CHIEF COMPLAINT

Congestive Heart Failure

COMMENTS TO SPECIALIST

The patient is a 51-year-old male with a previous medical history of atrial fibrillation, Heart Failure with reduced Ejection Fraction (HFrEF), and COPD with w/exacerbations of Congestive Heart Failure (CHF). Systolic blood pressure (SBP) 92-144 for the last month. The last Ejection Fraction (EF) is 24%. He has also had a weight gain of 20 lbs. in 2 months. Current medications include:

- ANORO: 1 puff daily
- Acetylsalicylic Acid (ASA) : 81 mg daily
- Furosemide: 20 mg daily (currently receiving an extra 20 mg daily x3 days for exacerbation and weight gain)
- Lisinopril: 5 mg
- Metoprolol succinate: 25 mg
- Potassium chloride (KCL): 20 mEq daily
- Spironolactone : 25mg daily

MAIN QUESTION

Seeking recommendations for maximizing medical therapy to reduce the frequency and severity of exacerbations. Would he be a candidate for quad therapy and a Sodium-Glucose Cotransporter-2 (SGLT2)?

Specialist Response

SUMMARY

Treatment options are available at the primary care level.

DETAILS

I've reviewed the patient's records and suggested changes that could be implemented to reduce exacerbations. Here are my recommendations:

- Start dapagliflozin at 5 mg a day or empagliflozin at 10 mg a day. He shared that Sodium-glucose cotransporter-2 (SGLT2) inhibitors are now first-line guideline-based. They reduce mortality, recurrent heart failure and recurrent hospitalization from heart failure regardless of diabetes status
- Check Basic Metabolic Panel (BMP) in 1 to 2 weeks after starting SGLT2
- Switch the lisinopril to Entresto 24/26 mg two times a day (BID). Discontinue lisinopril two days before starting Entresto
- Increase Metoprolol to 50 mg a day to target; titrate to 100 mg if blood pressure will tolerate
- Daily weights and treatment with additional loop diuretics, as needed
- Promote a healthy lifestyle with aggressive risk factor modifications

Thank you for the courtesy of this consultation