WEBINAR

Tuesday, 31 August 2021
7.00–8.00 pm AEST

HEART FAILURE: HOW A TEAM APPROACH CAN OPTIMISE PATIENT CARE

Heart Foundation

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COLLABORATION

The NPS MedicineWise program on heart failure has been developed in collaboration with the National Heart Foundation of Australia

This program is funded by the Australian Government Department of Health

MEET THE PANEL

A/Prof Ralph Audehm

Melissa Chapman

Dale Richardson

Grace Castro

Prof Andrea Driscoll

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DISCLOSURE

Associate Professor Ralph Audehm has received honoraria from:

Astra Zeneca; Aspen Pharmacare; Eli Lily; Novartis and Roche

Professor Andrea Driscoll has received honoraria from:

Novartis and Astra Zeneca – Advisory board member and given invited presentations for them.

FOCUS OF THE WEBINAR

- Develop an evidence-based treatment plan including pharmacological and non-pharmacological strategies to improve the care of people with heart failure
- Describe the roles of a GP, nurse practitioner and pharmacist as part of a multidisciplinary team to improve the quality of life for people with heart failure
- Identify when to refer people with heart failure to a cardiologist and support services to reduce heart failure hospitalisations

Information presented is based on the National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Guidelines for the Prevention, Detection, and Management of Heart Failure in Australia 2018

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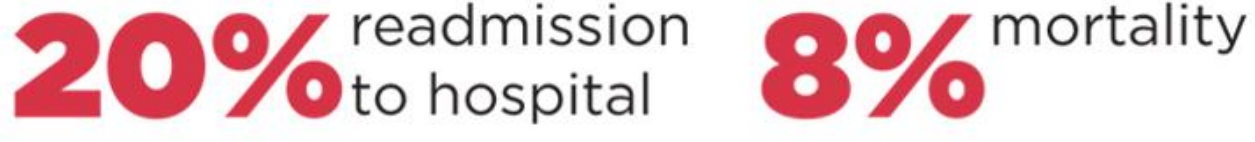
HEART FAILURE

- Affects 480,000 Australians
- Over 60,000 new diagnoses every year
- Estimated to affect 750,000 Australians by 2030[1]
- Associated with high rates of hospitalisation and mortality[2]

All-cause readmission and all-cause mortality 30 days after hospitalisation with heart failure[2]



- Only 50% of people with heart failure are alive 5 years after diagnosis[3]

1.Chan YK, Tuttle C, Ball J, et al. Current and projected burden of heart failure in the Australian adult population: a substantive but still ill-defined major health issue. BMC Health Serv Res 2016;16:501. https://www.ncbi.nlm.nih.gov/pubmed/27654659. **2.** Al- Omary et al Heart Lung Circ. 2018, 27-917-27
3. Mamas MA, Sperrin M, Watson MC, et al. Do patients have worse outcomes in heart failure than in cancer? A primary care-based cohort study with 10-year follow-up in Scotland. Eur J Heart Fail 2017;19:1095-104. https://pubmed.ncbi.nlm.nih.gov/28470962/.

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CLASSIFICATION GUIDES MANAGEMENT

Classification of heart failure (HFrEF or HFpEF) guides management

Heart failure with **reduced** ejection fraction (HFrEF)

LVEF < 50%, symptoms ± signs of heart failure.[2]

Just under half of people with heart failure, 66% male.[3] For men, generally evenly distributed across age groups; for women, increases with age. Generally fewer comorbidities compared to HFpEF.[2]

Management

Pharmacotherapy, non-pharmacological treatments, device therapy.

Medicines should be continued long-term even if LVEF improves, to decrease the risk of recurrence (unless a reversible cause has been identified and corrected).[2,4,5]

Heart failure with **preserved** ejection fraction (HFpEF)

LVEF ≥ 50%, symptoms ± signs of heart failure and objective evidence of relevant structural heart disease and/or diastolic dysfunction without an alternative cause.[2]

Just over half of people with heart failure, 67% female.[3] Generally older, with multiple comorbidities (typically obesity, diabetes, hypertension, atrial fibrillation).[2,3]

Management

More difficult to treat than HFrEF. No medicine has been shown to improve survival.[6]

Management aims to reduce congestion and manage comorbidities.[2]

2. National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Guidelines for the prevention, detection, and management of heart failure in Australia 2018.
3. Chan YK et al BMC Health Serv Res 2016;16:501
4. Sindone AP et al MedicineToday 2019;20:22-27
5. Atherton JJ et al Medicine Today 2019;20:14-24
6. Australian Medicines Handbook. Heart Failure. Adelaide: AMH Pty Ltd 2020.

