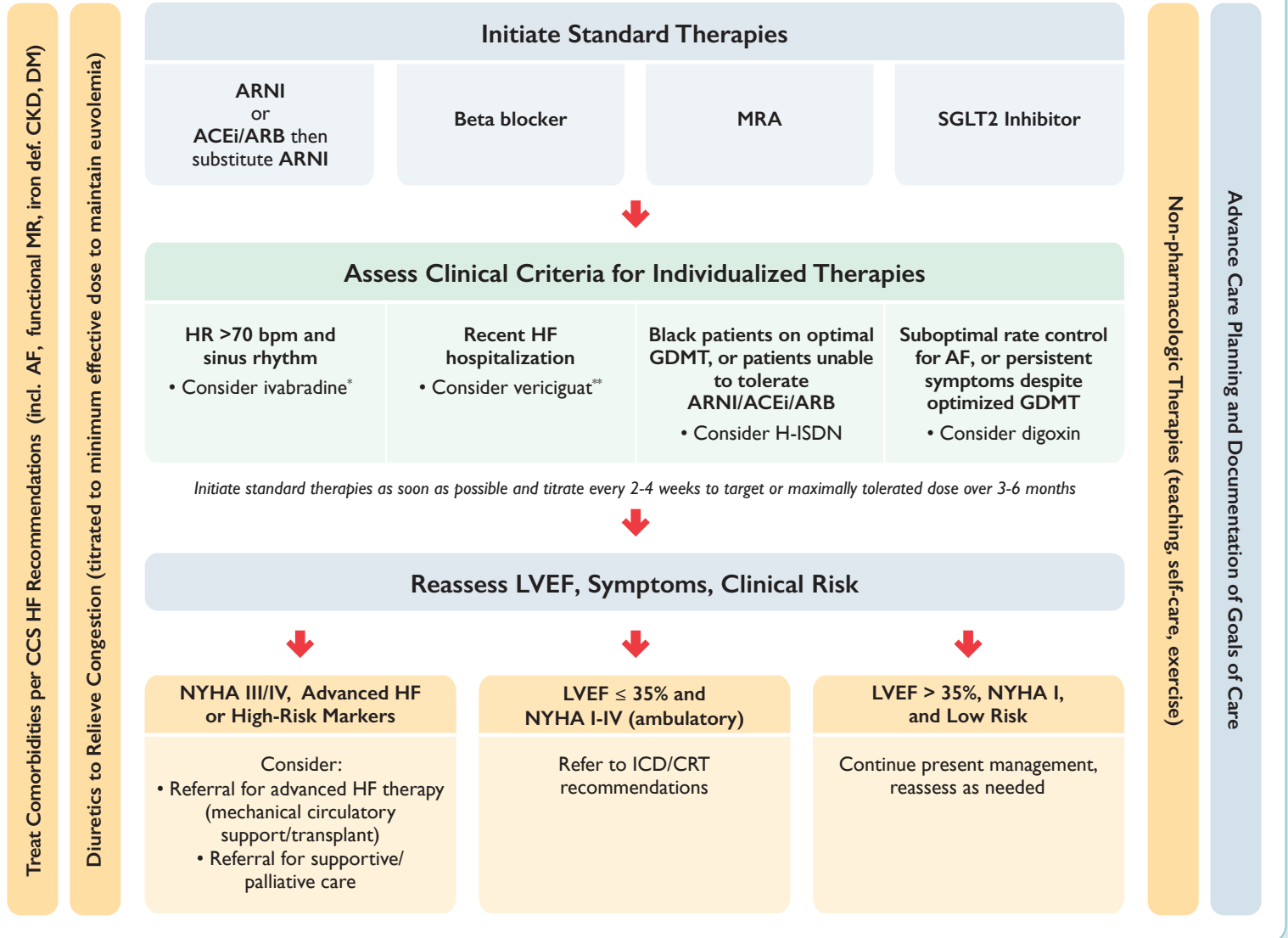




# SIMPLIFIED TREATMENT ALGORITHM FOR HFrEF

Outlining the role of newer pharmacologic therapies for HFrEF.

## HFrEF: LVEF $\leq$ 40% and Symptoms



Standard therapies are applicable to most patients with HFrEF for reducing cardiovascular mortality and hospitalization for HF. Additional, pharmacologic therapies should be individualized on the basis of clinical factors as outlined in the text. Every attempt should be made to initiate and titrate therapies with the goal of medication optimization by 3-6 months after a diagnosis of HFrEF. Throughout the patient journey, nonpharmacologic therapies should be prescribed, along with judicious use of diuretics to maintain euvoolemia. Evidence also supports interventions to treat important comorbidities including iron deficiency, atrial fibrillation (AF), and functional mitral regurgitation (MR) in selected patients.

ACEi, angiotensin converting enzyme inhibitor; ARB, angiotensin receptor blocker; ARNI, angiotensin receptor-neprilysin inhibitor; CCS, Canadian Cardiovascular Society; CKD, chronic kidney disease; CRT, cardiac resynchronization therapy; DM, diabetes mellitus; GDMT, guideline-directed medical therapy; ICD, implantable cardioverter defibrillator; LVEF, left ventricular ejection fraction; MRA, mineralocorticoid receptor antagonist; NYHA, New York Heart Association; SGLT, sodium glucose transport.

\* Health Canada has approved ivabradine for patients with HFrEF and heart rate (HR)  $\geq$  77 bpm in sinus rhythm.

\*\* Vericiguat is not yet approved for use in Canada

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