

The CCS Heart Failure Companion: **Bridging Guidelines to your Practice**

Looking for practical answers concerning
optimal heart failure care?
The CCS Heart Failure Guidelines Companion can help.



**Canadian Cardiovascular
Society**
Leadership. Knowledge. Community.

**Société canadienne
de cardiologie**
Communauté. Connaissances. Leadership.

The Canadian Cardiovascular Society Heart Failure Companion: Bridging Guidelines to your Practice

Jonathan G. Howlett, MD FRCPC, et al. for the CCS Heart Failure Guidelines Panels.

About the Heart Failure (HF) Guidelines Companion

The CCS HF Guidelines Companion has been developed in response to key practical questions brought forth by HF practitioners. For the first time, we articulate how soon and how often patients with HF should be seen, when they should be reassessed, how new therapies should be incorporated into treatment algorithms and many other important questions. The HF Companion provides a pathway to achieving optimal treatment and encourages integration of the CCS HF guidelines into daily practice.

We adopted a question and answer approach with the main HF provider in mind, indicating where published evidence, randomized controlled trials, and expert consensus informed the responses. Graphics, tables and lists have been incorporated throughout both the online and print versions to ensure the busy clinician may conveniently use this tool.

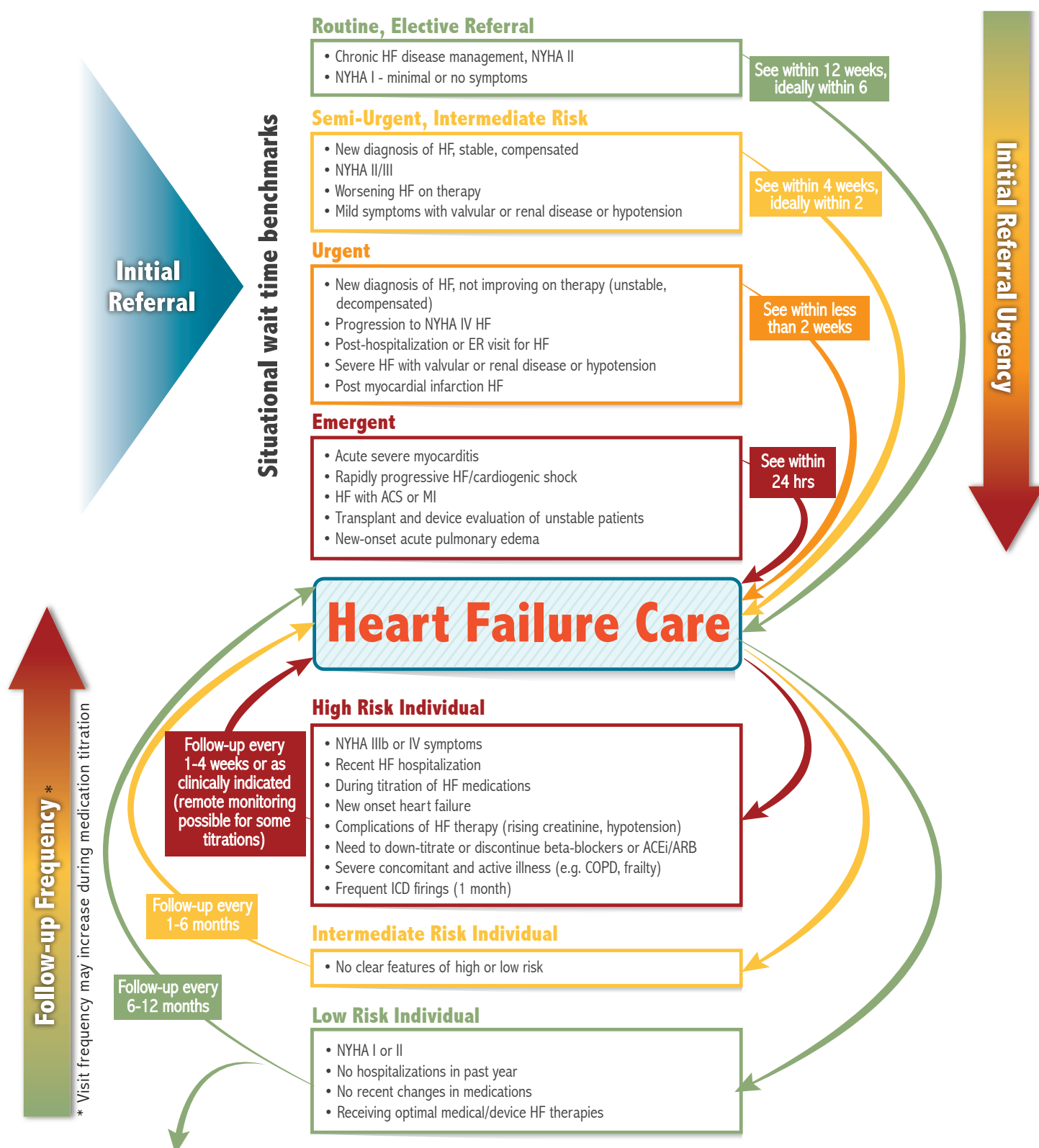
The CCS HF Companion Provides Practical Responses to the Following Questions:

