

## Questions & Answers with Dr. Gordon Moe

### Management of HFrEF: the old and the new

1. One of the challenges in patients with HFrEF is that they tend to be sicker, have lower BPs and more prone to side effects of postural hypotension-how do you balance titrating doses with BP side effects-how much should we push doses, and how quickly/slowly. Thanks

**Answer: We frequently lower the dose of the diuretic concurrently if the patient is not too congested.**

2. In a patient with HFrEF currently receiving ARB-inhibitor, Carvedilol and Spironolactone; Would you recommend: ARNI or Dapagliflozin?

**Answer: I will switch to ARNI if eGFR >30 and potassium < 5. I will start Dapagliflozin too.**

3. What do you think about the use of Entresto in HFmEF or other agents in HFmEF given a suggested benefit in PARAGON?

**Answer: Will consider it if patient is very symptomatic and LVEF < 57%.**

4. Is the SGLT2 effect on reduced HFrEF exclusive of being diabetic?

**Answer: It will work on patients with or without diabetes suggesting non-glucose lowering mechanisms.**

5. For the VICTORIA study what was placebo? Was it standard care?

**Answer: There was a placebo and patients were on maximum conventional therapy for HFrEF.**

6. Ivradabine - ok to use if HR is below 77 bpm but the patient has ICD or CRT device?

**Answer: We still use it if patient is in sinus rhythm with HR > 70 bpm even though there is an ICD or CRT as long as the patient is not in AF.**

7. In an outpatient setting which blocking agent would you start with & titrations to max dose & then add a second drug or start low dose with b blocker & RAAS inhibitor.

**Answer: I favour starting on modest doses of RAAS inhibitors and B-blocker the same time.**

8. Is dapagliflozin your current favorite SGLT2I for patients with HF?

**Answer: Yes, it is currently the only SGLT2 inhibitor with outcome data in patients with HFrEF.**

9. Do you generally switch over to (or start) Valsartan first and then to ARNI to ensure your patients with tolerate?

**Answer: No, I do not.**