



IL PAZIENTE FRAGILE IN CARDIOLOGIA

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RESPONSABILI SCIENTIFICI
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TRATTAMENTO DEL PAZIENTE FRAGILE con SCOMPENSO CARDIACO

TERAPIA FARMACOLOGICA TRADIZIONALE

Dott.ssa Chiara Calcagnile

EPIDEMIOLOGIA

Frailty in Heart Failure: Implications for Management

Cristiana Vitale, Ilaria Spoletini and Giuseppe MC Rosano

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Abstract

Frailty is a complex clinical syndrome associated with ageing and chronic illness, resulting from multiple organ impairment; physiological reserves decrease and vulnerability to stressors increase. The role of frailty in cardiovascular disease has become increasingly recognised. Up to 79% of patients with heart failure are frail. Moreover, frailty is associated with a worse quality of life and poor prognosis. This review summarises the available literature on frailty in HF and highlights indications for its management.

VALORE PROGNOSTICO

Prognostic Value of Frailty for Older Patients with Heart Failure: A Systematic Review and Meta-Analysis of Prospective Studies

Xige Wang , Changli Zhou, Yuewei Li, Huimin Li , Qinqin Cao , and Feng Li 

Objective. Numerous studies have investigated the prognostic role of frailty in elderly patients with heart failure (HF), but the limited size of the reported studies has resulted in continued uncertainty regarding its prognostic impact. The aim of this study was to integrate the findings of all available studies and estimate the impact of frailty on the prognosis of HF by performing a systematic review and meta-analysis. *Methods.* PubMed, Embase, Cochrane, and Web of Science databases were searched from inception to November 8th 2017 to identify eligible prospective studies. The Newcastle-Ottawa Scale (NOS) was used to evaluate study quality. The association between frailty and HF outcomes was reviewed. Overall hazard ratios (HRs) for the effects of frailty on all-cause mortality were pooled using a fixed-effect model and publication bias was evaluated using funnel plots. *Results.* A total of 10 studies involving 3033 elderly patients with HF were included in the systematic review and meta-analysis. All eligible studies indicated that frailty was of prognostic significance for HF patients. The HRs for the effects of frailty on all-cause mortality were 1.70 (95% confidence interval (CI): 1.41–2.04), based on the pooling of six studies that provided related data. However, publication bias was observed among the studies. *Conclusions.* Frailty has a high prevalence among older patients with HF. Elderly HF patients with frailty have a poorer prognosis than those without frailty. Further studies are now required to implement the use of frailty assessment tools and explore effective interventions for frailty in older HF patients.

OBIETTIVI della TERAPIA FARMACOLOGICA

- RISOLUZIONE dei SINTOMI
- MIGLIORAMENTO della CAPACITA' FUNZIONALE e della QUALITA' DI VITA
- PREVENZIONE delle RIOSPEDALIZZAZIONI
- RIDUZIONE della MORTALITA'