1. How soon should I see a newly referred heart failure patient, how often should my heart failure patient be seen, and when can a patient be discharged from a heart failure clinic?
2. How quickly and in what order should standard heart failure therapy be titrated for most patients?
3. When should I measure electrolytes, serum Creatinine and BUN and how should I manage abnormal potassium or rising creatinine levels?
4. Should I treat my heart failure patients to a specific heart rate or blood pressure and how often should I measure left ventricular EF?
5. Can I ever stop heart failure medications?
6. When should I refer my patient to a heart surgeon?
7. How should I manage gout in my patient?
8. In what way do I care differently for frail older patients with heart failure?
9. How do I teach self-care to my patients?

Find it Online A full version of the HF Companion is available online in the *Canadian Journal of Cardiology* at www.onlinecjc.ca and at **CCS.CA** in the Guidelines Library.



Recommended Initial Referral Wait Time and Follow-up Frequency

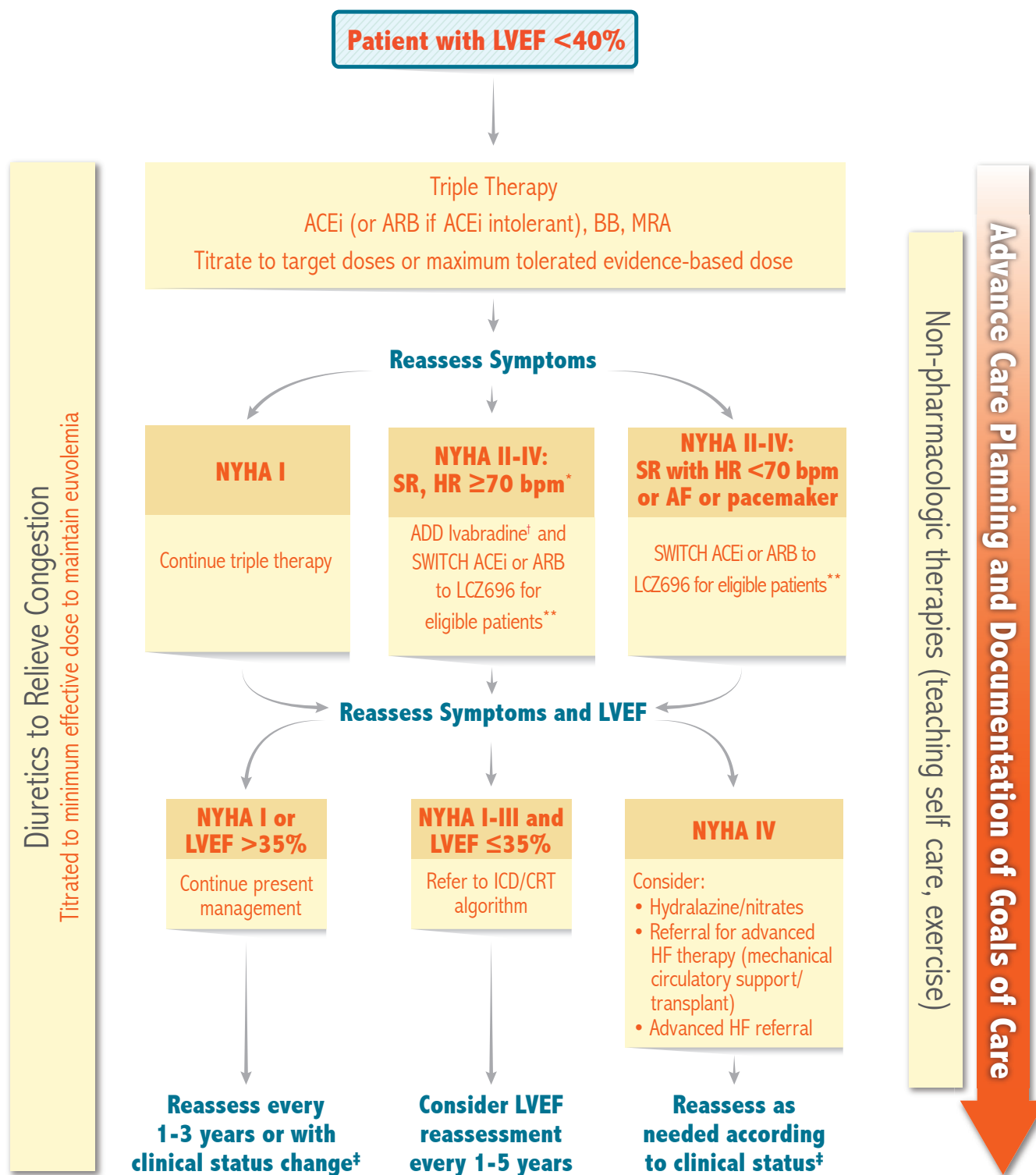


Make inactive or consider for discharge from HF clinic if a minimum of 2 of the following characteristics are present:

