- I'm Michelle Kittleson, I'm a heart failure transplant cardiologist, at Cedar-Sinai in Los Angeles, California, and I'm here to talk about the new 2022 ACC/AHA/HFSA guideline for the management of heart failure.

**Highlights of the New 2022 AHA/ACC/HFSA Guideline for the Management of HF**

So I'm particularly excited about four advances in the new guidelines. Number one, I think it's fantastic that the categorization of ejection fraction includes the 41 to 49% particularly, making a special category and distinction for heart failure with improved ejection fraction, because it's so important to follow your patient's trajectories, and if you achieve success, improvement and ejection fraction, don't stop the guideline directed medical therapy that likely got them there. Which leads me to my second advance that I'm very excited about, which is the fact that the guidelines truly support and celebrate the importance of quadruple therapy, the four essential pillars of guideline directed medical therapy best given with an angiotensin receptor neprilysin inhibitor, evidence based beta blocker, mineralocorticoid antagonist and SGLT2 inhibitor. The third area I'm very excited about is cardiac amyloidosis, which has now been given an entire section in the new guidelines for diagnosis and treatment really indicating how important this has become in the field of cardiology, with under recognised prevalence with ease of diagnosis, non-invasively for TTR amyloidosis and now an FDA approved therapy to improve survival and reduce heart failure hospitalizations in patients with amyloidosis. And finally, I'm so excited that the new guidelines include value statements for many therapies, balancing the costs and the benefits. And in addition, focuses on vulnerable populations and disparities and strategies to a improve them.

**Strategies that can Help Clinicians to Incorporate the Recommendations into Clinical Practice**

You know, I think a guideline document can be very daunting over a hundred pages, almost 200 recommendations, countless tables, figures. How do you navigate this? So I have a strategy. Number one, whenever you see a new guideline document, read the top 10 take home messages that tell you what the architects of the guideline found most important. Number two, look through the table of contents get a sense of what's actually in there. Number three, look at the tables and the figures, so high yield for diagnostic therapeutic algorithms. Then the next time you're faced with a patient, you don't know what to do. You know that your answer may be in the guidelines, use the search function, thank goodness for the search function and hone in on the area it can help you. I think if you use the guidelines as your trusted and reliable resource of how to care for patients and know to feel comfortable going to them, you will more easily incorporate them in your clinical practice.

**Barriers and Opportunities**

You know, there's no question that there exists therapeutic inertia on the part of clinicians, on the part of patients, on the part of systems. But I would say whenever you encounter a patient with heart failure the most important questions to ask yourself are if this is heart failure with improved ejection fraction, make sure you don't stop guideline directive medical therapy. If there's a patient with heart failure with reduced EF are they on the four essential pillars? And if not, why not? If this patient has a preserved ejection fraction, am I missing cardiac amyloidosis? And with every patient, is there something I can do as their clinician to assist with these issues of disparity and improve their lives.