

# ESC 2023 Focused Update – Acute & Chronic Heart Failure

## HFpEF/HFmrEF

**SGLT2 inhibitors**  
to reduce HF hospitalisation & CV death<sup>1,2</sup>



### Recommendation

An SGLT2 inhibitor (dapagliflozin or empagliflozin) is recommended in patients with HFpEF to reduce the risk of HF hospitalisation or CV death.

Class<sup>a</sup> Level<sup>b</sup>

I A

An SGLT2 inhibitor (dapagliflozin or empagliflozin) is recommended in patients with HFmrEF to reduce the risk of HF hospitalisation or CV death.

I A

## Acute HF

**Intensive initiation**  
to reduce HF rehospitalisation or death<sup>3</sup>

**Rapid up-titration**  
to reduce HF rehospitalisation or death<sup>3</sup>



### Recommendation

An intensive strategy of initiation and rapid up-titration of evidence-based treatment before discharge and during frequent and careful follow-up visits in the first 6 weeks following a HF hospitalisation is recommended to reduce the risk of HF rehospitalisation or death.

Class<sup>a</sup> Level<sup>b</sup>

I B

## T2DM & CKD

**SGLT2 inhibitors**  
to reduce HF hospitalisation or CV death<sup>4</sup>

**Finerenone**  
to reduce HF hospitalisation<sup>4</sup>



### Recommendation

In patients with T2DM and CKD, SGLT2 inhibitors (dapagliflozin or empagliflozin) are recommended to reduce the risk of HF hospitalisation or CV death.

Class<sup>a</sup> Level<sup>b</sup>

I A

In patients with T2DM and CKD, finerenone is recommended to reduce the risk of HF hospitalisation.

I A

## Chronic HF

**IV iron**  
to alleviate symptoms and improve QoL<sup>5</sup>



### Recommendation

Intravenous iron supplementation is recommended in symptomatic patients with HFrEF and HFmrEF and iron deficiency, to alleviate HF symptoms and improve quality of life.

Class<sup>a</sup> Level<sup>b</sup>

I A

Intravenous iron supplementation with ferric carboxymaltose or ferric derisomaltose should be considered in symptomatic patients with HFrEF and HFmrEF and iron deficiency, to reduce the risk of HF hospitalisation.

IIa A



### Expert Advice on Implementation

- Early initiation across the **whole ejection fraction** spectrum
- Improved outcomes seen **within 2 weeks** of SGLT2i initiation
- Use **apps and electronic devices** to aid implementation
- Education at **diagnosis and discharge**
- Efforts should focus on **uptake and continuation** of GDMT



### How to Improve HF Management in the Future

- Have **diagnostic tests available** within the community
- Provide **regular monitoring of NT-proBNP** in patients with T2DM
- Provide **annual testing of uACR** in patients with renal disease in primary care
- Develop **solutions with AI** to enable people to perform echocardiogram without any specific training required