

# 2023 FOCUSED UPDATE OF THE ESC GUIDELINES FOR CHRONIC HEART FAILURE

PRESENTED BY ROY STUART GARDNER | 26 AUGUST 2023



More than 10 RCTs have been released since the publication of 2021 HF guidelines, necessitating a focused update

**CHF**

HFmrEF	
Recommendation	Class
An SGLT2i ( <b>dapagliflozin or empagliflozin</b> ) is recommended in patients with HFmrEF to reduce the risk of HF hospitalization or CV death	IA

**Management of patients with HFmrEF**

- Diuretics for fluid retention (Class I)
- Dapagliflozin/Empagliflozin (Class I)
- ACEI/ARNI/ARB (Class IIb)
- MRA (Class IIb)
- BB (Class IIb)

First available algorithm on HFmrEF management (based on EMPEROR-Preserved and DELIVER trials)

**HFpEF**

HFpEF	
Recommendation	Class
An SGLT2i ( <b>dapagliflozin or empagliflozin</b> ) is recommended in patients with HFpEF to reduce the risk of HF hospitalization or CV death	IA

**Management of patients with HFpEF**

- Diuretics for fluid retention (Class I)
- Dapagliflozin/Empagliflozin (Class I)
- Treatment for etiology, CV and non-CV comorbidities (Class I)

Addition of dapagliflozin/empagliflozin use in the 2021 algorithm (based on EMPEROR-Preserved and DELIVER trials)

**AHF**

Pre-discharge and early post-discharge follow-up	
Recommendation	Class
An <b>intensive strategy of initiation and rapid up-titration of evidence-based treatment before discharge</b> and during frequent and careful follow-up visits in the first 6 weeks following an HF hospitalization is recommended to reduce the risk of HF rehospitalization or death	IB

**Comorbidities**

Prevention of HF in patients with T2D and CKD	
Recommendation	Class
In patients with T2D and CKD, SGLT2i ( <b>dapagliflozin or empagliflozin</b> ) are recommended to reduce the risk of HF hospitalization or CV death	IA
In patients with T2D and CKD, <b>finerenone</b> is recommended to reduce the risk of HF hospitalization	IA

Based on STRONG-HF trial

Based on EMPA-KIDNEY, DAPA-CKD, FIDELIO-DKD, FIGARO-DKD and pooled analyses

Class of recommendation 1: Evidence and/or general agreement that a given treatment or procedure is beneficial, useful, effective. Is recommended or is indicated. Level of evidence A: Data derived from multiple randomized clinical trials or meta-analyses. Level of evidence B: Data derived from a single randomized clinical trial or large non-randomized studies.