Heart Failure

Right Heart Failure
- JVD
- Peripheral edema
- Abdominal pain
- malabsorption

History
- DOE, PND, Orthopnea
- Weight gain

Left Heart Failure
- Pulmonary edema
- Altered mental status
- Right heart failure

Work Up
- Echo to estimate EF and Wall motion abnormality
- LHC to assess for CAD

Systolic dysfunction = Reduced EF

Diastolic dysfunction = preserved EF

Common Causes
- **CAD**
- Dilated cardiomyopathies
  - Alcohol
  - HIV
  - Connective tissue disease
  - Post-partum
  - Chemo - doxorubicin
- Tachycardia-induced
- HTN
- Valvular disease
- Takotsubo

Common Causes
- HTN
- CAD
- HOCM
- Restrictive cardiomyopathy

Treatment Options
- Treat the underlying problem
- Try ace-i/arb, BB, diuretics. They may work and help treat symptoms, but won't have mortality benefits seen in HFrEF

Treatment Options
- Beta-blockers (titrate up slowly)
  - Toprol-XL (target: 200 mg)
  - Carvedilol (target: 25 mg BID; 50mg if 85+ Kg)
  - Bisoprolol (target: 10 mg)
- Afterload reduction
  - Ace-I/Arb, Entresto
  - ISDN-HDZL (African-americans)
- Diuretics:
  - Lasix
  - Spironolactone (if K<5)
- Inotropes
  - Digoxin. (-) chronotropic
  - Dobutamine
  - Milrinone
- AICD (EF<35% or QRS>120, if life expectancy >1yr)
- LVAD
- Transplant

Tips for Aggressive Diuresis
- Monitor UOP and daily weights
- Keep K>4 and Mg>2
- Monitor on Telemetry
- Consider stopping when creatinine rises. However, in cardiorenal syndrome, it may be necessary to continue diuresis.

Garg's Simple Medicine

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