

- 54 years old gentleman  
bank accountant, married living in a family of four
- He complains of worsening exertional dyspnea  
first noticed when he recently had to stop and catch his breath  
midway during a 15-minute walk between where he parks his car and the bank  
while he did not have to do so before.  
He reports no dyspnea at rest, chest pain or orthopnea.
- PMH: Hypertension, otherwise unremarkable
- SH: Current smoker, 20 PY, Non-drinker
- DH:
  - Valsartan/HCTZ 80/12.5mg daily with poor adherence

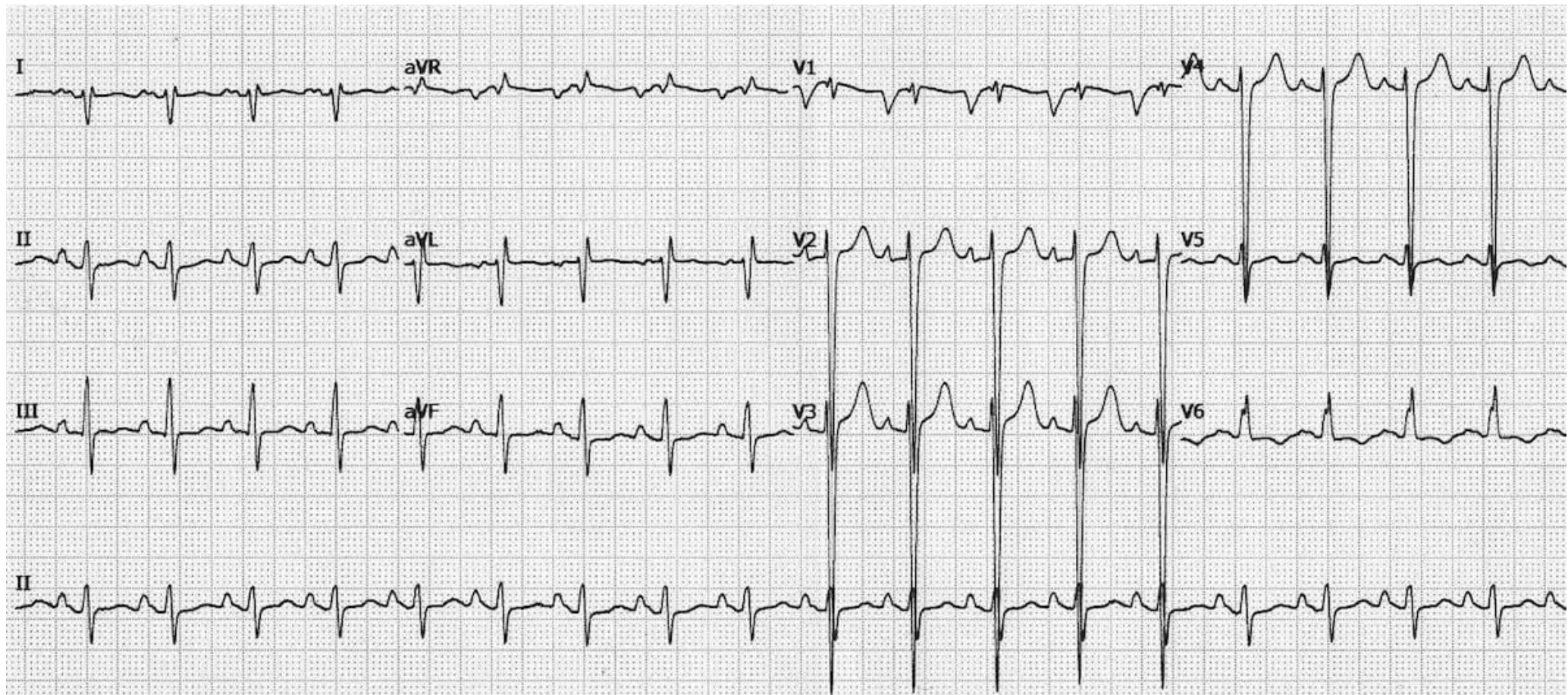
## Ph/E

- BMI: 31 kg/m<sup>2</sup>
- HR: 75bpm
- RR: 16/min
- O<sub>2</sub>sat: 98% in room air
- BP: right hand: 134/80 mmHg, left hand: 136/82 mmHg
- Heart and Lungs: unremarkable
- Peripheral pulses: 2+ & symmetric
- No pedal edema


