

American College of Cardiology issues guide for managing in-patient heart failure

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The American College of Cardiology has issued updated guidance on



managing patients hospitalized for heart failure (HF) to provide a decision-making pathway that tailors therapy to clinical trajectory to better manage disease.

The updated Expert Consensus Decision Pathway incorporates the latest evidence to provide guidance for clinicians to use at the point of care in conjunction with the 2022 ACC/AHA Heart Failure Guideline.

The "2024 ACC Expert Consensus Decision Pathway on Clinical Assessment, Management, and Trajectory of Patients Hospitalized With Heart Failure Focused Update" is published in *JACC*.

Heart failure refers to several conditions that can affect the way the heart works, its structure or both. Over time, <u>heart failure</u> makes it harder for the heart to pump enough blood and oxygen to meet your body's needs. It affects nearly 6.7 million Americans, and that number continues to increase.

Inpatient admissions for HF are associated with high mortality—20% to 30% risk of death within one year—and readmissions and subsequent health events are common. HF symptoms often improve quickly during HF hospitalization, but episodes of worsening HF can mark a fundamental change in the HF <u>trajectory</u>.

"Clinicians should be assessing and optimizing therapy during a hospital stay to not only provide a good clinical response in the hospital but also to address a patient's long-term trajectory after discharge," said Steven Hollenberg, MD, FACC, ECDP writing committee chair and director of Cardiac Intensive Care at the Emory Heart & Vascular Center.

"The updated ECDP places increased emphasis on establishing all four pillars of guideline-directed <u>medical therapy</u> (GDMT) for HFrEF in the hospital, when possible, along with ensuring appropriate follow-up to



monitor tolerance and continue medication."

The ECDP specifically addresses management strategies in patients with different short-term clinical trajectories in the hospital, provides updates on alternative agents and dosing strategies for diuresis, updates communications and follow-up recommendations to incorporate telehealth, and provides additional emphasis on long-term disease trajectory, including care discussions and identification of patients who may need palliative care.

More information: www.jacc.org/

Provided by American College of Cardiology

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