- Stable NYHA I or II for 6-12 months
- On optimal therapies
- Reversible causes of HF fully controlled
- Having access to General Practitioner with expertise in management of HF
- Stable adherence to optimal HF therapy
- No hospitalizations for >1 year
- LVEF >35% (consistently shown if more than one recent EF measurement)
- Primary care provider has access to urgent specialist reassessment



Therapeutic Approach to Patients with Heart Failure and Reduced Ejection Fraction



* Pending Health Canada approval

† Ivabradine may be added when available in Canada

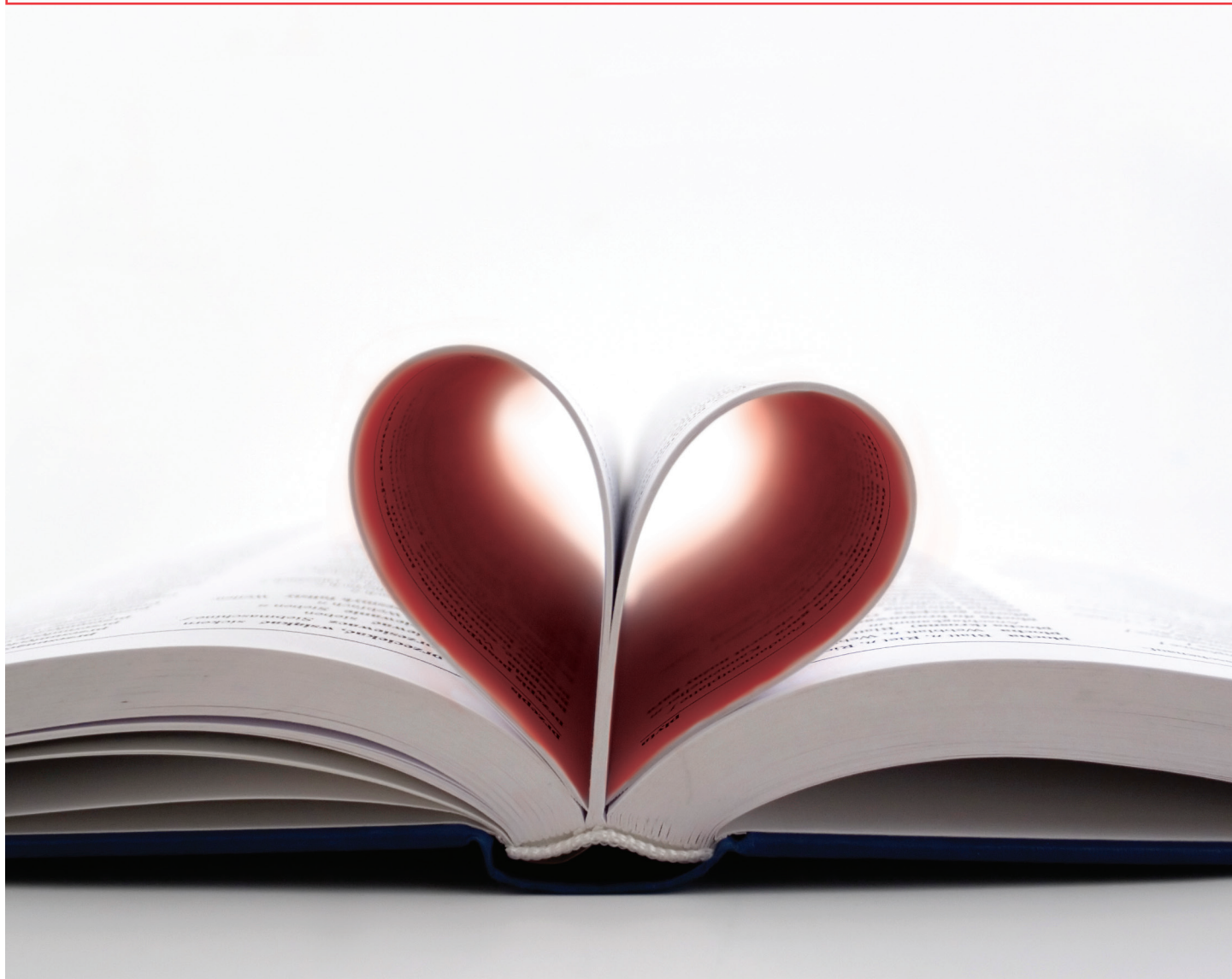
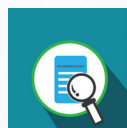
** LCZ696, when available in Canada, will replace ACEi or ARB in patients with elevated NP or recent hospitalization (BNP > 150 pg/ml or NT-pro-BNP > 600 pg/ml)

‡ Refer to Table 4 (in companion document)

Other CCS Tools and Resources

Access these clinical tools and additional educational resources at **CCS.CA**

- Pocket Guides
- Slide Decks
- Library of Guidelines (HF, AF, Lipids & more)
- HF Compendium
- Mobile Apps: Med-hf, iCCS



Canadian Cardiovascular Society
Leadership. Knowledge. Community.

Société canadienne de cardiologie
Communauté. Connaissances. Leadership.