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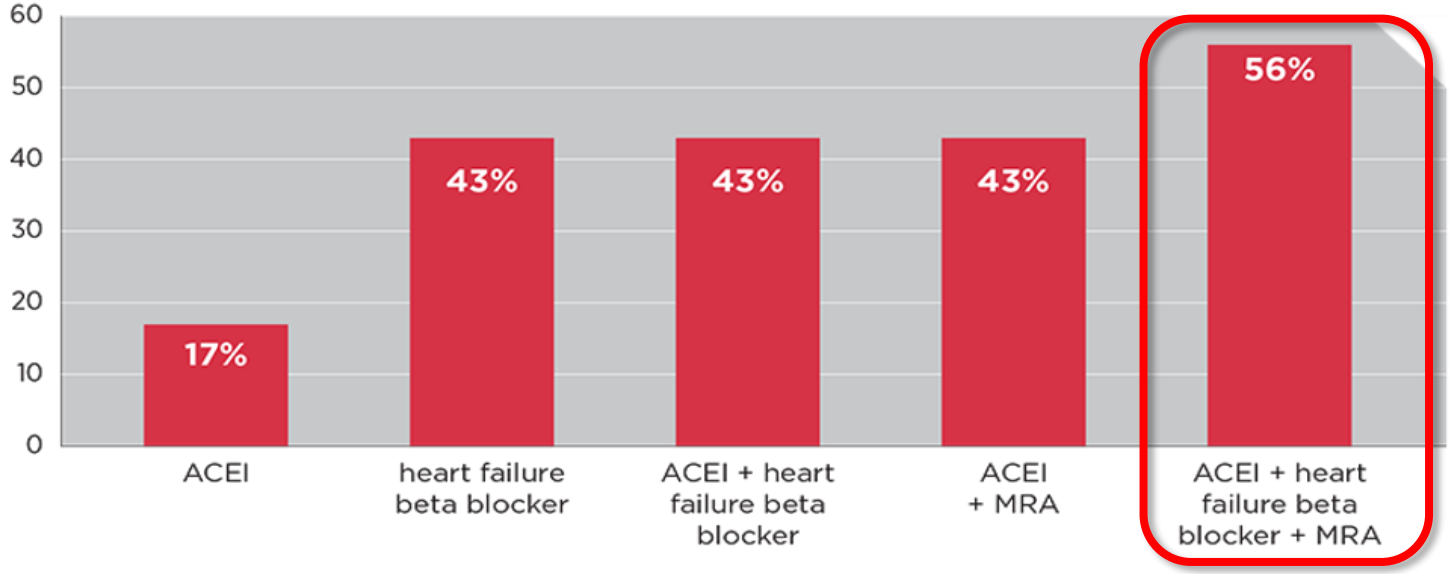
PHARMACOLOGICAL MANAGEMENT OF HFREF

Figure 1: Percentage reduction in all-cause mortality over 1–3 years for people with HFrEF on selected, initial heart failure medicines versus placebo[7]



A combination of all 3 recommended medicines for patients with HFrEF reduced deaths (from any cause) over 1–3 years by 56% compared to placebo

7. Burnett H et al. Circ Heart Fail 2017;10:e003529

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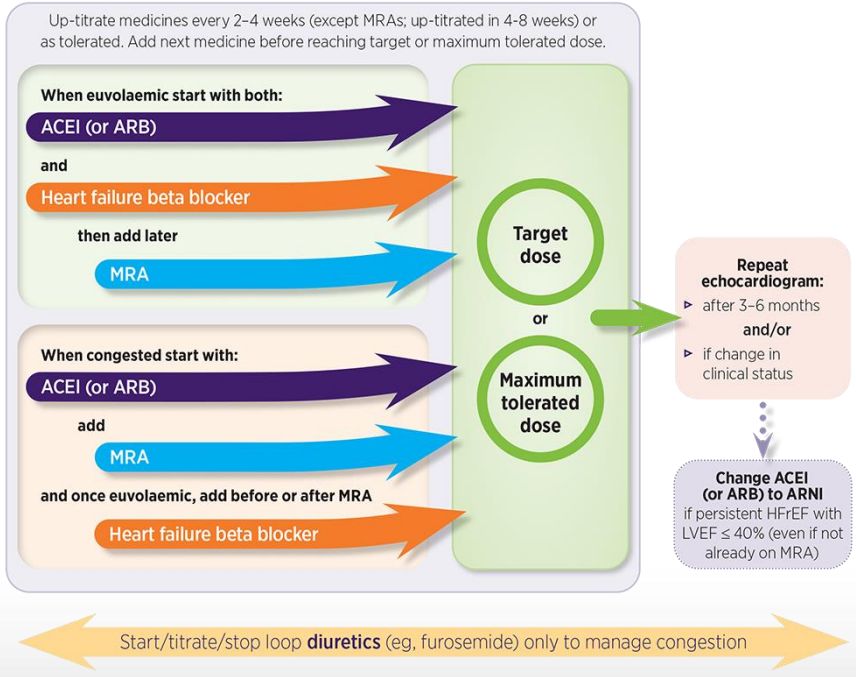
HFrEF:
ACEI + HEART FAILURE BETA BLOCKER + MRA

Start at low doses, up-titrate to target or maximum tolerated dose

Figure 2: Initial pharmacological management for people with HFrEF[2,6,18] *



HFrEF = heart failure with reduced ejection fraction
ACEI = angiotensin-converting enzyme inhibitor
ARB = angiotensin receptor blocker
ARNI = angiotensin receptor neprilysin inhibitor
MRA = mineralocorticoid receptor antagonist

