB increase of this history recently). Could not play his weekly 7 a side football. GP did BNP >3000
•**Diagnosis** Echo Sev LVSD EF 15%
•**PMH** Hypertension, Excess Alcohol (had not been documented, 3-4 beer/night)
•**Signs and Symptoms** Improvement since diagnosis and medication commenced promptly. Walk 2 miles, short of breath doing stairs/incline or walking at a pace, increase thirst.
• Working FT Teacher, married, had stopped drumming in band due to worry about heart.
•Reduced Beer therefore fluid intake to 2L/day (was 4L/day!)
•**Cardiac Medications** – Ramipril 10mg, Bisoprolol 5mg, Eplerenone 25mg, Furosemide 80mg
•**Observations/Assessment** BP 142/63mmHg, HR 98bpm reg, Nil oedema, PND, orthopnoea
•**Renal function** stable, eGFR 60

What are the issues?

- Symptomatic
- Tachycardiac
- Increase Thirst
- Scope to Improve medications

Things to consider

What NYHA?
What can you offer?
Scope to alter medication
Advice?
Tests? Other Diagnosis?
Further Referrals?
Follow up and Management Plan?
Patient Advise and education?

What Next?

Up titrate Bisoprolol

OR

Switch to Entresto (Can now commence Entresto for ACEI naive)

OR

Add Dapagliflozin

OR

Reduce Furosemide

AND

- Referred to Golden Jubilee National Hospital Glasgow
- Genetic Testing – Implication Family
- Assessment for primary prevention ICD (narrow QRS on ECG)
- Discuss side effect BB and medications, Drumming in Band Advice

Case 3

- 48 year old male
- Primary Care Routine annual review in practice
- **Diagnosis** Echo Severe LVSD
- **PMH** MI, CABG
- **Signs and Symptoms** Worse exercise capacity in 6/12, cant cycle, using car more, SOBOE, Fatigue (thought to be expected), ankle oedema (didnt want to bother practice)
- Reduced hours as Tesco manager due to fatigue (had not informed GP)
- Low mood and no motivation 6/12
- **Cardiac Medications** – Entresto 49/51mg bd, Bisoprolol 10mg, Eplerenone 50mg, Dapagliflozin 10mg od
- **Observations/Assessment** BP 122/68 mmHg, HR 68bpm regular **ECG** – new LBBB, QRS 148
- **Renal function** stable, eGFR 60

What are the issues?

Reduce working hours

Symptomatic despite 4 pillars/HF therapies

Had not reported Symptoms

Things to consider
What NYHA?
What can you offer?
Scope to alter medication
Advice?
Tests? Other Diagnosis?
Further Referrals?
Follow up and Management Plan?
Patient Advise and education?

Whats next?

Up titrate Entresto

OR

Add Furosemide

OR

Anything Else?

AND

- Discuss mental health - Psychology of Health and Wellbeing referral
- Cardiac Rehab or Active for Life referral
- Self Management/Traffic Lights/Seek Help
- Highlights importance of 6 monthly (NICE)/Annual (SIGN) Reviews
- Good medications but symptomatic - Refer cardiology

Case 4

- 75 year old male
- **Diagnosis** Severe LVSD EF 32%
- **PMH** MI x3, CABG x3 grafts
- **Signs and Symptoms** Weight decrease 1.5kg, skin dry, thirsty, increased fatigue, frail
- **Cardiac Medications** – Aspirin 75mg, Furosemide 120mg + 40mg, Ramipril 10mg, Bisoprolol 10mg od, Spironolactone 25mg, GTN PRN
- **Observations/Assessment** BP 90/60mmHg sitting (normal for him), dizzy, HR 62bpm, chest clear, nil oedema, PND, orthopnoea
- **Renal function** Na 135, K+5.6, eGFR 31 (decline in 1 month)

What are the issues?

SOB

Dehydrated/Thirst/Weight Loss

Hypotension/Dizzy

Frail/Risk of Fall

Renal Dysfunction

Things to consider
What NYHA?
What can you offer?
Scope to alter medication
Advice?
Tests? Other Diagnosis?
Further Referrals?
Follow up and Management Plan?
Patient Advise and education?

What next?

Reduce Furosemide (help BP and renal)

OR

STOP Spironolactone OR Reduce spironolactone

OR

Add Dapagliflozin

OR

Switch to Entresto

AND

- MDT to discuss if plan doesnt work
- Discuss diuretics with daughter who visits daily and does medications
- DN visit – support fraility, refer HOPE
- Risk hyperkalaemia dont forget to check not consuming a high K+ diet (Lo salt, bananas, tomato juice, processed food)

Thank you

Questions Welcome

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