



South West  
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# Management of Heart Failure Patients in Primary Care

Heart Failure Specialist Nurses

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With **all of us** in mind.

# Heart Failure in Barnsley

- There are currently an estimated 3200 patients in Barnsley with a diagnosis of Heart Failure.
- A proportion of these patients will require intensive specialist input and a referral into the Heart Failure Specialist Nursing Service (HFSN).
- Stable patients can be managed in Primary Care with access to HFSN for advice and guidance if required.

# Management Plan: New Diagnosis

- Following positive diagnostic testing, patients should be commenced on first line quadruple therapy:
  - Beta Blocker
  - ACE inhibitor /(ARNI)
  - MRA
  - SGLT2 – if diabetic discuss with this team and if not cardiology referral or e consult.

The order of therapy is dependant on patient presentation and treat accordingly.

- ESC guidance recommends this should ideally but implemented over a 4 week period to reduce mortality and morbidity by 8.9%.

# Beta Blocker

The table represents examples of titration of beta blockers

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 12
<b>Bisoprolol (OD)</b>	1.25mg	2.5mg	3.75mg	5mg	5mg	5mg	5mg	7.5mg	10mg
<b>Carvedilol (BD)</b>	3.125mg	3.125mg	6.25mg	6.25mg	12.5mg	12.5mg	25mg	25mg-50mg (if >85kg)	
<b>Nebivolol (OD)</b>	1.25mg	1.25mg	2.5mg	2.5mg	5mg	5mg	10mg		

# ACE Inhibitors

The table represents examples of titration of ACE Inhibitor

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 12
Ramipril	1.25mg	2.5mg	2.5mg	5mg	5mg	5mg	5mg	10mg max dose	
Lisinopril	2.5mg	2.5mg	5mg	5mg	10mg	10mg	20mg	30mg	35mg max dose
Enalapril	2.5mg	2.5mg	5mg	5mg	10mg	10mg	20mg	20mg BD max dose	

# Alternative to ACE Inhibitor

- There might be occasions when ACE Inhibitor is not tolerated, dry cough, headache. If that is the case then consider these Angiotensin Receptor Blockers (ARB) as alternatives:
  - Candesartan – 4mg OD starting dose. Increased at intervals of 2 weeks to target dose of 32mg OD or max tolerated dose.
  - Valsartan – 40mg BD starting dose. Increased up to 160mg BD – doses to be increased at intervals of at least 2 weeks.
  - Losartan – 12.5mg starting dose. Increased up to 150mg OD – doses to be increased at weekly intervals.

# MRA — Mineralocorticoid Receptor Antagonist

- Spironolactone

- Initially 12.5mg-25mg OD depending on renal function and potassium and adjusted according to response up to 50mg OD.
- Oedema in congestive heart failure 25-50mg in single or divided doses and according to response.

- Eplerenone

- Initially 25mg OD, then increased up to 50mg OD increased within 4 weeks of initial treatment

# SGLT2i — Sodium glucose co-transporter 2 inhibitor

- This is currently on shared care in Barnsley therefore will need discussion with Consultant Cardiologist for initiation. Both SGLT2i doses for Heart Failure are 10mg daily.
- Dapagliflozin
  - Dosage 10mg OD. This does not require titration.
- Empagliflozin
  - Dosage 10mg OD. This does not require titration.



# Monitoring During Titration

- Patients will require the following to be monitored during titration:
  - Renal function (U&E's within 2 weeks of dose change)
  - Heart rate
  - Level of oedema
  - Breathlessness
  - Chest Auscultation if indicated
  - Patient reported symptom changes

# When Specialist Input is required

- Following the initiation and titration of medication, some patient may still be experiencing symptoms of their heart failure. At this point a referral to the Heart Failure Specialist Nurse should be completed.
- A referral form and copy of echocardiogram result should be send to: [rightcarebarnsleyintegratedspa@swyt.nhs.uk](mailto:rightcarebarnsleyintegratedspa@swyt.nhs.uk)
- A copy of the referral form can be found by clicking the link below and scrolling to key documents. You will also be able to access further information about the service.
- [Heart Failure Specialist Nurse Service \(barnsleyccg.nhs.uk\)](http://barnsleyccg.nhs.uk)

# Patients with Co – Morbidities.

- For patients with complex medical conditions like CKD and unstable DM please refer into cardiology for review.
- The heart failure service do not accept patients on dialysis as they are managed by the renal team with advice if required.
- Most patients will have a new diagnosis of mild LVSD and a letter from cardiology should be available with treatment recommendation to follow.

# Any Questions?



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