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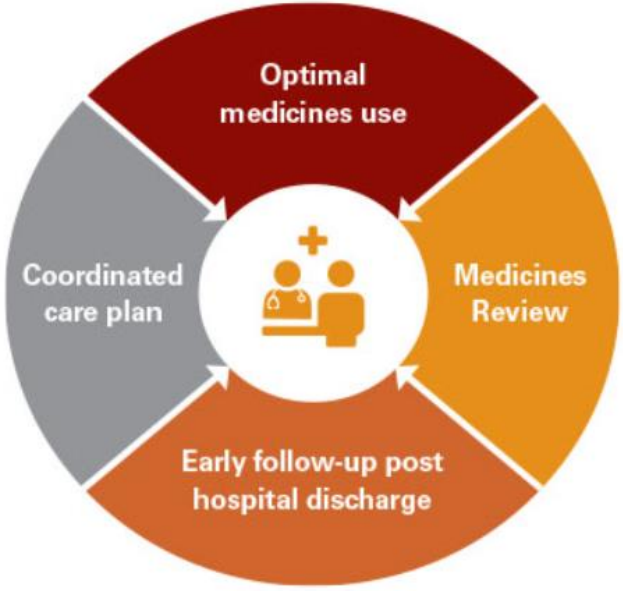
MULTIDISCIPLINARY APPROACH TO CARE

Figure 3: A coordinated care plan improves patient outcomes[8]



Referral to a multidisciplinary heart failure disease-management program is recommended in patients with heart failure associated with high-risk features to decrease mortality and rehospitalisation.[9]

8. Vitry A et al. General practitioner management plans delaying time to next potentially preventable hospitalisation for patients with heart failure. Intern Med J. 2014; 44: 1117-23
9. National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Guidelines for the prevention, detection, and management of heart failure in Australia 201

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CASE 1

- Mr RA; 62 yo a keen golfer
- Past stemi – 5 years ago; hypercholesterolaemia, HT
- Medication: Ramipril 5mg daily; aspirin 100mg daily; rosuvastatin 20mg daily; Meloxicam 15mg;
- Bloods 1 month ago FBE/U&E/LFTs/Lipids – all good and at target; HbA1c 6.1% (prediabetes)
- You review him via a care plan

CASE 1 –O/E

- BP 135/80; P87 regular; JVP 3cm; chest clear, SOA +; no ascites
- Weight 82 kgs; height 177; BMI 28
- Drinks 1 bottle wine per week, ex smoker (5 years)
- He has had no chest pain since his AMI.
- He has been more tired lately, he has noted it is harder to play the 18 holes of golf than it used to be but he thought he was just getting old
- There is no change on his ECG compared to one 2 years ago

CASE 1

- You check his notes and he did have an echo 5 years ago – it showed an old anterior infarct with hypokinesis of the wall and an EF of 45%
- You start frusemide 40mg, and organise an echo. He feels much better after the addition of frusemide
- You refer him to cardiology OPD which will be in 3 months time
- He is euvolaemic JVP ?2 cm, no SOA, he is sleeping flatter!

CASE 1

- Even though he feels better he is not “stable”
- 34 % of people with NYHA 1-2 will be dead in 3 years!
- Should initiate a HF beta blocker as euvolaemic now
- Review in 2 weeks – swap the frusemide with Aldactone, rpt U&Es before next appt
- Review 2 weeks BP 128/70 p72 – up-titrate heart failure beta blocker or ACE inhibitor
- Then maybe monthly until his cardiology appt

1. Ahmed A. A propensity matched study of New York Heart Association class and natural history end points in heart failure. Am J Cardiol. 2007;99(4):549-553

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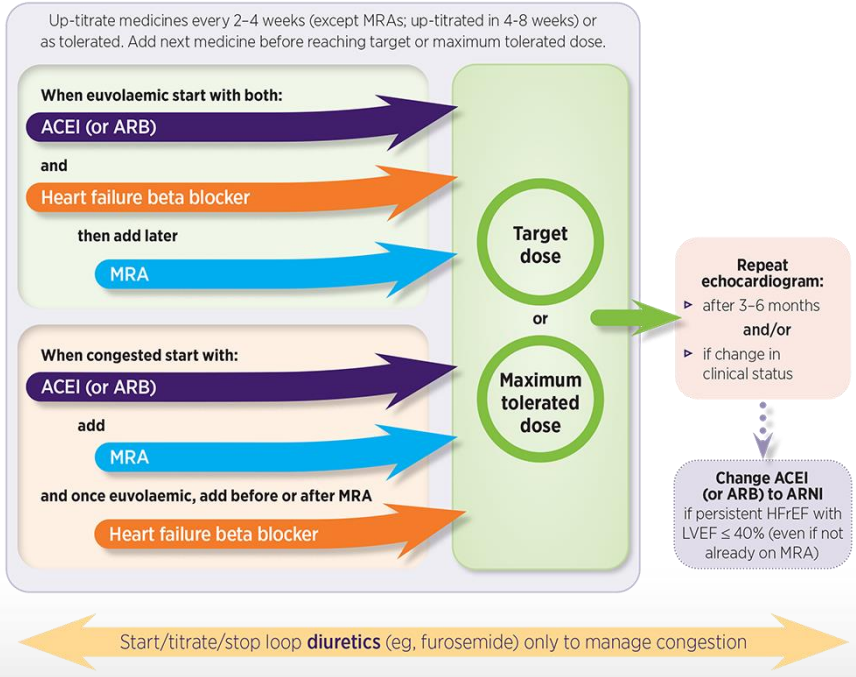
Figure 2: Initial pharmacological management for people with HFrEF[2,6,18] *



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BENEFITS OF HOME MEDICATION REVIEWS (HMR)