## Echocardiography:

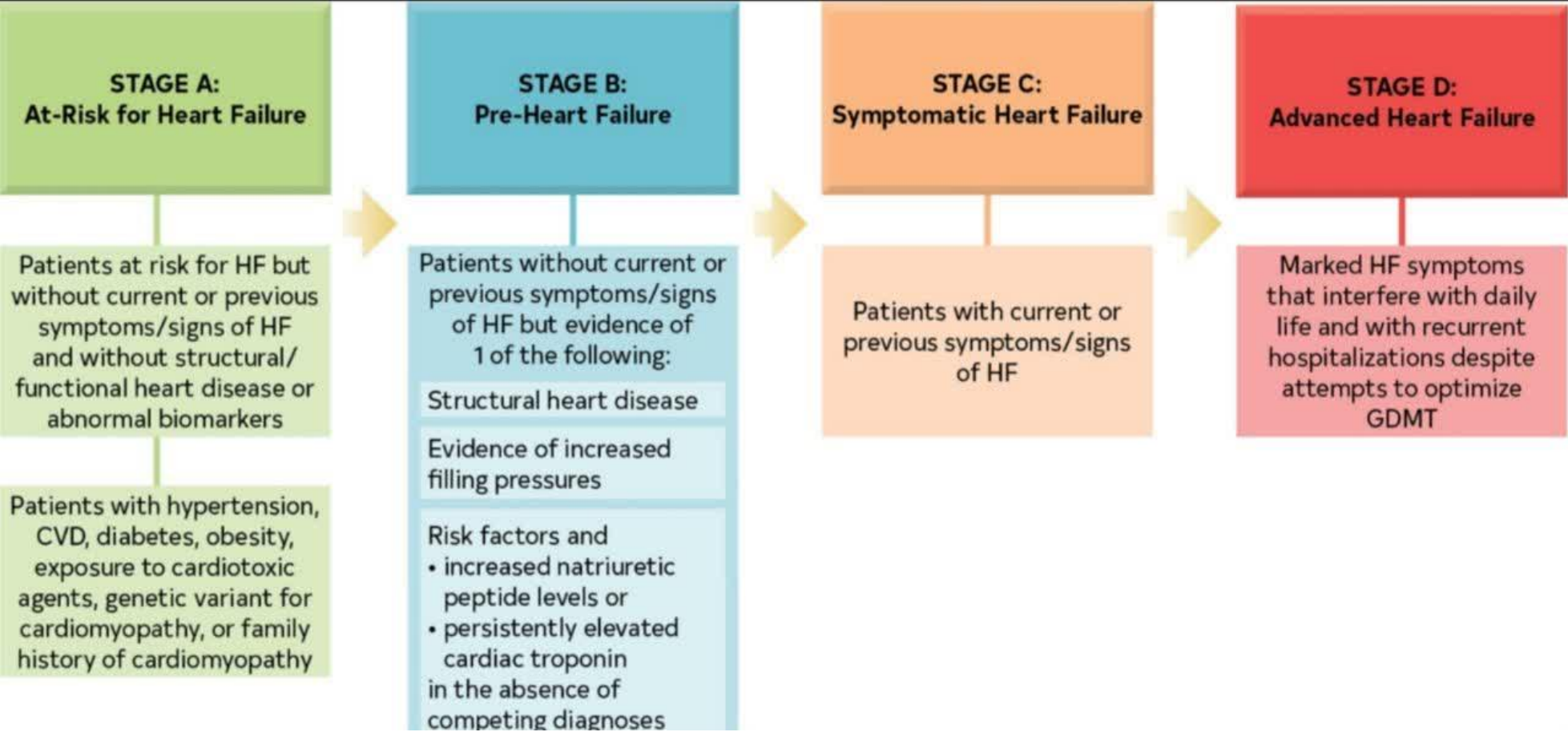
- Moderate LV enlargement
- Global LVEF: 30-35%
- Normal RV size & function
- Mild to moderate functional MR
- TRG: 25mmHg with low probability for PAH
- The previous echo was performed 3 years ago with normal results

