

Suspected heart failure with **PRESERVED** ejection fraction
(HFpEF)

Diagnosis

1. Symptoms and signs of heart failure:
 - a. Unexplained SOB
 - b. Orthopnoea or PND
 - c. New/worsening peripheral/pitting oedema, ascites
 - d. Raised JVP
2. Chest X-Ray demonstrating radiographic features of heart failure
3. Elevated NT-proBNP >400 pg/ml (or BNP equivalent)
4. Echocardiography with **LVEF $\geq 50\%$** with objective evidence of cardiac structural/functional abnormalities consistent with presence of LV diastolic dysfunction/raised LV filling pressure defined as at least one of the following:
 - LV mass index (95g/m^2 female or 115g/m^2 male)
 - LA dilatation (indexed LA volume $\geq 34\text{ ml/m}^2$ in sinus rhythm, or $\geq 40\text{ ml/m}^2$ in atrial fibrillation)
 - Evidence of diastolic dysfunction defined as $E/e' > 9$

Establish HFpEF aetiology:

Hypertension
Chronotropic incompetence
Arrhythmia
Ischaemia
Amyloidosis*
Hypertrophic cardiomyopathy

***If suspicion of amyloid,**
patients will have the
following investigations:
1. Laboratory testing – protein
electrophoresis, serum free
light chains (immunology) and
urinary Bence Jones Protein.
2. $^{99\text{mTc}}$ -DPD (Nuclear Dept)

Treatment

1. Holistic care of the patient including rate control of arrhythmias, blood pressure control and management of co-morbidities

Treatment

2. Fluid management with diuretics and MRA (if appropriate)

Treatment

3. Prevent hospitalisations with SGLT2-i