- Collaborative approach to medicines reduces risk of hospital admission
- Clinical trials have demonstrated benefit of HMRs in reducing medicine and medical misadventure time after time
- An Australian study of veterans with heart failure found that pharmacist-led home medicines review delayed the time to next hospitalisation[10]
- HMRs support numerous patient outcomes
  - Quality use of medicine
  - Minimise adverse medicine events
  - Patient education, leading to better adherence

10. Australian Government Department of Veteran's Affairs. Veteran's Mates 2004-2010- Veterans' medicines advice and therapeutic educational services program. Adelaide: University of South Australia - Quality Use of Medicines and Pharmacy Research Centre, 2020. https://www.veteransmates.net.au/documents/10184/12685/Veterans'+MATES+Report+2004+-+2010/d66caf6b-fc97-492d-8d87-93370ce24303?version=1.4

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WHAT CAN PHARMACISTS DO FOR PATIENTS WITH HEART FAILURE?

- Identify medicines that may exacerbate/precipitate heart failure
  - NSAIDs, Diltiazem/Verapamil, TCAs, Corticosteroids[11]
- Simplify medicine regimens for adherence improvement
  - Reminders, once daily formulations, timing of doses
- Correct common medicine issues or side effects
  - Dry cough (ACEI), nightmares (Beta blockers), administration with food
- Optimise co-morbidity therapy
  - Diabetes, Asthma/COPD, Depression, AF

11. Heart Online (2016) Potentially harmful drugs to avoid in heart failure https://www.heartonline.org.au/media/DRL/Potentially_harmful_drugs_to_avoid_in_heart_failure.pdf

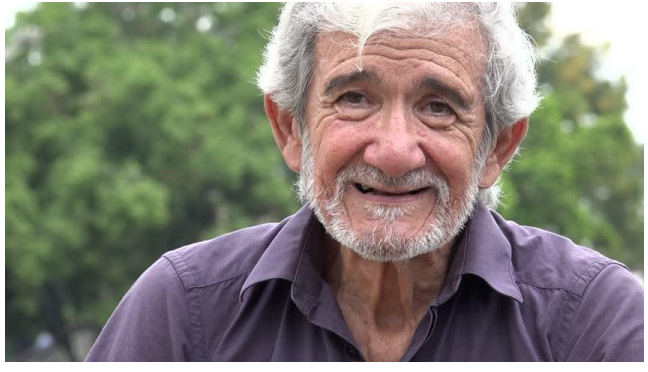
CASE STUDY

Meet Sam…

- 78 yrs old – referred for HMR due to concerns over efficacy of medicine and polypharmacy
- Hx Hypertension, COPD/asthma, T2DM, osteoarthritis (knee) and hypercholesterolaemia

Medicines list:

- Metformin 1000mg XR nocte
- Linagliptin 5mg mane
- Rosuvastatin 10mg nocte
- Perindopril 5mg mane



- Metoprolol tartrate 50mg bd
- Cartia tablets100mg mane
- Seretide inhaler 250mcg/25mcg 2 puffs bd
- Salbutamol inhaler 100mcg 2 puffs prn up to 12 times daily
- Vitamin D tablets1000IU mane
- Paracetamol XR tablets 665mg 2 tds

CASE STUDY

- Been taking celecoxib without GP knowledge
- Explained he had been experiencing some worrying symptoms
  - Unable to sleep – needs extra pillows to prop himself up due to breathing difficulties
  - Dry cough
  - Ankles swollen – ever since celecoxib commenced
- Differential diagnosis
  - ACEI cough? Uncontrolled COPD/Asthma?

CASE STUDY

- Looking outside the box
  - Following up bits of information obtained
- HMR report to provide details from interview
  - Recommendations based on all information given
- Demonstrated collaboration likely reduced odds of hospitalisation

CASE 3

- Mrs A an 87 year old lady presented to ED with decreased exercise tolerance, increasing SOB and fatigue over one month. Also inc peripheral oedema
- Three weeks ago was treated by GP for a chest infection. Prescribed cephalexin which stopped 1/52
- Ceased frusemide as did not want to take too many tablets at once. Also mentioned she did not like taking her frusemide and had often missed doses.
- Echo: EF 42%, diastolic dysfunction and moderate MR

TITRATION OF MEDICATIONS

- Discharge medications:
  - Frusemide 40mg mane,
  - Nebivolol 1.25mg mane,
  - Rosuvastatin 10mg mane,
  - Ramipril 2.5mg mane
  - Pantoprazole 40mg mane
- What changes would be made?
  - Commenced MRA eg spironolactone
  - Up- titrate ACEi
  - Up-titrate BB – once euvolaemic
  - Education about furosemide and management

- Victorian study showed1:
  - 64.6% prescribed an ACEI/ARB
  - 78.7% prescribed a BB
  - 45.3% prescribed a MRA
  - 41.5% prescribed triple therapy
- Approx one third of non-prescribing was due to prescriber inertia

