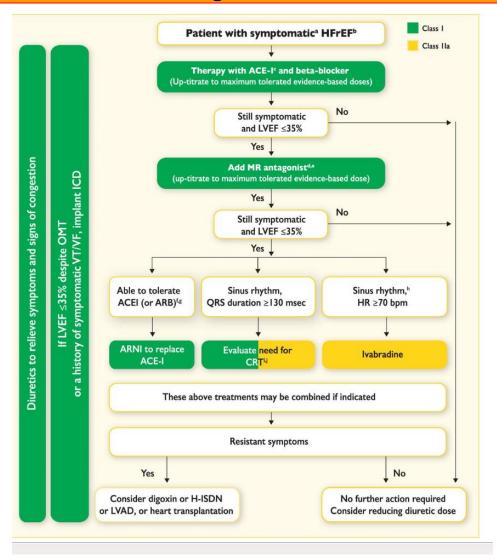
## Bijlage A Medicamenteuze behandeling van HFrEF

RTA Hartfalen

## Medicamenteuze behandeling van HFrEF



Therapeutic algorithm for a patient with symptomatic heart failure with reduced ejection fraction. Green indicates a class I recommendation; yellow indicates a class IIa recommendation. ACEI = angiotensin-converting enzyme inhibitor; ARB = angiotensin receptor blocker; ARNI = angiotensin receptor neprilysin inhibitor; BNP = B-type natriuretic peptide; CRT = cardiac resynchronization therapy; HF = heart failure; HFrEF = heart failure with reduced ejection fraction; H-ISDN = hydralazine and isosorbide dinitrate; HR = heart rate; ICD = implantable cardioverter defibrillator; LBBB = left bundle branch block; LVAD = left ventricular assist device; LVEF = left ventricular ejection fraction; MR = mineralocorticoid receptor; NT-proBNP = N-terminal proB type natriuretic peptide; NYHA = New York Heart Association; OMT = optimal medical therapy; VF = ventricular fibrillation; VT = ventricular tachycardia. <sup>a</sup>Symptomatic = NYHA Class II-IV. <sup>b</sup>HFrEF = LVEF <40%. <sup>a</sup>If ACE inhibitor not tolerated/contra-indicated, use ARB. <sup>a</sup>With a hospital admission for HF within the last 6 months or with elevated natriuretic peptides (BNP > 250 pg/ml or NTproBNP > 500 pg/ml in men and 750 pg/ml in women). <sup>b</sup>With an elevated plasma natriuretic peptide level (BNP ≥ 150 pg/mL or plasma NT-proBNP ≥ 600 pg/mL, or if HF hospitalization within recent 12 months plasma BNP ≥ 100 pg/mL or plasma NT-proBNP ≥ 400 pg/mL). <sup>a</sup>In doses equivalent to enalapril 10 mg b.i.d. <sup>b</sup>With a hospital admission for HF within the previous year. <sup>a</sup>CRT is recommended if QRS ≥ 130 msec and LBBB (in sinus rhythm). <sup>a</sup>CRT should/may be considered if QRS ≥ 130 msec with non-LBBB (in a sinus rhythm) or for patients in AF provided a strategy to ensure bi-ventricular capture in place (individualized decision).