
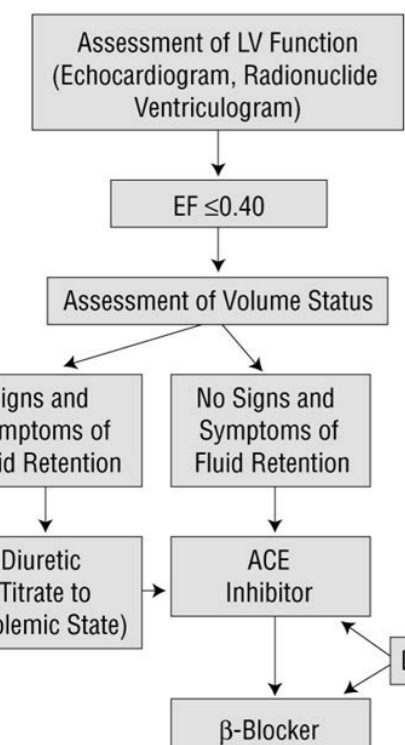


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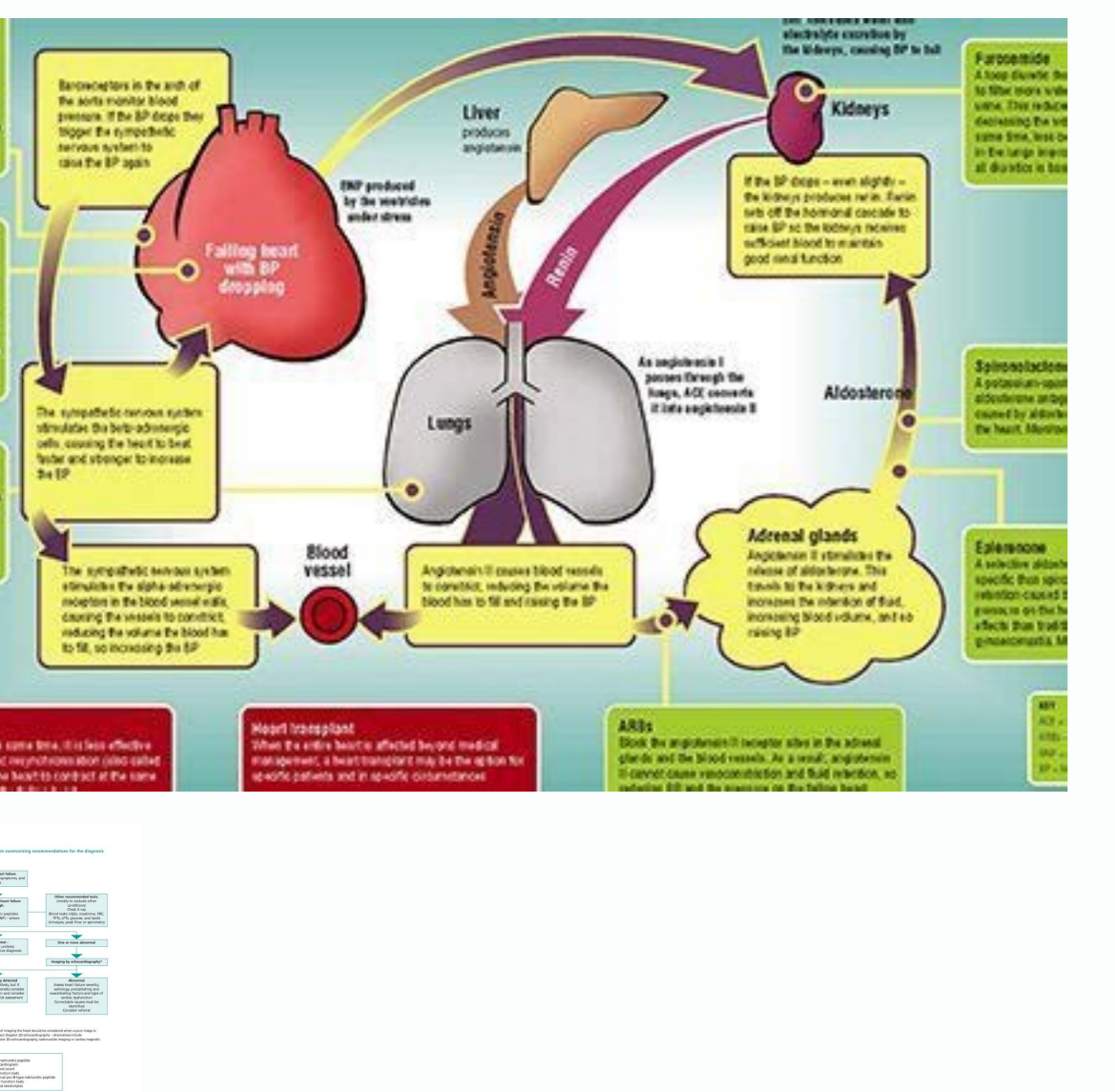
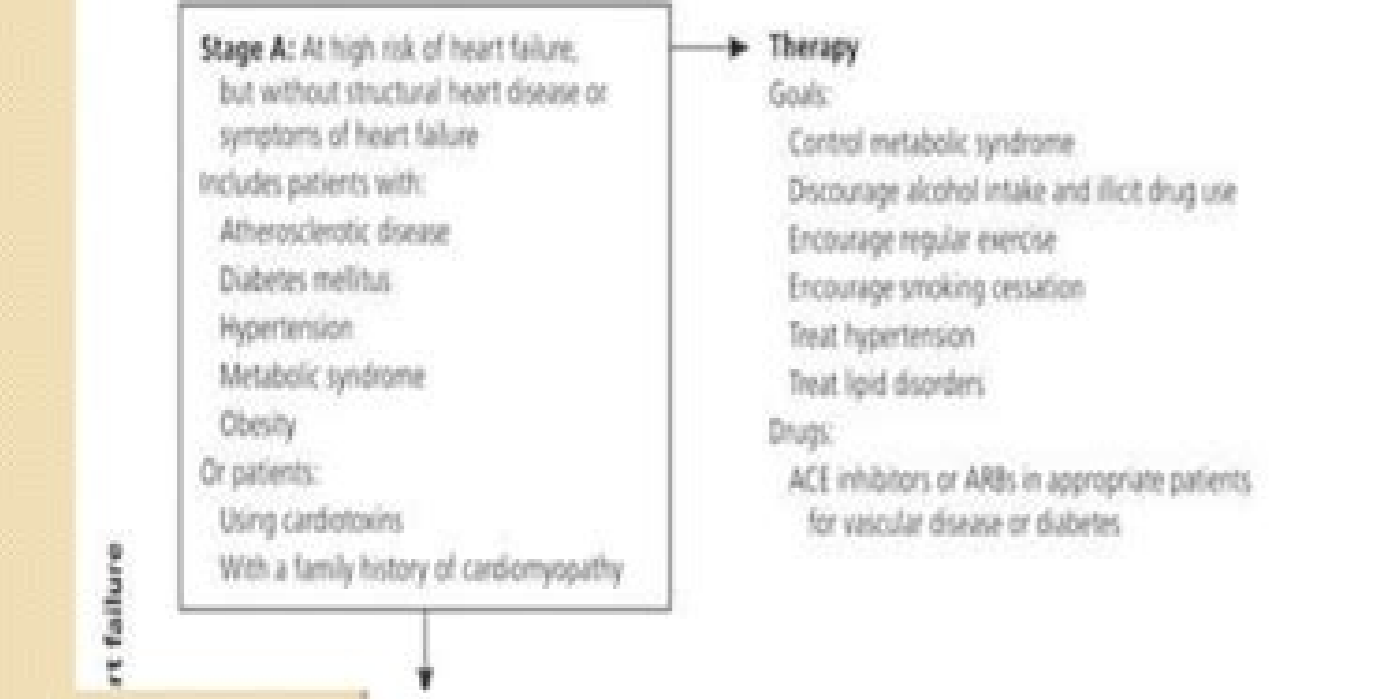
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Congestive heart failure treatment nice guidelines