1. Driscoll A et al. Heart, Lung & Circulation 2020 https://doi.org/10.1016/j.hlc.2020.04.012

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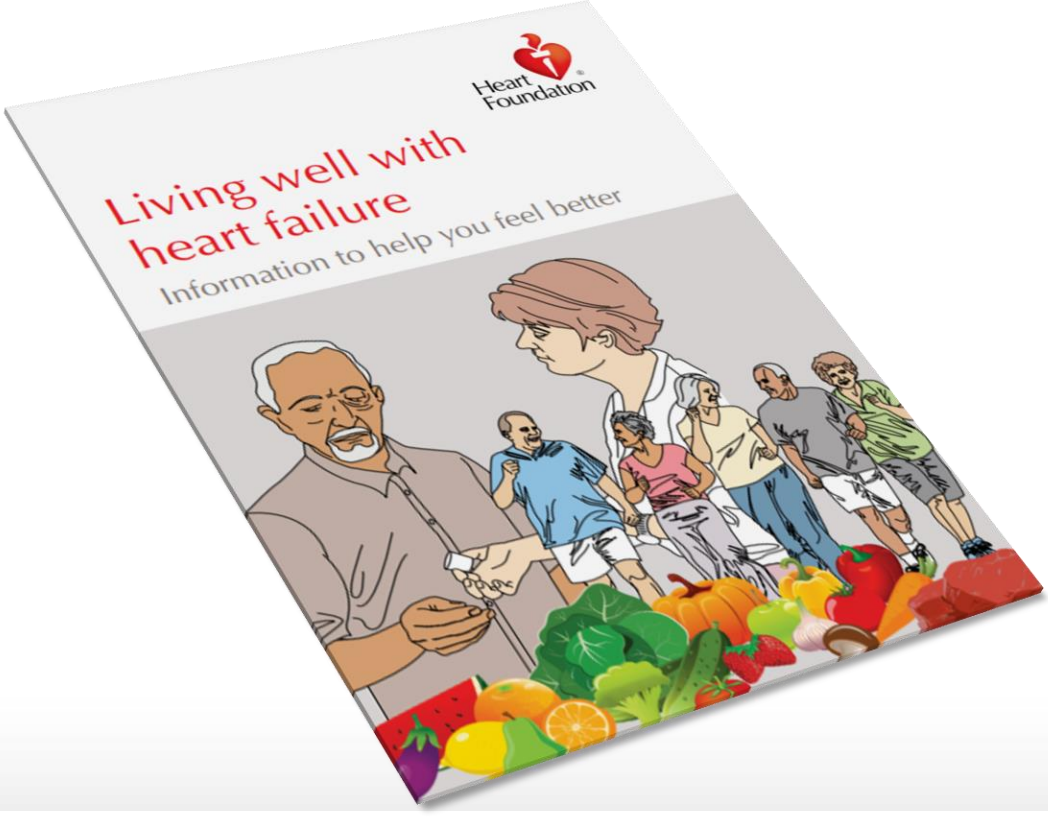
PATIENT EDUCATION



- Consistent tailored information in an environment where the patient is most receptive
- Education to patient and carer
- Understand their level of health literacy
- Use ‘teach back’ to determine their level of understanding
- Consistent messaging
- Only cover 1-2 areas in one brief session, KISS principle
- Degree of cognitive impairment

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SELF-MANAGEMENT STRATEGIES

- Self-management strategies have been shown to reduce the risk of all-cause rehospitalisations and mortality by 20%[1]
- Weight monitoring
- Monitoring symptoms
- Medication adherence
- Exercise
- Lifestyle changes
- Preventive measures

Tell me, I'll forget.
Show me,
I may remember.
But involve me and
I'll understand.

-Chinese proverb

1. Jonkman et al. Circulation 2016, 133: 1189

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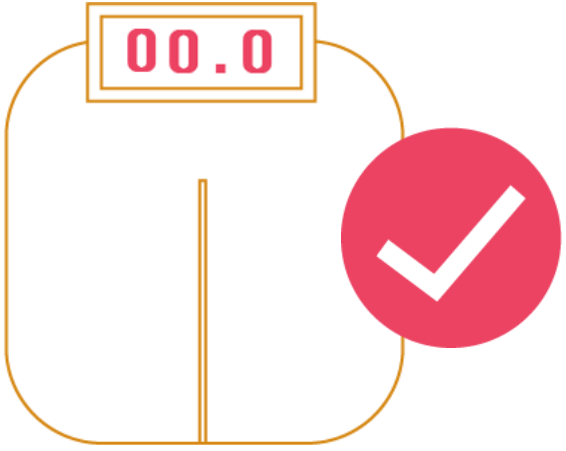
WEIGHING AND FLUID BALANCE



Wake up

Wee

Weigh

Write

- Explain **Why** weighing is important
- Encourage **Weighing** every morning
- Explain **What** to do

Atherton J, *et al*. *Heart Lung Circ* 2018; 27:1123–1208.

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SELF MANAGEMENT AND EMPOWERMENT IN HEART FAILURE

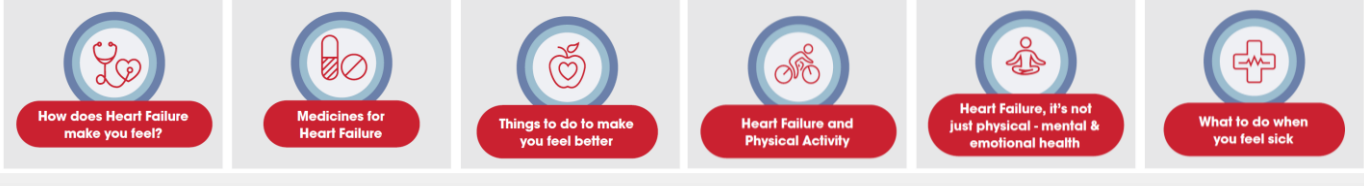
Evaluations told us patients and carers wanted:

- Practical information
- Presented in simple, non-technical format
- Preferred graphic format
- Low health literacy audience
- Available and accessible to carers
- Patients felt comfortable being introduced by health professionals
  - In hospital, community nurse, cardiac rehab

SELF MANAGEMENT AND EMPOWERMENT IN HEART FAILURE

Heart Failure Video Series

- Currently available to all Australians in English
- Available on Heart Foundation and NPS MedicineWise websites and YouTube: hrt.how/heartfailure



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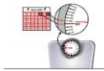
PATIENT CENTRED ACTION PLAN

Take Action

Call your doctor or nurse if you have any of these symptoms:

Ankle, legs or stomach swelling.

