



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Adults with Heart Failure with Reduced Ejection Fraction](#)

Released: January 2017

This alert provides a brief summary of updated recommendations. Refer to the complete guideline for all recommendations and level of evidence.

Updated recommendations include:

Eligible Population

Adults with suspected heart failure, with reduced ejection fraction

Evaluation:

- Initial assessment – no change

Adults with heart failure with reduced ejection fraction

Management:

Recommended for routine use

- ACE inhibitors or angiotensin receptor blocker/nepriylsin inhibitor (AR/NI) or ARB's in all patients, unless contraindicated¹, but drugs from these classes should not be used together

Recommended for use in *select* patients

- Ivabradine for patients with symptomatic HF, LVEF <35%, on maximally tolerated (or target) beta blocker dose, in sinus rhythm with rate >70 bpm, and if hospitalized within the last year
- Consider referral for evaluation for implantable defibrillator in patients with LVEF <35% and either symptomatic heart failure or ischemic cardiomyopathy

¹Contraindications include: life-threatening adverse reactions (angioedema or anuric renal failure), pregnancy, hypotensive patients at immediate risk of cardiogenic shock, systolic blood pressure <80 mm Hg, serum creatinine >3 mg/dL, bilateral renal artery stenosis, or serum potassium >5.5 mmol/L.