

Chronic Heart Failure

Clinical Guideline



Overview of the Condition/Disease

Definition: Heart failure results from any structural or functional cardiac disorder that impairs the ability of the ventricle(s) to fill with or eject blood.

Pathophysiology: The heart muscle compensates for the structural or functional cardiac disorder by enlarging, developing more muscle mass, and pumping faster. In addition, blood vessels narrow to keep blood pressure up and the body diverts blood away from less important tissues and organs (kidneys) to the heart and brain. An adaptive response results in fluid and salt retention.

Types of heart failure:

- ◆ Left-sided heart failure with reduced ejection fraction < 40 or preserved ejection fraction > 50
- ◆ Right-sided heart failure typically occurs as a result of left-sided failure
- ◆ Congestive heart failure



Best Practice Standards for Prevention and Management

Interventions:

- ◆ Daily weights with parameters of when to call MD
- ◆ Fluid restriction
- ◆ Salt restriction
- ◆ Pharmacologic therapy
- ◆ Cardiac Rehabilitation program for those who do not have advanced arrhythmias and who do not have other limitations to exercise
- ◆ Pneumococcal vaccination and annual influenza vaccination
- ◆ IDT to coordinate with provider/cardiologist managing disease process

Education: Stress the importance of medication adherence, care plan adherence, and maintaining MD appointments

Lifestyle changes: Heart-healthy eating, aiming for a healthy weight, physical activity, quit smoking, avoid drinking alcohol

Device therapy: Cardiac resynchronization therapy (CRT) with biventricular pacing and/or implantable cardioverter-defibrillator (ICD)

Additional conditions that negatively impact the condition/disease:

- ◆ overweight
- ◆ history of myocardial infarction (MI)
- ◆ coronary heart disease
- ◆ high blood pressure
- ◆ diabetes
- ◆ treatments for cancer (radiation and chemotherapy)
- ◆ thyroid disorders
- ◆ HIV/AIDS
- ◆ alcohol and other drug abuse (AODA)

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Anticipating, Recognizing, and Responding to Symptoms

 **Seek timely medical attention when current interventions and/or medications are not managing symptoms.**

Potential symptoms: Fatigue and shortness of breath after routine physical effort.

Manifestation of symptoms: Swelling in the ankles, feet, legs, abdomen, and veins in the neck, pulmonary edema, pleural effusion



Interventions to manage symptoms: Prescribed medications may include:

- ◆ *ACE inhibitors* lower blood pressure and reduce strain on the heart. They also may reduce the risk of a future heart attack.
- ◆ *Aldosterone antagonists* trigger the body to remove excess sodium through urine. This lowers the volume of blood that the heart must pump.
- ◆ *Angiotensin receptor blockers* relax the blood vessels and lower blood pressure to decrease the heart's workload.
- ◆ *Beta blockers* slow the heart rate and lower blood pressure to decrease the heart's workload.
- ◆ *Digoxin* is used especially for heart failure in people with abnormal heart rhythms.
- ◆ *Diuretics* help reduce fluid buildup in the lungs and swelling in the feet and ankles.
- ◆ *Isosorbide dinitrate/hydralazine hydrochloride* helps relax the blood vessels so the heart doesn't work as hard to pump blood.

Contraindicated medications: NSAIDs, antiarrhythmic drugs, calcium channel blockers, thiazolidinediones



Guidelines and Process for Interdisciplinary Team

Resources for negotiating incorporation of condition/disease prevention and management plan into the Member Centered Plan (MCP):

- ◆ MCP Policy
- ◆ Motivational Interviewing techniques
- ◆ Collaboration with Primary Care Provider (PCP) and/or Cardiologist



Quality Assurance Monitoring

Members with diagnosis will be placed in a cohort with an identified start date. Cohort data will be analyzed at the one year, 18 month, and two year timeframe for overall health outcomes.

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References

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