Your shoes, socks or pants are getting very tight.



Weight goes up or down by 2kg in two days.

Bad cough, especially at night.

A new cough that won't go away.

Your breathing is getting harder. You can't walk as far as usual. You have to sit up to sleep.

Dizzy or feel like fainting.

Heart is racing and won't slow down (palpitations).

When you have angina:

*If calling 000 does not work on your mobile, try 112.

Stop and rest immediately.

Take your anginine or nitrolingual spray.

If the pain does not go away after 5 minutes, take another dose of your angina medicine.

If the chest pain does not go away after another 5 minutes OR is severe OR gets worse quickly, call Triple Zero (000)* and ask for an ambulance. Don't hang up. Wait for advice from the operator.

Call Triple Zero (000)* and ask for an ambulance if:
You suddenly have severe shortness of breath, or you are experiencing new 'blackouts'.

Things to know:

Your weight on hospital discharge: _____kg
Weight at home (first morning after discharge): _____kg

Things to do every day:

Only drink____litres. That is about____cups.

Don't forget tea, coffee, soups and fruit all count.

Weigh yourself every day, first thing in the morning and write it down.

Has it changed by 2kg or more in two days?

Don't forget to take your medicines.

Eat a healthy, balanced diet.

Keep active. Try to walk every day at a comfortable pace.

Do what you can on days when you feel well.

Remember to do things that make you happy. What hobbies do you have? Fishing, gardening, dancing, reading? Or is it time to find something new to do?

Your Follow-up Plan:

Clinics (Tick if needed and approximate time frame)

☐ Your GP_____
☐ Austin Health Clinic_____
Name of Austin clinic_____

Contact numbers:

Heart failure nurse: _____
GP clinic: _____
Other: _____

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NPS MEDICINEWISE FACT SHEET


FACTSHEET

HEART FAILURE: WHAT YOU NEED TO KNOW

Heart failure is a serious and life-changing condition, but there are ways to manage it that will help you feel better, live longer and stay out of hospital.

What is heart failure?

Your heart pumps blood around your body. Heart failure occurs when your heart is not pumping as well as it should.

Despite the name, it does not mean that your heart has stopped or failed, it means that your heart is 'failing' to keep up with your body's demands.

There are different types and causes of heart failure. Your health professional can explain more about your condition.

The Heart Foundation's website provides a lot of useful information, at: www.heartfoundation.org.au/conditions/heart-failure

Take an active role in managing heart failure to help you stay out of hospital and live a better, longer life.

What does heart failure mean for my daily life?

Heart failure is a long-term (chronic) condition. Often it cannot be cured and needs lifelong management.

If you are like most people with heart failure, you will need to take medicines every day to help your heart pump blood properly. These medicines are usually needed over a long period but the types and doses of medicines you take may change. Medicines for heart failure are often started at a low dose and will then be adjusted by your doctor to suit you. Each medicine works differently and together they can help you feel better, stay out of hospital and live a longer and healthier life.[1]

Heart failure can cause extra fluid to build up in your lungs, ankles, legs and around your middle. If this happens, you may need to take medicines called diuretics (sometimes called water tablets) to help remove the fluid build-up.

Your doctor will also discuss any changes you need to make to your eating, drinking, or exercise habits.

Having a trusted GP is important if you are living with heart failure. If you have not seen your GP since your heart failure was diagnosed, it's a good idea to make an appointment as soon as possible. Ask your GP for a Heart Failure Patient Action Plan (*Heart failure: more than just your heart*) and fill out the plan together.

IT'S VERY IMPORTANT to get to know your medicines and have a medicines list with information about all the medicines you are taking. You can print or download one from www.nps.org.au/medicineslist. Keep it in a place that is always accessible to you and anyone who cares for you. Fill it out with your trusted health professional and bring it to your medical appointments.

Some medicines that are available without a prescription are known to make heart failure worse. Talk to your doctor, nurse, or pharmacist before taking any new medicines.

[1] The National Heart Foundation of Australia. *What is heart failure?* Available from: www.heartfoundation.org.au/conditions/heart-failure (accessed 31 January 2021).

