Principles of CHF Management

- Daily weights are the most impactful way to monitor CHF and case management is highly effective
- Aldosterone inhibitors are underutilized in systolic Class III/IV CHF and reduce mortality by 11% in two years
- Entresto (sacubitril/valsartan) is modestly effective for systolic Class III / IV CHF at a cost of $4,400 yearly

Management of Cardiovascular Diseases

Screening and Testing

- Routine ischemia testing is not indicated in stable CAD
- Treadmill Exercise Stress Test (EST) is the most cost effective test when ECG is normal
- Coronary CT angiography leads to excessive catheterizations without improvement in outcomes compared to ischemia testing
- Preoperative ischemia testing not needed in patients who can achieve 4 METS (climb one flight of stairs, grocery shopping with cart) of activity without CV symptoms
- Screening for asymptomatic carotid stenosis is not indicated
- Cerebrovascular imaging is rarely indicated for syncope

Atrial Fibrillation (AF) Management

- 27% of AF patients are anticoagulated inappropriately and decision to treat should be based upon CHA²DS₂VASc score of 2 or greater
- Direct Oral Anticoagulant (DOAC) therapy is indicated for AF if time in therapeutic range on warfarin is under 70%
- In the absence of systolic CHF, rate control and rhythm control for AF have equal outcomes
- Recurrence of AF post ablation is 30-50% at 5 years

Medical Management

- LDL levels can be reduced up to 70% with rosuvastatin/ezetimibe
- PCSK-9 inhibitors are infrequently needed
- Peripheral Artery Disease (PAD) is optimally managed with risk factor control in the absence of lifestyle limiting symptom
- Aldosterone blockade or amiloride are the most effective therapies for resistant hypertension
- Syncope is often mismanaged; refer to the algorithm in the Cleveland Clinic Journal of Medicine for optimal management (Figure 1. Management of syncope)
- Echo for Patent Foramen Ovale is indicated for cryptogenic stroke under age 60

Shared Decision Making

- Palliative care evaluation should be obtained prior to Transcatheter Aortic Valve Replacement (TAVR)
- Shared decision making should be used prior to defibrillator placement

References:

1. NEJM, 341, 709-717. doi:10.1056/NEJM199909023411001
4. JAMA Internal Medicine, 177(11), 1623-1631. doi:10.1001/jamainternmed.2017.4772