



Understanding heart failure guidelines

Prevention

What is this guide, and who is it for?

The Heart Failure Policy Network has developed this guide as a lay summary of key principles in the European Society of Cardiology (ESC) guidelines, England's National Institute for Health and Care Excellence (NICE) guidelines and position statements by the Heart Failure Association of the ESC. The guide seeks to raise awareness of key elements of best practice in the care and management of heart failure (HF). It will be of interest to non-specialist audiences such as people with HF, patient advocates, non-cardiology healthcare professionals, clinical advocates of best practice and health system reform, organisational leaders, and political or public officials.

Guidelines are documents with suggestions or recommendations for care that derive from scientific evidence to aid patients and healthcare professionals in their decision-making – they are not prescriptive documents. Care must be tailored to each person's needs through careful collaboration between the person with HF, their family/carers and the HF care team.

This document neither replicates nor supersedes established clinical guidelines for the purpose of formal professional training or accreditation, patient therapeutic education or clinical decision-making. Clinicians, patients and service managers should consult European and national guidance as appropriate.

Prevention

Preventing heart failure (HF) is important because HF can have a significant impact on the quality of life, health and wellbeing of a person and their family.¹ The ageing population is contributing to a growing number of people with HF, and consequently an increase in healthcare costs associated with HF – which means that HF prevention also benefits society as a whole.²



Heart failure facts

HF can be prevented or delayed by addressing risk factors – medical conditions, diseases and lifestyle behaviours that can result in HF.¹

Which lifestyle behaviours are risk factors for HF?

- Smoking and recreational drug use¹
- Alcohol consumption¹
- An inactive lifestyle and lack of exercise¹
- An unhealthy diet¹

Which diseases or conditions are risk factors for HF?

- Atrial fibrillation¹ (a quivering or irregular heartbeat)
- Coronary artery disease¹ (narrowing of the arteries supplying blood to the heart muscle)
- Diabetes¹ (high blood sugar)
- Hypertension¹ (high blood pressure)

Some medical treatments, including certain chemotherapy agents and anaesthetics, can increase the risk of HF.^{1,3} The use of these treatments should be considered and monitored on a case-by-case basis.

Some risk factors for HF, such as diabetes and hypertension, are also comorbidities of HF – diseases or conditions that may worsen HF or change the way it is treated – and are discussed in the comorbidities sections of clinical guidelines.¹

More information on HF comorbidities is included in [Understanding heart failure guidelines: Comorbidities](#).





What do the guidelines say?

HF guidelines outline common HF risk factors and ways to address them, for example through lifestyle changes and medical treatment.¹

Lifestyle behaviours



Heart failure facts

Maintaining a healthy lifestyle, for example by exercising regularly and refraining from smoking, significantly reduces the risk of HF.^{1,4}

A healthy lifestyle promotes cardiovascular health – it strengthens the heart and protects it from diseases, including HF.^{1,5}

Best practice from key European guidelines

To prevent or delay onset of HF, it is important to:

- limit alcohol intake to no more than seven drinks per week (one drink equals 150ml of wine, 350ml of beer or 44ml of spirit)⁶⁻⁸
- exercise for at least 2.5 hours per week at moderate intensity¹
- avoid or stop recreational drug use and smoking.¹

Medical conditions and diseases

Atrial fibrillation



Heart failure facts

Atrial fibrillation (AF) is linked to a fivefold increase in the risk of HF.⁹

The irregular heartbeat seen in AF may keep the heart from filling with enough blood to meet the needs of the body, thereby increasing the risk of HF.¹⁰

Coronary artery disease



Heart failure facts

Up to 33% of newly diagnosed HF cases may be caused by coronary artery disease (CAD).¹¹

CAD develops due to a build-up of fatty deposits (called plaque) in the arteries supplying blood to the heart muscle. It reduces the amount of oxygenated blood that reaches the muscle, making the heart work harder and potentially damaging it over time.¹² This damage can eventually lead to HF.





Diabetes



Heart failure facts

Diabetes increases the risk of HF by two to five times.¹³

Diabetes can lead to a disease of the heart muscle that limits the heart's ability to pump blood around the body – diabetic cardiomyopathy – even if cardiac risk factors, such as hypertension, are not present.¹³ Diabetic cardiomyopathy can progress to HF.

Hypertension



Heart failure facts

The number of new HF cases is two to three times higher among people with high blood pressure (hypertension) than people with normal blood pressure.¹⁴

Hypertension can lead to CAD as well as the thickening and enlarging of the heart's main pumping chamber (left ventricular hypertrophy).¹⁴ Both issues affect the heart's ability to pump blood around the body, possibly leading to HF.

Best practice from key European guidelines

Treatment plans for the conditions/diseases described above may include a combination of medication, lifestyle changes, medical devices and surgical procedures, tailored to a person's situation (including their clinical history and needs).^{15 16}

A key component of effective treatment is adherence – following the treatment plan agreed on with the healthcare team to ensure maximum benefit.¹⁷ Healthcare professionals should discuss treatment adherence regularly to identify and address factors that may hinder people from following their treatment plan, for example memory issues or concerns about side effects from medication.

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Acknowledgements

Considerable thanks and acknowledgement are due to all members of the Project Advisory Group for their continued input throughout this project:

- Dr Josep Comín-Colet (Bellvitge University Hospital, Spain)
- Professor Salvatore Di Somma (University La Sapienza Rome, Sant'Andrea Hospital and Associazione Italiana Scompensati Cardiaci, Italy)
- Professor José Ramón González-Juanatey (University Hospital Santiago de Compostela, Spain)
- Ms Penilla Gunther (FOKUS Patient and former Member of Parliament, Sweden)
- Mr Neil Johnson (Croí, West of Ireland Cardiac Foundation, Ireland)
- Mr Steven Macari (Association Vie Et Cœur (AVEC), France)
- Ms Sandra Mulrennan (St Bartholomew's Hospital Heart Failure Service, Barts Health NHS London, United Kingdom)
- Ms Patricia Vlasman (Let the Beat Go On, the Netherlands).

About the Heart Failure Policy Network

The Heart Failure Policy Network is an independent, multidisciplinary group of healthcare professionals, patient advocacy groups, policymakers and other stakeholders from across Europe whose goal is to raise awareness of the unmet needs surrounding heart failure and its care. All Network content is non-promotional and non-commercial. The Secretariat is provided by The Health Policy Partnership Ltd, an independent health policy consultancy based in London.



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