SPECIALTY

# Cardiology

Arista|MD

## CHIEF COMPLAINT

Congestive Heart Failure

## COMMENTS TO SPECIALIST

This is a 67-year-old female with morbid obesity, seizure, chronic systolic heart failure, and chronic stage II kidney disease. Recently, in the hospital with urosepsis, pneumonia, and acute, chronic heart failure with brain natriuretic peptide (pro-BNP) of 26,800. Elevated troponins due to type II myocardial infarction.

She was ultimately started on furosemide 40 mg a day, carvedilol 6.25 mg twice a day, and spironolactone 25 mg a day. During her hospital stay, she had episodes where she was on pressure support as well as Diamox for metabolic acidosis. While there, she had an echocardiogram that showed a left ventricular ejection fraction of 30% to 35%. The patient remains a full code.

Cardiology considered Entresto but wanted to wait until her blood pressure and sepsis improved. Her blood pressure is now 120 systolic.

## MAIN QUESTION

Is it safe to start Entresto?

## Specialist Response

### SUMMARY

Treatment options are available at the primary care level.

### DETAILS

Evidence shows that starting these medications sooner will help prevent recurrent episodes and recurrent hospitalizations. I recommend the following:

- Entresto 24/26 mg twice a day (I would like to get her to 48/51 twice a day)
- Start a Sodium-glucose cotransporter-2 (SGLT2) inhibitor; these agents are now first-line guideline-based therapy for all types of heart failure. New evidence shows that these agents reduce mortality, recurrent heart failure episodes, and hospitalization for recurrent heart failure. You can use either dapagliflozin at 5 mg, titrating to 10 mg a day, or Empagliflozin at 10 mg, titrating to 25 mg a day.
- Recheck the basic metabolic panel (BMP) in 1 to 2 weeks.
- Repeat echocardiogram 1 to 3 months after hospitalization. There is a chance that the Left Ventricular (LV) dysfunction could have been related to the sepsis.

Thank you for the courtesy of this consultation