

Treatment Options for Heart Failure

A Lot More



In your previous read, *A Little Bit More*, you learnt about your specific type of Heart Failure. This next section discusses the types of treatments that may be available to you if you have **Heart Failure with reduced Ejection Fraction (HFrEF)** or **Heart Failure with mildly reduced, or mid-range, Ejection Fraction (HFmrEF)**.



Treatment options for HFrEF and HFmrEF

If you have these types of Heart Failure, there are five main types of treatment:

The four main treatments are tablets, and are commonly known as the ‘four pillars’. Ideally, you should be on all four of these medications; however, this is not always possible. Dosages will be tailored to your needs and it may take some time to find the right balance.

Your healthcare provider will work with you to decide the best pace for introducing these medications and may adjust the dosages over time to ensure they work well for you.

This process is known as ‘titration’ and it is essential to ensure your body tolerates these medications and that they manage your symptoms effectively.



Please note: in the UK, ARNis and cardiac device therapies are currently not recommended as treatments for people with Heart Failure with mildly reduced Ejection Fraction (HFmrEF).

The fifth type of treatment is a cardiac device. Some people may need a cardiac device to be implanted. The two types of cardiac device therapy are an ICD or CRT-D/ CRT-P. It is important to continue medications as prescribed after a cardiac device has been fitted, as these are designed to work with existing treatments.



To learn more about these types of cardiac devices, please read our **My Guide to Having a Cardiac Device Fitted** by visiting our website here:
qr.pumpingmarvellous.org/DeviceGuide

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For a small percentage of people with HFrEF whose symptoms worsen despite optimal treatment, advanced Heart Failure therapies such as heart transplants or Ventricular Assist Devices (VADs; a small pump attached to the heart to pump blood to the rest of the body more efficiently) might be considered. This would include an assessment by a Heart Transplant Assessment Centre for further investigations.

We have not included diuretics (water tablets) in the main five treatments as they are mainly prescribed to relieve symptoms due to fluid overload or to prevent fluid build-up. They do this by increasing urination.

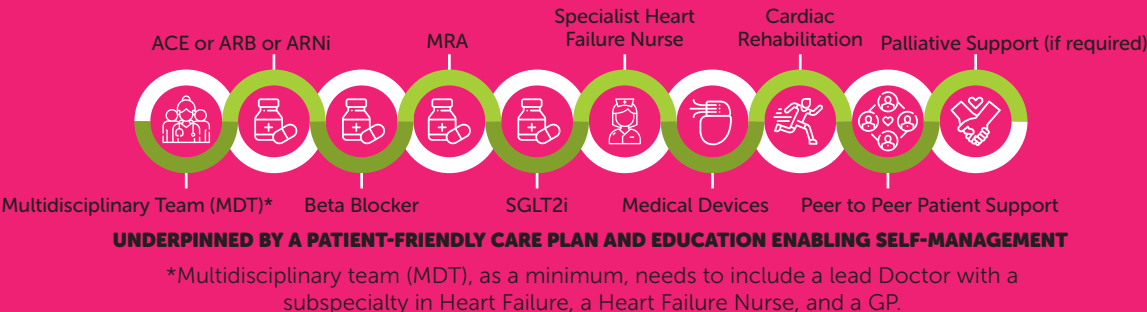
Here is the list of medications, the main treatments (called the four pillars) are highlighted in **bold**:

Treatment name	Prescribed by	What it does
Beta Blocker ends in “lol”	GP or Heart Failure Specialist	Makes your heart beat slower and stronger.
ACE Inhibitor ends in “pril” or ARB ends in “sartan”	GP or Heart Failure Specialist	Relaxes blood vessels to reduce strain on the heart.
OR ARNi (Angiotensin-Receptor-Neprilysin Inhibitor)	Heart Failure Specialist	Enhances protective systems that protect your heart. Protects the kidneys to help lower blood pressure.
Mineralocorticoid Receptor Antagonist - MRA	GP or Heart Failure Specialist	Reduces excess fluid build-up.
SGLT2 Inhibitors (sodium-glucose transport protein 2 inhibitor) or ending in “gliflozins”	GP or Heart Failure Specialist	Improves symptoms and reduces absorption of sugar in the kidneys.
Hyperpolarisation-activated Cyclic Nucleotide-gated (HCN) channel blockers	Heart Failure Specialist	Reduces heart rate when rate is more than expected when in normal rhythm.
Implantable Cardioverter Defibrillator - ICD	Heart Failure Specialist	Protects the heart from dangerous, sometimes fatal rhythms by restoring normal rhythm.
Cardiac Resynchronisation Therapy - could be either CRTD or CRTP	Heart Failure Specialist	It helps the heart to beat in the usual way, meaning the heart pumps more efficiently, helping you feel better. The CRTD version will include an ICD function.
Advanced Heart Failure Therapy	Heart Transplant Centre (after referral and investigation)	Mechanical pump that pumps blood efficiently to the rest of the body.
Heart Transplant	Heart Transplant Centre (after referral and investigation)	Replaces a damaged heart with a healthy heart from a recently deceased person (donor).

