Offer diuretics for congestive symptoms and fluid retention.

Heart failure with preserved ejection fraction (HFpEF)
- Manage co-morbidities such as hypertension, atrial fibrillation, ischaemic heart disease and diabetes

Heart failure with reduced ejection fraction (HFrEF)
- Offer a personalised exercise-based cardiac rehabilitation programme unless condition is unstable
- Specialist to consider implantable device (ICD/CRT) if patient fulfils NICE criteria
- If T2DM may have to reduce dose of glucose-lowering therapy (such as insulin or SU) if HbA1c < 7% (53mmol/mol)
- If suspicion of volume depletion consider adjusting diuretics

Offer:
1. ACEI (or ARB if intolerant of ACE) or Sacubitril valsartan if EF < 35%,* and
2. β-blocker, and
3. Mineralocorticoid receptor antagonist (MRA)*

Offer dapagliflozin if still symptomatic

Specialist to consider implantable device (ICD/CRT) if patient fulfils NICE criteria

Contraindications:
- T1DM
- History of diabetic ketoacidosis
- Limited data in NYHA Class IV or eGFR < 30 ml/min

Date of publication: Nov 2020
NICE decision on dapagliflozin in HFrEF expected Feb 2021

ACEI – ACE inhibitor, ARB – Angiotensin receptor blocker, MRA – Mineralocorticoid receptor antagonist, ICD – Implantable cardioverter defibrillator, CRT – Cardiac resynchronisation therapy

*Measure serum sodium, potassium and assess renal function before and after starting and after each dose increment. If eGFR is 30 to 45 ml/min/1.73 m², consider lower doses or slower titration of ACEIs/ARBs/sacubitril valsartan or MRAs.