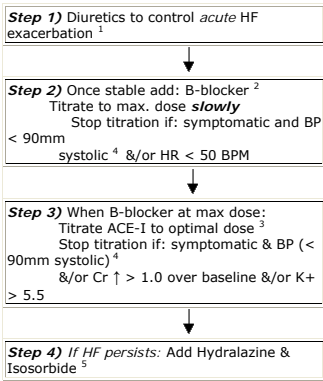


HF Treatment in the Elderly
DIASTOLIC ("HFPEF") (EF > 45%)



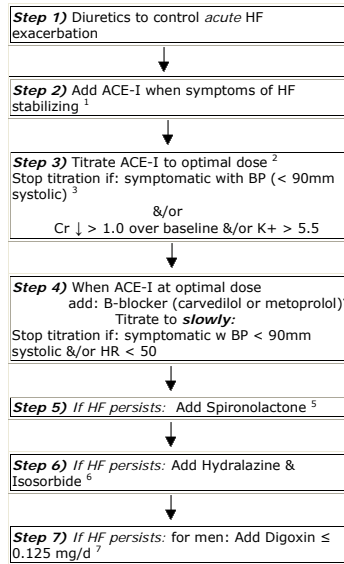
For both diastolic and systolic HF:
 Factors to address: anemia, ↑ exercise, ↓ salt intake, HTN, ↓ humidity, air conditioning, ↓ air pollution, ↓ alcohol, avoid NSAIDS, evaluate for IHD, thyroid dz.

Guidelines for diastolic CHF

- ¹ Once HF stabilized always titrate to lowest dose diuretic (e.g. furosemide) (always use diuretics with caution in diastolic CKF)
- ² Beta blocker: carvedilol: initial dose 3.125mg bid, titration ↑ by 3.125mg bid q 2-4 wks, max dose (25mg bid) metoprolol (start) 12.5mg bid titrate to 100mg bid by 12.5mg bid increments
- ³ If side effects from ACE-I, use ACE-II (ARB) instead
Optimal dose equivalent to enalapril 20-40mg/d or lisinopril 30-40mg/d
- ⁴ If symptomatic w BP < 90 systolic, choose to lower diuretic before ACE-I or B-blocker (if CHF compensated)
- ⁵ Begin: Hydralazine start 10mg tid & titrate to max dose 100mg tid and - avoid digoxin in diastolic HF

For more information see: Website: geriatrics.unmc.edu & visit GERI Pearls

Heart Failure (HF) Treatment in the ELDERLY
Systolic (EF < 45%)



Guidelines for systolic HF:

- ¹ Once HF stabilized always titrate to lowest dose diuretic (e.g. furosemide)
- ² If side effects from ACE-I, use ACE-II (ARB) instead
Optimal dose equivalent to enalapril 20-40mg/d or lisinopril 30-40mg/d
- ³ If symptomatic w BP < 90 systolic, choose to lower diuretic before ACE-I or B-blocker (if HF compensated)
- ⁴ Beta blocker: carvedilol: initial dose 3.125mg bid, titration ↑ by 3.125mg bid q 2-4 wks, max dose (25mg bid), metoprolol start 12.5mg bid titrate to 100mg bid by 12.5mg bid increments q 2 wks
- ⁵ In class IV; add spironolactone if preserved renal function and normal K+
 Begin: Hydralazine start 10mg tid & titrate to max dose 100mg tid and ISDN start 10 tid & titrate to max dose 40mg bid (especially in Afr Am)
- ⁷ If HR > 90 despite B-blockers: add digoxin ≤ 0.125mg/d
 Keep level ≤ 0.8 ng/ml
 - avoid Ca⁺ channel blockers in all systolic CHF
 - consider cardiac resynchronized therapy (CRT) in systolic HF, with EF < 35%, sinus rhythm, with ventricular dyssynchrony