- Undergoes coronary angiography for evaluation of possible ischemia
    - Multivessel CAD, not suitable for revascularization, candidate for medical therapy
  - Lab tests
    - Hb: 13.5mg/dL
    - WBC: 7800 per microliter
    - Plt: 170.000/mcL
    - Cr: 0.9 mg/dL
    - Na: 136 mEq/L, K: 4.3 mEq/L
    - Mg: 1.8 mg/dL
    - AST & ALT: NL
    - TFT: NL
-



**What is the evidence-based approach  
to the medical treatment and follow-up  
in this patient?**

A decorative graphic consisting of four parallel, curved lines that sweep upwards from the bottom right towards the top right of the slide. The lines are light gray and have a slight gradient, giving them a three-dimensional appearance.



### Guideline Directed Medical Therapy Across Heart Failure Stages

Use this tool to reference guideline directed medical therapy (GDMT) across the four ACC/AHA stages of Heart Failure (HF) as outlined in the 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure. See the guideline for specific patient population criteria.

GDMT of major medication classes	Stage A	Stage B	Stage C & D		
	At-Risk for Heart Failure	Pre-Heart Failure	Stage C: Symptomatic Heart Failure & Stage D: Advanced Heart Failure HFrEF LVEF ≤40%	HFmEF LVEF 41-49%	HFpEF LVEF ≥50%
	SGLT2i in pts with DM (1)	SGLT2i in pts with DM (1)	ARNI in NYHA II-III; ACEI or ARB in NYHA II-IV (1)	Diuretics, as needed (1)	Diuretics, as needed (1)
		ACEI (1)	Beta blocker (1)	SGLT2i (2a)	SGLT2i (2a)
		ARB if ACEI intolerant (1)	MRA (1)	ACEI, ARB, ARNI (2b)	ARNI (2b)
		Beta blocker (1)	SGLT2i (1)	MRA (2b)	MRA (2b)
			Diuretics, as needed (1)	Beta blocker (2b)	ARB (2b)
			Hydro-nitrates for NYHA III-IV, in African American pts (1)		
Additional Medical Therapies once GDMT optimized	Optimal control of BP (1)	Optimal control of BP (1)	Ivabradine (2a)		
	Optimal management of CVD (1)	Optimal management of CVD (1)	Vericiguat (2b)		
			Digoxin (2b)		
			PUFA (2b)		
			Potassium binders (2b)		
	1 (strong)		2a (Moderate)		2b (Weak)



**Stage C & D**

**Stage C: Symptomatic Heart Failure & Stage D: Advanced Heart Failure**

HFrEF LVEF ≤40%	HFmrEF LVEF 41-49%	HFpEF LVEF ≥50%
ARNI in NYHA II-III; ACEi or ARB in NYHA II-IV (1)	Diuretics, as needed (1)	Diuretics, as needed (1)
Beta blocker (1)	SGLT2i (2a)	SGLT2i (2a)
MRA (1)	ACEi, ARB, ARNi (2b)	ARNi (2b)
SGLT2i (1)	MRA (2b)	MRA (2b)
Diuretics, as needed (1)	Beta blocker (2b)	ARB (2b)
Hydral-nitrates, for NYHA III-IV, in African American pts (1)		
<hr/>		
Ivabradine (2a)		
Vericiguat (2b)		
Digoxin (2b)		
PUFA (2b)		
Potassium binders (2b)		
2a (Moderate)	2b (Weak)	

