



On September 12th 2018, **NICE - National Institute for Health and Care Excellence** - published updates to the **Chronic Heart Failure in Adults guidance**. Below, we believe, are key points for Heart Failure patients to be aware of and to understand.

CHRONIC HEART FAILURE IN ADULTS [2018]



WHY IS THIS IMPORTANT TO PEOPLE LIVING WITH HEART FAILURE?

NICE stands for the National Institute for Health and Care Excellence and offers guidance to your Doctors, Nurses and other healthcare teams on the best way to help treat and care for you.

With the best available evidence these new guidelines inform your healthcare teams of the best way to help you. The standards set out indicate to you what you should expect. Our founder Nick was on the guideline committee and these are his thoughts of what you should expect from your healthcare team based on the guidelines.



Around 920,000 people in the UK today have been diagnosed with heart failure.

GUIDANCE UPDATE HIGHLIGHTS FOR PATIENTS

1. Your specialist team must include:
 - a. A doctor with a sub-speciality in heart failure (generally a cardiologist)
 - b. A Heart Failure Specialist Nurse
 - c. A healthcare professional with expertise in specialist prescribing of heart failure medicines
 - d. The specialist team must work with your primary care team

The specialist team must directly involve you if appropriate to rehabilitation services, care for older people and palliative care services.

Once you are stable and you are optimised on your drugs it is the responsibility of your primary care team to take over your management. If you go on to experience further difficulties, you should expect to be referred back into the specialist heart failure team.

2. Your specialist team must write you a care plan. A care plan is a document that tells you, your carer or family member and your healthcare team how to treat and care for your needs, as described below:
 - a. Your specialist team needs to write you a care plan
 - b. It must summarise your treatment and care
 - c. You must be given a copy along with your carer or family if you want, along with your healthcare team and or any other health or social care professional involved in your care
3. At your first consultation and then subsequent consultations your specialist team should:
 - a. Discuss your diagnosis and likely outcome
 - b. Explain your treatments and any future treatments
 - c. Explain what causes your heart failure and any terminology
 - d. Explain what heart failure is and the difference between a heart attack and cardiac arrest and the misconceptions around sudden death
 - e. Ensure that you receive patient information to enable you to help yourself self-manage better
3. Your specialist team should prescribe medicines called Beta Blockers, ACE inhibitors or ARB's. If your symptoms remain you should be prescribed medicines called MRA's like Spironolactone or Eplerenone. Secondary medicine intervention may include Ivabradine and or Sacubitril Valsartan (Entresto)
4. If your condition is stable, you should be offered a personalised exercise rehabilitation programme in an easily accessible place for you
5. People with heart failure do not routinely need to restrict their salt (sodium) or fluid consumption unless instructed to by their specialist team or primary care team. This will be constantly monitored with you

VISIT NICE'S 2018 CHRONIC HEART FAILURE GUIDANCE

[Chronic heart failure in adults: diagnosis and management > NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE website >](#)