These are the most common tablets that will be prescribed; however, depending on why you have Heart Failure, other tablets may be prescribed. The NHS website is a good resource for patients and their families who wish to access information regarding medicines.

Remember: it’s not just about medications and devices.

A number of treatments play an important role in managing your Heart Failure. Our Pumping Marvellous patient community have identified **10 important pillars for living better with their Heart Failure**, which includes certain things that only they can do themselves.



General advice regarding Heart Failure medications

All Heart Failure medications are intended to be taken long-term, even if you become symptom-free, as Heart Failure is a long-term health condition. Any improvement in your symptoms and heart function are likely due to your treatment.

During your healthcare journey, you may encounter other specialists (who are experts in other areas but might not specialise in Heart Failure). If they suggest changes to your Heart Failure treatment, please ask them to inform your Heart Failure team, and consider doing so yourself if possible.



Potential side effects due to medications

It’s important to note that some people may experience side effects from medications. While most side effects are mild and temporary, they should not be a reason to stop your medications. If side effects persist and are bothersome, discuss them with your healthcare team, but do not abruptly discontinue your medications. In cases of serious side effects such as allergic reactions or severe dizziness, seek immediate medical assistance.





CHECK OUT OUR COMMUNITY HUB FOR MORE SUPPORT

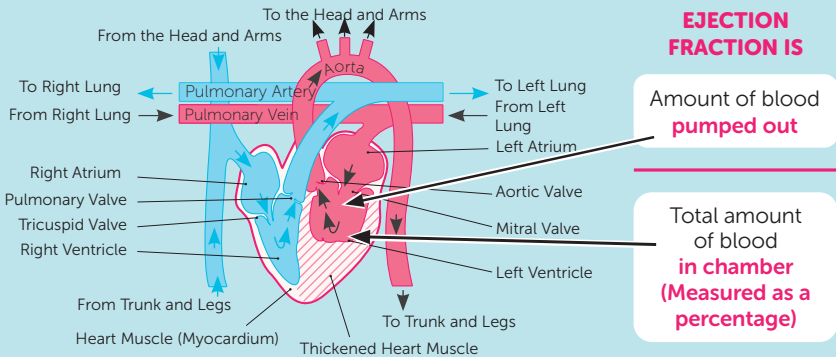


qr.pumpingmarvellous.org/CommunityHubWebsite

Treatment options for HFpEF

In your previous read, *A Little Bit More*, you learnt about your specific type of **Heart Failure**. If you have **Heart Failure with preserved Ejection Fraction (HFpEF)**, there are currently two main treatments available to you.

It is important to understand that treatment for HFpEF is developing.



Treatment name	Prescribed by	What it does
Diuretics (Water Tablets)	GP or Heart Failure Specialist	Helps to remove fluid and make you pass more urine.
SGLT2 Inhibitors	GP or Heart Failure Specialist	Improves symptoms and reduces absorption of sugar in the kidneys.

Please note: although SGLT2 inhibitors were originally developed for Type 2 Diabetes, these medications benefit people with Heart Failure by improving symptoms and reducing hospital admissions. You may need to make non-specialists aware of why you are taking this type of medication.

Your healthcare team may consider prescribing a Mineralocorticoid Receptor Antagonist (MRA). These are medications used in the treatment of Heart Failure that also act as water tablets. These medications can also be used to control blood pressure, reduce your chances of hospitalisation, and improve your quality of life.



Additionally, you might be prescribed medications for other long-term conditions that can contribute to HFpEF. These include medications for high blood pressure, diabetes, atrial fibrillation, inhalers for lung conditions, special breathing masks for sleep apnoea, weight loss medications, etc. It is crucial that you continue taking these medications as prescribed, as stopping them might worsen your Heart Failure.

To learn more about living with HFpEF, download a copy of **My Guide to Living with Heart Failure with preserved Ejection Fraction**. Scan this code or visit our website:



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The 10 pillars to improving your heart and overall health for those with Heart Failure with preserved Ejection Fraction (HFpEF)

Focussing on the 10 pillars of care for Heart Failure with preserved Ejection Fraction.



General advice regarding Heart Failure medications

All Heart Failure medications are intended to be taken long-term, even if you become symptom-free, as Heart Failure is a long-term health condition. Any improvement in your symptoms and heart function are likely due to your treatment.

During your healthcare journey, you may encounter other specialists (who are experts in other areas but might not specialise in Heart Failure). If they suggest changes to your Heart Failure treatment, please ask them to inform your Heart Failure team, and consider doing so yourself if possible.



Are you iron deficient?



If you have Heart Failure and are found to have iron deficiency, you may be offered intravenous iron (iron in a drip); this may be initiated during a hospital admission before going home or shortly following discharge, or as a result of a regular blood test.

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It's important to note that some people may experience side effects from medications. While most side effects are mild and temporary, they should not be a reason to stop your medications. If side effects persist and are bothersome, discuss them with your healthcare team, but do not abruptly discontinue your medications. In cases of serious side effects such as allergic reactions or severe dizziness, seek immediate medical assistance.



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