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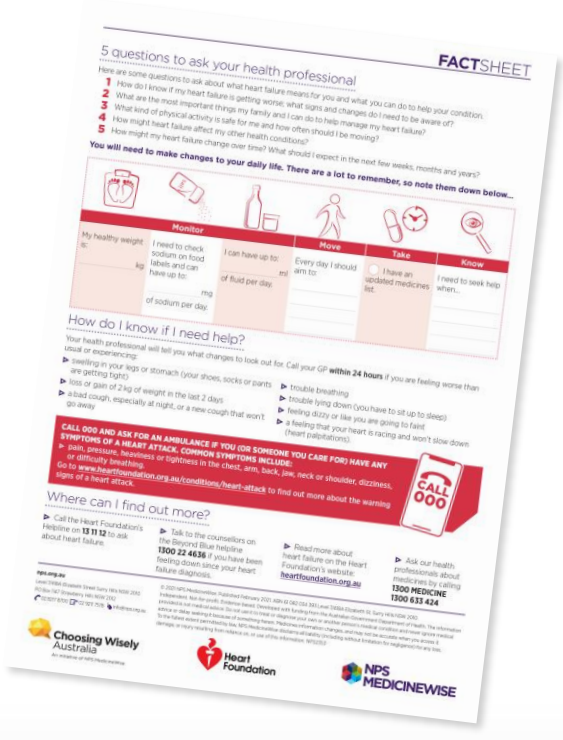
FACTSHEET

5 questions to ask your health professional

Here are some questions to ask about what heart failure means for you and what you can do to help your condition.

1. How do I know if my heart failure is getting worse; what signs and changes do I need to be aware of?
2. What are the most important things my family and I can do to help manage my heart failure?
3. What kind of physical activity is safe for me and how often should I be moving?
4. How might heart failure affect my other health conditions?
5. How might my heart failure change over time? What should I expect in the next few weeks, months and years?

You will need to make changes to your daily life. There are a lot to remember, so note them down below...

Monitor		Move	Take	Know
My healthy weight is: ... kg	I need to check sodium on food labels and can have up to: ... mg of sodium per day.	I can have up to: ... ml of fluid per day.	Every day I should aim to:	☐ I have an updated medicines list.	I need to seek help when...

How do I know if I need help?

Your health professional will tell you what changes to look out for. Call your GP **within 24 hours** if you are feeling worse than usual or experiencing:

- swelling in your legs or stomach (your shoes, socks or pants are getting tight)
- loss or gain of 2 kg of weight in the last 2 days
- a bad cough, especially at night, or a new cough that won't go away
- trouble breathing
- trouble lying down (you have to sit up to sleep)
- feeling dizzy or like you are going to faint
- a feeling that your heart is racing and won't slow down (heart palpitations).

CALL 000 AND ASK FOR AN AMBULANCE IF YOU (OR SOMEONE YOU CARE FOR) HAVE ANY SYMPTOMS OF A HEART ATTACK. COMMON SYMPTOMS INCLUDE:

- pain, pressure, heaviness or tightness in the chest, arm, back, jaw, neck or shoulder, dizziness, or difficulty breathing.

Go to www.heartfoundation.org.au/conditions/heart-attack to find out more about the warning signs of a heart attack.

CALL 000

Where can I find out more?

- Call the Heart Foundation's Helpline on **13 11 12** to ask about heart failure.
- Talk to the counsellors on the Beyond Blue helpline **1300 22 4636** if you have been feeling down since your heart failure diagnosis.
- Read more about heart failure on the Heart Foundation's website heartfoundation.org.au
- Ask our health professionals about medicines by calling **1300 MEDICINE 1300 633 424**

nps.org.au

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NPS MEDICINEWISE ACTION PLAN

NPS MEDICINEWISE Heart Foundation

HEART FAILURE: MORE THAN JUST YOUR HEART

Managing heart failure has many parts. You may need to change your daily life to help you feel better. Use this plan to identify the most important parts of your heart failure management to focus on now. Remember that these may change over time.

Your plan might include any of the following actions:

TAKE medicines:
- as prescribed by your doctor
- to treat heart failure every day, even when you feel well
- to reduce too much fluid in your body, when needed
- safely and know when your dose needs to change

MONITOR:
- daily salt intake
- daily fluid intake, including fluids in food like fruit and ice cream
- body weight for signs of gain or loss
- smoking and alcohol intake
- and discuss any tests or investigations you need

MOVE:
- often and build up gently in a way that is safe and suitable for you
- in a cardiac rehabilitation program if needed
- knowing when it's time to slow down or seek medical assistance

KNOW when:
- your heart failure is worsening and who to contact for help
- to see a health professional
- it's time to update this action plan

CONNECT with:
- family or friends regularly
- a support group for people with heart failure
- mental health support if needed

To learn more about heart failure, download the booklet *Living Well with Heart Failure* from the Heart Foundation website (www.heartfoundation.org.au/conditions/heart-failure).

If you do not have a current medicines list, go to www.nps.org.au/medicineslist and download or print one today. Or download the free MedicineWise app from Google Play or the App Store. Fill out your medicines list with your trusted health professional and always have it with you. Keep it in a place that is always accessible to you and anyone who cares for you.

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- pain, pressure, heaviness or tightness in the chest, arm, back, jaw, neck or shoulder, dizziness, or difficulty breathing.

Go to www.heartfoundation.org.au/conditions/heart-attack to find out more about the warning signs of a heart attack.

CALL 000

If you have any concerns about your medicine or symptoms, please contact your GP urgently.

Name: Date: Review date:

ACTIONPLAN

Managing heart failure: putting the pieces together

Take medicines
- My medicines list has all the medicines that I need to take for my heart failure and other conditions.