CONGESTIVE HEART FAILURE GUIDELINE

Stages in the evolution of heart failure (HF) and recommended therapy by stage. FHx indicates family history of cardiomyopathy; MI, myocardial infarction; LV, left ventricular; and IV, intravenous.



Recommendation	COR	LOE
Diuretics are recommended in patients with HF and fluid retention.	I	C
ACE inhibitors are recommended for all patients with HF.	I	A
ARBs are recommended in patients with HF who are intolerant to ACE inhibitors.	I	A
Mineralocorticoid receptor antagonists are recommended in patients with HF and no contraindications.	IIa	A
Beta-blockers are recommended in patients with HF and no contraindications.	IIa	A
Calcium channel blockers are not recommended in patients with HF.	III	C

The following text is a detailed summary of the NICE guideline for the management of congestive heart failure, covering diagnosis, treatment goals, and the role of various medications.

Diagnosis: Diagnosis of heart failure is based on symptoms and signs, supported by echocardiography showing a reduced left ventricular ejection fraction (LVEF) of $\leq 40\%$. Other tests like BNP and chest X-ray can also support the diagnosis.

Treatment Goals: The primary goal is to improve symptoms and quality of life. Secondary goals include reducing the risk of hospitalization and mortality. Blood pressure should be maintained at $< 140/90$ mmHg.

Pharmacological Therapy:

- Diuretics:** Recommended for patients with HF and fluid retention. Start with furosemide 40 mg once daily and titrate to achieve clinical response.
- ACE Inhibitors:** Recommended for all patients with HF. Start with lisinopril 10 mg once daily and titrate to 40 mg once daily.
- ARBs:** Recommended for patients with HF who are intolerant to ACE inhibitors. Start with losartan 50 mg once daily and titrate to 150 mg once daily.
- Mineralocorticoid Receptor Antagonists (MRA):** Recommended in patients with HF and no contraindications. Start with spironolone 25 mg once daily and titrate to 50 mg once daily.
- Beta-blockers:** Recommended in patients with HF and no contraindications. Start with carvedilol 3.125 mg twice daily and titrate to 25 mg twice daily.
- Calcium Channel Blockers (CCB):** Not recommended in patients with HF.

Monitoring and Follow-up: Patients should be reviewed regularly to assess symptoms, signs, and medication tolerance. Blood pressure and renal function should be monitored closely.

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