CHF: Non-Pharmacologic Treatment

Key Highlights from the Recommended Guideline

- Advise your heart failure patients to do moderate exercise, starting in a supervised setting.
- Advise your heart failure patients to limit their fluid and salt intake and monitor their weight daily.
- Immunize heart failure patients against influenza and pneumococcal pneumonia.

Scope: Health professionals involved in the care of heart failure patients

What steps should I take to get my CHF patients to exercise?

- Advise regular exercise for all heart failure patients with stable symptoms and impaired left ventricular systolic function. [Level of Evidence: Class IIa, Level B]
- Do a baseline graded exercise stress test to assess functional capacity, cardiac ischemia and obtain the patient’s optimal target heart rate for training. [Level of Evidence: Class IIa, Level B]
- For patients with stable NYHA Class II to III who have a left ventricular ejection fraction (LVEF) < 40% recommend 30-45 minute sessions 3-5 times weekly (including warm-up and cool-down periods). [Level of Evidence: Class IIa, Level B]
- Have patients train for both resistance training and aerobic activity at moderate intensity (eg: 60-80% of target heart rate). [Level of Evidence: Class IIa, Level B]

What advice can I give my patients to monitor and reduce fluid retention?

- Advise all patients with symptomatic heart failure to limit their salt intake in to 2-3 g daily (“no added salt”). [Level of Evidence: Class I, Level C]
- Advise those with more advanced heart failure and fluid retention to limit their salt intake to 1-2 g daily (“low-salt”). [Level of Evidence: Class I, Level C]
- Ask patients with renal dysfunction or ongoing fluid retention to monitor their daily morning weights and restrict fluid intake to 1.5-2 L daily. Patients with hyponatermia should restrict their fluid intake similarly. [Level of Evidence: Class I, Level C]

What other interventions should I consider for heart failure patients?

- Immunize eligible heart failure patients against pneumococcal pneumonia and influenza as respiratory infections may worsen heart failure. [Level of Evidence: Class I, Level C]
- Avoid use of the following therapies in heart failure patients:
  - Vitamin and herbal remedies, coenzyme Q10 or chelation therapy. [Level of Evidence: Class III, Level C]
  - Continuous positive airway pressure for central sleep apnea. [Level of Evidence: Class III, Level B]
  - Enhanced external counterpulsation. [Level of Evidence: Class III, Level C]
What system considerations can have an impact on heart failure outcomes?

- Consider referring heart failure patients to a specialist if they have:
  o recently been diagnosed or hospitalized,
  o complications of heart failure or comorbidities (e.g. ischemia, hypertension, valvular disease, syncope, renal failure), or
  o poor response to drug therapy. [Level of Evidence: Class I, Level C]

- Consider using specialized hospital-based clinics or disease management programs staffed by physicians, nurses, pharmacists and other health care professionals with expertise in heart failure management for assessment and management of higher risk patients with heart failure. [Level of Evidence: Class I, Level A]

- Refer patients with recurrent heart failure hospitalizations to these clinics for follow-up within four weeks of hospital discharge, or sooner when feasible. [Level of Evidence: Class I, Level A]

- Multidisciplinary care should include close clinical follow-up, patient and caregiver education, telemanagement or telemonitoring, and home visits by specialized heart failure health care professionals where resources are available. [Level of Evidence: Class I, Level A]

Levels of Evidence

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
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<tbody>
<tr>
<td>Class I</td>
<td>Evidence or general agreement that a given procedure or treatment is beneficial, useful and effective.</td>
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<tr>
<td>Class II</td>
<td>Conflicting evidence or a divergence of opinion about the usefulness or efficacy of the procedure or treatment.</td>
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<tr>
<td>Class IIa</td>
<td>Weight of evidence is in favour of usefulness or efficacy.</td>
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<tr>
<td>Class IIb</td>
<td>Usefulness or efficacy is less well established by evidence or opinion.</td>
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<tr>
<td>Class III</td>
<td>Evidence or general agreement that the procedure or treatment is not useful or effective and in some cases may be harmful.</td>
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Level A Data derived from multiple randomized clinical trials or meta-analyses.
Level B Data derived from a single randomized clinical trial or nonrandomized studies.
Level C Consensus of opinion of experts and/or small studies.

The above recommendations were derived from the following GAC endorsed guidelines:


Rating (out of 4): 🍌いちご