I need to see _____ (name of health professional) if I notice that _____ (eg, symptoms, side effects, etc)

Move

My goal is to _____ every day and/or _____ every week

I will reach this goal by (provide details to safely improve fitness) _____

I need to see _____ if this activity is making me feel _____

Monitor

To feel better, I need to: _____ (eg, signs and symptoms, etc)

I will do this by: _____ (eg, weight loss, daily fluid limit, daily salt limit, stop smoking)

(eg, dietary changes, programs and support services, required tests and investigations)

I need to see _____ if these changes are making me feel _____

Know

What's 'normal' for me and not concerning (weight, activity level, fatigue, etc) _____ (eg, signs and symptoms, etc)

I need to see my GP within 24 hours if _____ (eg, new or worsening symptoms, a specific amount of weight gained over a period of time)

Connect

After this appointment I will connect with:
- cardiac rehabilitation group
- (Heart Foundation) walking group
- family or friends
- other _____
- support group
- psychologist

Details: _____

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MEET GRACE

- Working mother with 4 children
- Diagnosed with HFrEF after the birth of my second child – 5 years ago
- Active in self- management to improve quality of life
- Cardiologist plays a crucial role in my management

Heart Foundation

NPS MEDICINEWISE

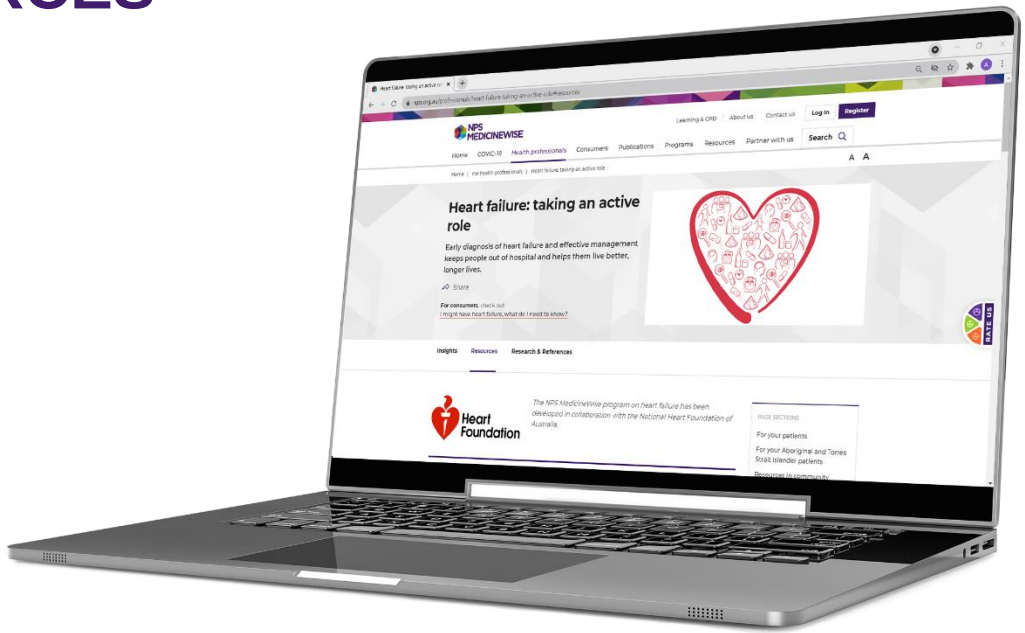
NPS MEDICINEWISE WEBSITE
HEALTH PROFESSIONAL & CONSUMER INFORMATION AND RESOURCES

TABLE 2 Guidance for managing blood pressure adverse effects

Blood pressure (BP) – including orthostatic BP (postural drop):[11,13] Review 1–2 weeks after each medicine initiation / each medicine dose increase[1,7]

ADVERSE EFFECTS	ACTIONS[a]		
	ACEI / ARB / ARNI	HEART FAILURE BETA BLOCKER	MRA
Asymptomatic hypotension[7,11]	Continue therapy	Continue therapy	Continue therapy
Symptomatic hypotension eg dizziness, light-headedness and/or confusion[1,7,11]	1. Assess volume status, consider reducing or stopping diuretic if there are no signs or symptoms of congestion 2. Review other medicines that can reduce blood pressure (eg calcium channel blockers, nitrates, diuretics) 3. If still symptomatic: a. temporarily decrease dose of either ACEI/ARB, ARNI or heart failure beta blocker b. review patient within 1 week and if still symptomatic continue dose reduction (or cease) and seek specialist advice	Continue therapy Only consider decreasing dose if, after implementing actions for ACEI/ARB/ARNI and/or heart failure beta blocker to address symptomatic hypotension, the patient is still symptomatic.	
Severe symptomatic hypotension / cardiogenic shock eg cold and sweaty skin, dyspnoea, blue skin tone or weak and rapid pulse[1,11,12]	Immediate referral to an emergency department		

[a] Diuretic dose may be reduced at any time if euvolaemic (unless this has previously exacerbated symptoms)



Heart failure: taking an active

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EDUCATIONAL VISITS

Educational visit

Heart failure: an active role for GPs and patients

Early diagnosis of heart failure and effective management in primary care prolongs lives, keeps people out of hospital, and improves quality of life.

REQUEST A VISIT

Start: 1 March 2021 | Cost: free

https://www.nps.org.au/cpd/activities/heart-failure-an-active-role-for-gps-and-patients

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THANK YOU

Please fill out the feedback survey

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