

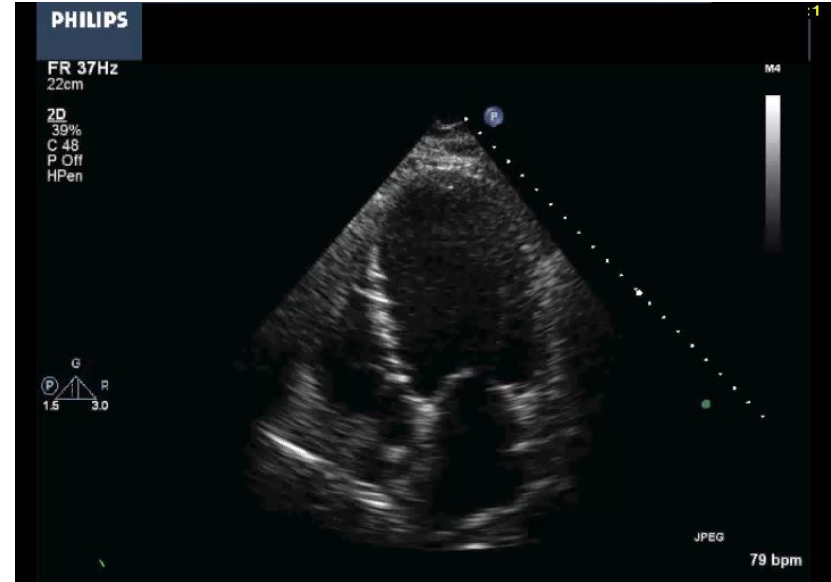
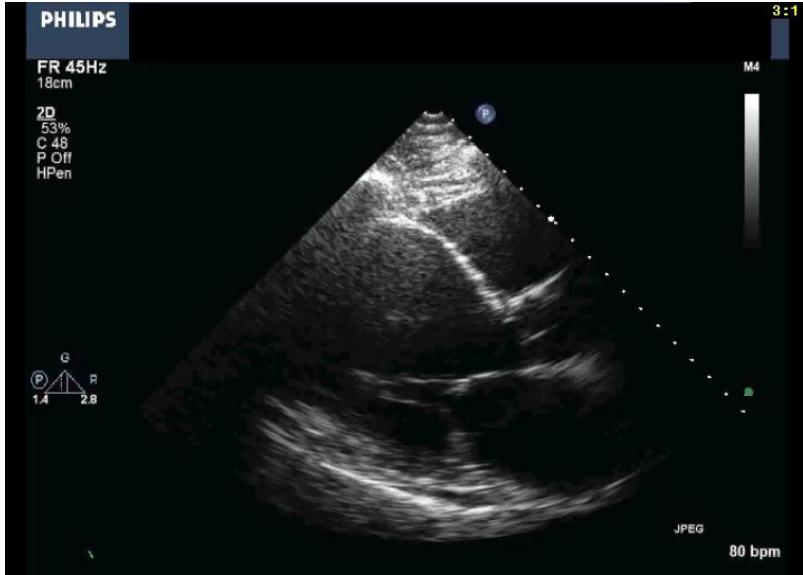
# Advanced Heart Failure Case Study

<p>Patient Case History</p>	<p>A 65 y/o man with chronic systolic heart failure comes to the office with progressive heart failure symptoms (dyspnea, fatigue) and a 10# unintentional weight loss. He is having more difficulty carrying on ADLs. He also has nocturnal dyspnea. He complains of chest pain and has previously been found to have 3-V CAD not amenable to revascularization. He had 2 ICD shocks several weeks ago and a heart failure hospitalization 1 month prior.</p> <p>Medications: ASA 325 mg daily, insulin, Lisinopril 10 mg daily, metoprolol succinate 150 mg daily, SL NTG prn, spironolactone 25 mg daily, simvastatin 20 mg daily and torsemide 40 mg daily</p> <p>Exam: Afeb, P=92, BP=88/70, fine basilar crackles, JVP to jaw, regular rhythm, S3, 2/6 systolic murmur at the apex radiating to the axilla. The liver was enlarged and pulsatile. There was LE edema and the extremities were cool.</p> <p>Cr=1.4 mg/dL,</p>
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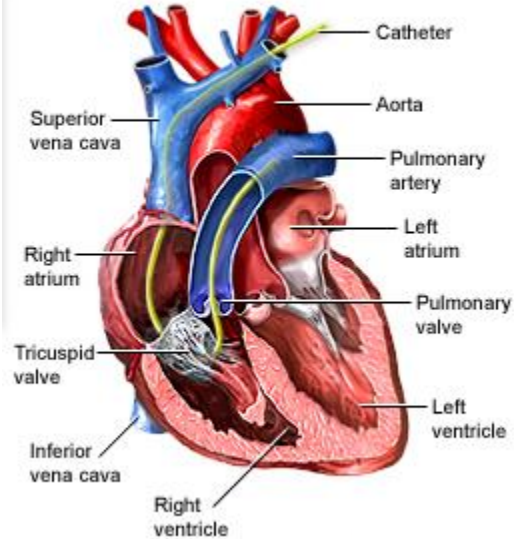


# Advanced Heart Failure Case Study

3+ mitral insufficiency



# Advanced Heart Failure Case Study



RHC:

RA=7

PA=58/25

PCWP=28

CI=1.8



# Advanced Heart Failure Case Study

Question	Which of the following is <b>true</b> regarding this patient?
Question Responses	<ul style="list-style-type: none"><li>A. This patient should be treated with more diuretics prior to making a decision about candidacy for advanced heart failure therapy</li><li>B. The degree of right heart failure precludes treatment with transplantation or VAD</li><li>C. Valsartan/sacubitril should be initiated based upon the results of the PARADIGM trial in this patient population</li><li>D. This patient should be referred to a center that can provide VAD or cardiac transplantation</li><li>E. This patient's age precludes successful treatment with either VAD or cardiac transplantation</li></ul>



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<p>Rationale &amp; References (Recommended but optional)</p>	<p>This patient meets the definition of advanced heart failure and has no obvious contraindications for transplant or VAD. He was ultimately treated with inotropes without improvement in his symptoms then with an IABP prior to VAD. He was not sufficiently stable to wait for transplantation.</p> <p>While increasing diuretics might be a reasonable approach, the RA pressure is not elevated. Further diuresis may only result in hypotension and azotemia.</p> <p>The problem is that we were unable to unload the LV further. Despite the elevated PA pressures, the RA pressure is low suggesting reasonable RV performance. Prior studies have shown that a CVP:PCWP ratio of <math>&gt; 0.6</math> predicts RV failure following VAD</p> <p>The PARADIGM trial studied patients with Class II-IV patients and demonstrated that Valsartan-Sacubitril reduced heart failure hospitalizations + mortality relative to enalapril alone. However, <math>&lt; 1\%</math> of patients in the trial had NYHA Class IV symptoms.</p> <p>The upper limits of age are not well defined for either transplantation or VAD. Instead, advanced heart failure programs are more focused on physiological age, frailty and end-organ function.</p>
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