### HF Treatment in the Elderly

**DIASTOLIC (“HFPEF”) (EF > 45%)**

**Step 1:** Diuretics to control acute HF exacerbation

**Step 2:** Once stable add: B-blocker

- Titrate to max. dose **slowly**
- Stop titration if: symptomatic and BP < 90mm systolic &/or HR < 50 BPM

**Step 3:** When B-blocker at max dose;

- Titrate ACE-I to optimal dose
- Stop titration if: symptomatic & BP (< 90mm systolic) &/or Cr ↑ > 1.0 over baseline &/or K+ > 5.5

**Step 4:** If HF persists: Add Hydralazine & Isosorbide

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**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 q 2 wks
3. ACE-I: start 1.25mg PO bid titrate to max dose 100mg bid
4. If side effects from ACE-I, use ACE-II (ARB) instead
5. Optimal dose equivalent to enalapril 20-40mg/d or lisinopril 30-40mg/d
6. If symptomatic w/ BP < 90 systolic, choose to lower diuretics before ACE-I or B-blocker
7. Begin: Hydralazine start 10mg tid & titrate to max dose 100mg bid and
   - avoid digoxin in diastolic HF

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**Heart Failure (HF) Treatment in the ELDERLY**

**Systolic (EF < 45%)**

**Step 1:** Diuretics to control acute HF exacerbation

**Step 2:** Add ACE-I when symptoms of HF stabilizing

**Step 3:** Titrate ACE-I to optimal dose

- Stop titration if: symptomatic with BP (< 90mm systolic) &/or Cr ↑ > 1.0 over baseline &/or K+ > 5.5

**Step 4:** When ACE-I at optimal dose add: B-blocker (carvedilol or metoprolol)

- Titrate to **slowly**
- Stop titration if: symptomatic w/ BP < 90mm systolic &/or HR < 50

**Step 5:** If HF persists: Add Spironolactone

**Step 6:** If HF persists: Add Hydralazine & Isosorbide

**Step 7:** If HF persists: for men: Add Digoxin ≤ 0.125 mg/d

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**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
3. Optimal dose equivalent to enalapril 20-40mg/d or lisinopril 30-40mg/d
4. If symptomatic w/ BP < 90 systolic, choose to lower diuretics before ACE-I or B-blocker
5. 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
6. In class IV; add spironolactone if preserved renal function and normal K+
7. Begin: Hydralazine start 10mg tid & titrate to max dose 100mg bid and ISDN start 10 tid & titrate to max dose 40mg tid (especially in Afr Am)
8. If HR > 90 despite B-blocker: add digoxin ≤ 0.125mg/d
9. Keep level ≤ 0.8 ng/ml
10. - consider cardiac resynchronized therapy (CRT) in systolic HF, with EF < 30%, sinus rhythm, with ventricular dysynchrony

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For both diastolic and systolic HF:

- salt intake, HTN, humidity, air conditioning, air pollution, alcohol, avoid NSAIDS, evaluate for IHD, thyroid dz.

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