



Heart Failure

Optimizing Recognition and Management in Outpatient Settings

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KEYWORDS

• Heart failure • Guideline-directed care • Management • Self-care

KEY POINTS

- Heart failure is a complex clinical syndrome associated with a range of clinical signs and symptoms and results from a wide variety of underlying causes.
- The prevalence of heart failure is expected to grow significantly in the United States over the next several decades representing a significant health challenge.
- As a major chronic disease, heart failure care is a dominant driver of health expenses.
- In order to make the strongest impact in the face of these challenges, primary care clinicians must recognize patients with risk factors and structural heart conditions in order to institute prevention and early evidence-based care measures.

INTRODUCTION

Heart failure (HF) is a complex and heterogeneous clinical syndrome associated with a range of clinical signs and symptoms resulting from a wide variety of underlying causes. Given its complexity, HF has generally been viewed as a syndrome defined in the following way (**Box 1**).

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Box 1**Definition of heart failure as a syndrome**

HF is a complex clinical syndrome

- Characterized by a variety of typical symptoms and signs (see [Table 1](#))
- Develops as a consequence of a wide variety of causes
- That results in structural and functional impairments of either systolic and/or diastolic function of the heart leading to a reduced cardiac output and/or elevated filling pressures
- Typically chronic and progressive in nature

Data from Refs. ¹⁻³

Nature of the Problem

HF represents a significant and multifaceted challenge for patients, health care providers and systems, managed care organizations, and governments. Epidemiologically, HF is a common chronic medical condition with an annual incidence of approximately 915,000 cases per year.^{4,5} HF impacts approximately 5.7 million adult Americans.⁵ As the US population ages and mortality rates decline as a result of improved care, the prevalence of HF is projected to increase 46% from 2012 to 2030.⁵ This increase has important implications because HF is a major contributor to mortality, listed as the primary cause of approximately 2.5% of all deaths and as a contributing factor in up to 12.0% of deaths.⁵ HF also places significant economic demands on health systems with estimated overall costs ranging from \$30.7 and \$127.0 billion annually.^{6,7} If these costs continue as projected, by the year 2030, \$244 to \$443 will be spent on HF care for every US adult.^{6,7} Care relating to HF is responsible for approximately 1.75 million office visits and more than 0.5 million emergency department visits annually.⁵ Given an anticipated physician shortfall⁸ and disparities in specialty care across geographic regions,⁹ the health care community must work together to incorporate evidence-based prevention and treatment strategies to meet the anticipated challenges that lie ahead.

MANAGEMENT**Diagnosis of Heart Failure**

To improve HF outcomes, clinicians should emphasize prevention in patients at risk of HF and promptly diagnose and treat patients with overt HF. HF is staged using the American College of Cardiology Foundation (ACCF)/American Heart Association's (AHA) stages of HF classification scheme ([Fig. 1](#)).¹⁰ This staging system has additional value for prognostication, as studies have demonstrated a decreased 5-year survival at progressive stages (stage A, 97%; stage B, 96%; stage C, 75%; stage D, 20%).¹¹

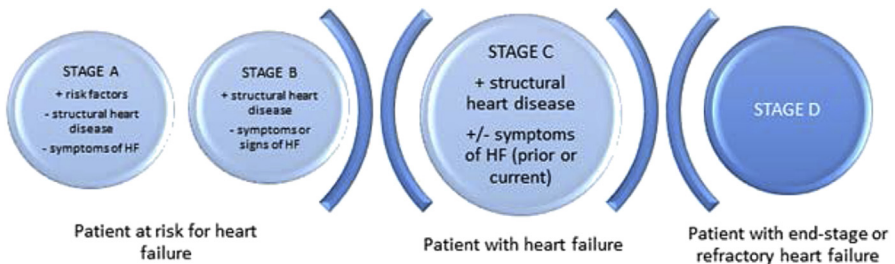


Fig. 1. The ACCF/AHA's stages of heart failure. (Data from Yancy CW, Jessup M, Bozkurt B, et al. 2013 ACCF/AHA guideline for the management of heart failure: executive summary: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice guidelines. *Circulation* 2013;128(16):1810–52.)

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