

FOCUSING ON HFpEF

Meeting the challenges of diagnosing and treating heart failure with preserved ejection fraction (HFpEF).



AMERICAN COLLEGE of CARDIOLOGY®



Did You Know ...

- HFpEF is a **common type of heart failure**, yet it remains underdiagnosed.
- It can be treated, and new and emerging therapies have shown promising results in clinical trials.
- HFpEF involves multiple systems and has heterogeneous causes, so care coordination is key.

3 Steps to Improve HFpEF Care

1 Know what to look for and when to screen for HFpEF.

HFpEF is common and often difficult to diagnose. As a general rule, suspect HFpEF for patients with **unexplained dyspnea or exercise intolerance** + high-risk features + a clustering of co-morbid conditions.

Other common symptoms: <ul style="list-style-type: none">• Edema• Fatigue• Unexpected weight gain• Palpitations• Lightheadedness• Waking up short of breath• Needing to sleep sitting up	Co-morbid conditions that contribute to and/or worsen HFpEF: <ul style="list-style-type: none">• Overweight/obesity• Type 2 diabetes• Atrial fibrillation• Coronary artery disease• Hypertension• Chronic kidney disease• Sleep apnea• Anemia• Lung disease	Patients with HFpEF have 5.5 other health conditions, on average <div><div>1 in 4 people with diabetes have HFpEF</div><div>40% of patients with newly diagnosed HFpEF also have AFib</div></div>
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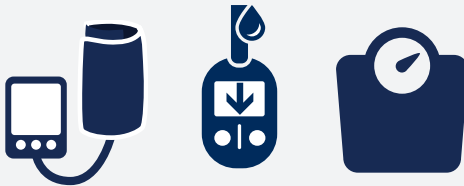

HFpEF is more common with age. Females have a higher risk of developing HFpEF.

2 Ensure proper diagnosis by ordering the right tests and workup.



A “normal” echocardiogram does **not** exclude the diagnosis of HFpEF. Diagnosis is usually confirmed using biomarker testing, stress testing, imaging, and/or heart catheterization. H2FPEF and HFA-PEFF risk scores can also help identify patients at high risk of HFpEF.

3 Prescribe evidence-based treatments that significantly improve symptom burden, functional status and quality of life.

Guideline-Directed Medical Therapy <ul style="list-style-type: none">• Diuretics - Class 1• SGLT2 inhibitors (dapagliflozin, empagliflozin) - Class 2a• ARNI (sacubitril/valsartan) - Class 2b• MRA (spironolactone) - Class 2b• ARB (candesartan, losartan, valsartan) - Class 2b	 New and emerging treatments <ul style="list-style-type: none">• nsMRA (finerenone) - newly approved for LVEF ≥ 40% Consider for functional benefit <ul style="list-style-type: none">• Anti-obesity medication, such as GLP-1 receptor agonists (should be considered in patients with HFpEF + obesity regardless of diabetes)	
Focus on lifestyle changes 	Optimally manage other conditions such as obesity, hypertension, and diabetes 	Educate patients about HFpEF – it's not just limited to the heart 

For information to educate your patients about HFpEF, visit **CardioSmart.org/HeartFailure**.

Scan the QR code to view the 2023 ACC Expert Consensus Decision Pathway on Management of Heart Failure With Preserved Ejection Fraction.

