



Complete Summary

GUIDELINE TITLE

Chronic congestive heart failure.

BIBLIOGRAPHIC SOURCE(S)

Texas Tech University Managed Health Care Network Pharmacy & Therapeutics Committee. Chronic congestive heart failure. Conroe (TX): University of Texas Medical Branch Correctional Managed Care; 2003 Apr. 10 p. [3 references]

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Texas Tech University Managed Health Care Network Pharmacy & Therapeutics Committee. Chronic congestive heart failure. Conroe (TX): Texas Department of Criminal Justice, University of Texas Medical Branch; 2000 Mar. 6 p.

COMPLETE SUMMARY CONTENT

SCOPE
METHODOLOGY - including Rating Scheme and Cost Analysis
RECOMMENDATIONS
EVIDENCE SUPPORTING THE RECOMMENDATIONS
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS
CONTRAINDICATIONS
QUALIFYING STATEMENTS
IMPLEMENTATION OF THE GUIDELINE
INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES
IDENTIFYING INFORMATION AND AVAILABILITY
DISCLAIMER

SCOPE

DISEASE/CONDITION(S)

Chronic congestive heart failure (left ventricular systolic dysfunction)

GUIDELINE CATEGORY

Management
Treatment

CLINICAL SPECIALTY

Cardiology
Family Practice
Internal Medicine

INTENDED USERS

Health Care Providers
Physicians

GUIDELINE OBJECTIVE(S)

To provide appropriate recommendations for the treatment of chronic congestive heart failure (left ventricular systolic dysfunction)

TARGET POPULATION

Incarcerated offenders within the Texas Department of Criminal Justice with symptomatic and asymptomatic chronic congestive heart failure (left ventricular systolic dysfunction)

INTERVENTIONS AND PRACTICES CONSIDERED

1. General measures to manage congestive heart failure (CHF) including controlling hypertension, diabetes mellitus, hyperlipidemia, weight reduction in obese; low sodium diet; pneumococcal and flu vaccination; smoking cessation; discontinuation of alcohol; avoidance of specific medications
2. Pharmacotherapy:
 - Hydrochlorothiazide (HCTZ)
 - Furosemide
 - Enalapril
 - Hydralazine
 - Isosorbide dinitrate
 - NF metoprolol succinate
 - Spironolactone
 - Digoxin
3. Monitoring (e.g. blood pressure, potassium [K+], serum creatinine; electrolytes; symptoms, such as weight gain; toxicity)

MAJOR OUTCOMES CONSIDERED

Survival, progression of heart failure, mortality, symptoms, and quality of life

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Not stated

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not applicable

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The major recommendations are provided in the form of an algorithm for: [Chronic Congestive Heart Failure \(Left Ventricular Systolic Dysfunction\)](#).

Refer to the original guideline document for healthcare provider and patient education on general measures of care, medications, physical exams, warning signals, and goals of therapy.

CLINICAL ALGORITHM(S)

An algorithm is provided for: [Chronic Congestive Heart Failure \(Left Ventricular Systolic Dysfunction\)](#).

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

This guideline was adapted from the following sources:

ACC/AHA Guidelines for the Evaluation and Management of Chronic Heart Failure in the Adult. A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Revise the 1995 Guidelines for the Evaluation and Management of Heart Failure). J Am Coll Cardiol. 2001; 38:2101-13.

Heart Society of America (HFSA) Practice Guidelines. HFSA Guidelines for Management of Patients with Heart Failure Caused by Left Ventricular Systolic Dysfunction – Pharmacological Approaches. Pharmacotherapy. 2000; 20(5):495-522.

Advisory Council to Improve Outcomes Nationwide in Heart Failure (ACTION-HF). Consensus Recommendations for the Management of Chronic Heart Failure. Am J Card. 1999; 83(2A):1A-38A.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Goals of therapy are to prolong survival or slow progression of heart failure, reduce mortality, and improve symptoms to increase patient's quality of life
- Benefits of specific medications are listed in the original guideline document

POTENTIAL HARMS

Adverse effects of specific medications are listed in the original guideline document

CONTRAINDICATIONS

CONTRAINDICATIONS

Substitutions for contraindications and adverse drug reactions (ADRs) with angiotensin converting enzyme (ACE) inhibitors:

1. Cough: Angiotensin II Blocker (nonformulary)
2. Angioedema or renal stenosis (contraindications):

Hydralazine and Isosorbide dinitrate

Contraindications

- *Enalapril*: May be contraindicated due to renal artery stenosis
- *Metoprolol*: Contraindicated in asthma, type 1 diabetes, bronchospasm, acutely ill patients
- *Digoxin*: acute decompensation

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

The pathways do not replace sound clinical judgment nor are they intended to strictly apply to all patients.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Clinical Algorithm

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

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Advisory Council to Improve Outcomes Nationwide in Heart Failure (ACTION-HF). Consensus Recommendations for the Management of Chronic Heart Failure. Am J Card. 1999; 83(2A):1A-38A.

DATE RELEASED

2000 Feb (revised 2003 Apr)

GUIDELINE DEVELOPER(S)

University of Texas Medical Branch Correctional Managed Care - Academic Institution

SOURCE(S) OF FUNDING

University of Texas Medical Branch Correctional Managed Care

GUIDELINE COMMITTEE

Texas Tech University Managed HealthCare Network Pharmacy & Therapeutics Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

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GUIDELINE AVAILABILITY

Print copies: Available from University of Texas Medical Branch (UTMB), 3009A HWY 30 West, Huntsville, TX, 77340.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This summary was updated by ECRI on April 21, 2004.

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