Top Things to Know

2016 ACC/AHA/HFSA Focused Update on New Pharmacologic Therapy for Heart Failure: An Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure

1. Recent randomized clinical trials have shown benefit of two new pharmacological agents (angiotension neprilysin inhibition – ARNI) and Ivabradine, in treating heart failure with reduced ejection fraction (HFrEF).

2. Inhibition of the angiotension renin system with an angiotension converting agent, an angiotension converting enzyme (ACE), angiotension receptor blocker (ARB), and angiotension receptor neprilysin (ARNI) inhibition all reduce morbidity and mortality in heart failure patients – all Class I recommendations.

3. Beta blockers continue to be a mainstay of pharmacological agents in the treatment of heart failure with reduced EF.

4. ARNIs have been recently approved for patients with symptomatic HFrEF and it is intended to be substituted for ACE inhibitors or ARBs and should replace ACE or ARBs when stable patients with mild-to-moderate HF on these agents have an adequate blood pressure and are otherwise tolerating standard therapies.

5. This update to the HF guidelines discuss prospects of harm related to the concomitant use of ARNI.

6. Ivabradine is a sinoatrial node inhibitor (selective for If) that can be beneficial in the reduction of HF hospitalizations for patients with New York Heart Association Class II-III heart failure or stable chronic HFeEF (LVEF < 35%) receiving Guideline Evidence Based Medicine recommendations (Class IIa), for heart rate reduction.

7. A full update to the 2013 HF Guidelines in in process to address more than recent pharmacological agents, and will update several other areas of the HF guideline.

8. The recommendations in this guideline provide more options for pharmacological treatment of heart failure with reduced ejection fraction, and provide more hope for better outcomes for morbidity and mortality related to HF.