

Heart Failure



Classification of Heart Failure Comparison between ACC/AHA HF Stage and NYHA Function Class

ACC/AHA HF Stage		NYHA Functional Class	
A	At high risk for heart failure but without structural heart disease or symptoms of heart failure (e.g., patients with hypertension or coronary artery disease)	None	
B	Structural heart disease but without symptoms of heart failure	I	Asymptomatic
C	Structural heart disease with prior or current symptoms of heart failure	II	Symptomatic with moderate exertion
		III	Symptomatic with minimal exertion
		IV	Symptomatic at rest
D	Refractory heart failure requiring specialized interventions		

Heart Failure with Preserved Systolic Function

Heart failure with preserved systolic function (HFPSF) or “diastolic heart failure” should be differentiated from the presence of “diastolic dysfunction” alone. By definition, HFPSF is a condition with classic findings of congestive failure, with abnormal diastolic and normal systolic function at rest (i.e., normal LV ejection fraction). There are unfortunately limited evidence-based treatment recommendations for HFPSF at the present time. The beneficial class effects of medications used in systolic heart failure have not been proven in diastolic heart failure. The appropriate diagnosis and treatment of underlying diseases that may be causative or contributing to HFPSF is important (e.g., HTN/LVH, CAD/ischemia).

General principles of treatment include:

- Evaluate and treat hypertension with appropriate medications as per recommendations from the *Report from the Panel Members Appointed to the Eighth Joint National Committee (JNC 8)*. See [Community-wide Guideline for Management of Hypertension](#).
- Rate control is important, particularly in AF. Consider restoration of sinus rhythm in AF patients when appropriate.
- Evaluate for ischemic heart disease and consider coronary revascularization if appropriate.
- Utilize diuretics for control of volume overload (pulmonary congestion, peripheral edema).
- Counseling on low sodium diet is also appropriate in HFPSF patients.