**Definition:** “Clinical syndrome (symptoms) that results from any structural or functional cardiac disorder that impairs the ability of the ventricle to fill (diastolic HF) or eject (systolic HF) blood.”

1. **Rx** All patients with HF – Both D-HF and S-HF
   All patients with LVSD (EF<40%) even if no Sx (30% of patients with LVSD usually have no Sx).

2. **Rx** Evidence based - ↓ CV mortality/↓ HF admissions
   - Improve Sx and Quality of life

3. **BBlock** - only 3 approved with data – Carvedilol, Metoprolol XL, and Bisoprolol
   - Benefits for mortality and LV improvement – Dose dependent
   - Almost all patients with LVSD- Systolic HF
   - Most studied – Carvedilol – especially with severe LVSD (EF<25%)

4. **ACEI or ARB** – good data, start low dose unless uncontrolled HTN

Based on “2009 Focused Update: ACC/AHA Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult”, Journal of the American College of Cardiology, August 24, 2009.
- dose dependence not as important (ATLAS trial – Lisinopril 2.5-5mg or equivalent)

5. Aldosterone Antagonist (AA) – Spironolactone or Eplerenone

6. ACEI and/or ARB and/or AA/spironolactone – not all 3

7. If unable to use ACEI, ARB, or AA due to renal failure/high K+ then consider Nitrate/Hydralazine
   - Benefits: dose dependent
   - Side effects common
   - Poor patient tolerance at high doses

8. Little Data on D-HF/Diastolic HF
   Rx: Same As Systolic S-HF

9. BP may limit Rx ----- BB doses
   If hi BP and max BB
   ACEI/ARB Rx
   Add DH – CCB/Amlodipine + R/o RAS

10. “Caution” - TZD/glitazones
    - NSAID
    - non DH/CCB – Calcium Channel Blockers
    - AAT/anti arrhythmic therapy

Based on “2009 Focused Update: ACC/AHA Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult”, Journal of the American College of Cardiology, August 24, 2009.