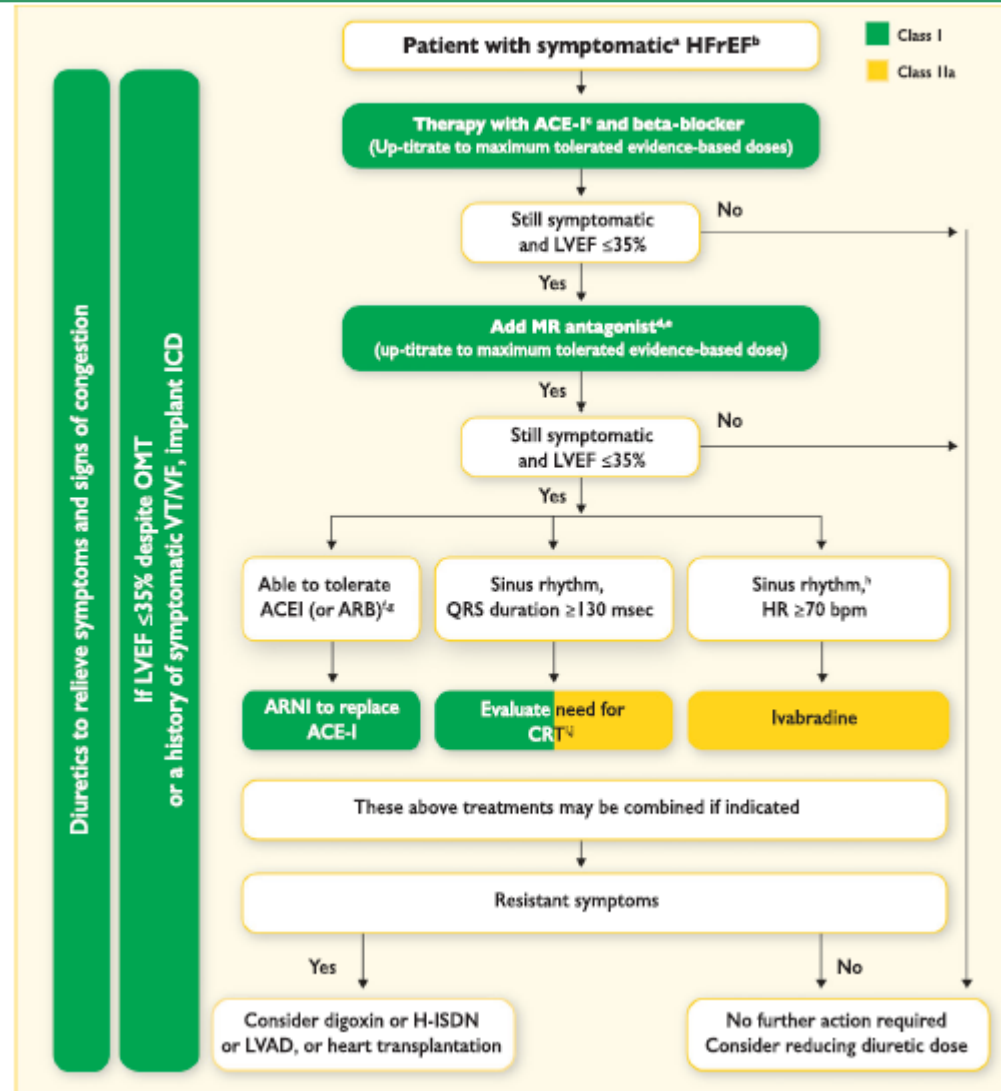
European Heart Journal (2016) 37, 2129–2200
doi:10.1093/eurheartj/ehw128

ESC GUIDELINES

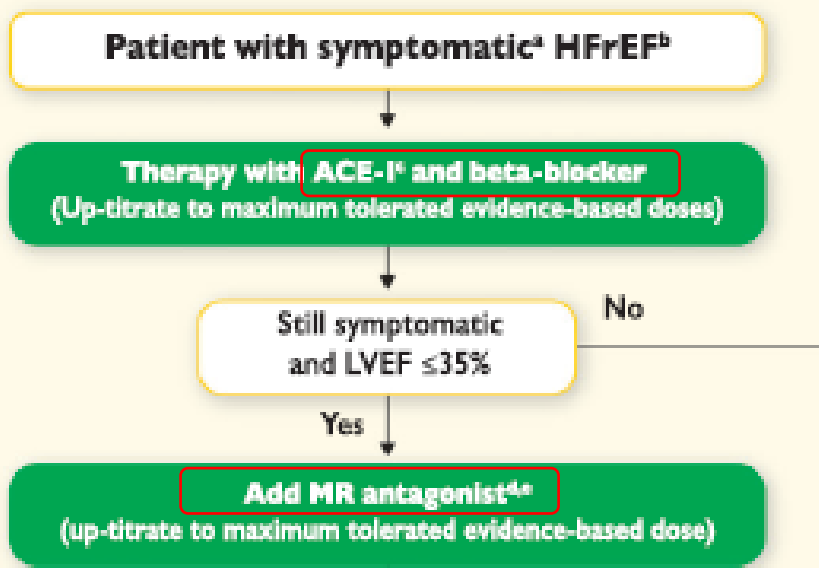


**2016 ESC Guidelines for the diagnosis and
treatment of acute and chronic heart failure**

ALGORITMO TERAPEUTICO: SCOMPENSO CARDIACO A FRAZIONE DI EIEZIONE RIDOTTA



ALGORITMO TERAPEUTICO: SCOMPENSO CARDIACO A FRAZIONE DI EIEZIONE RIDOTTA



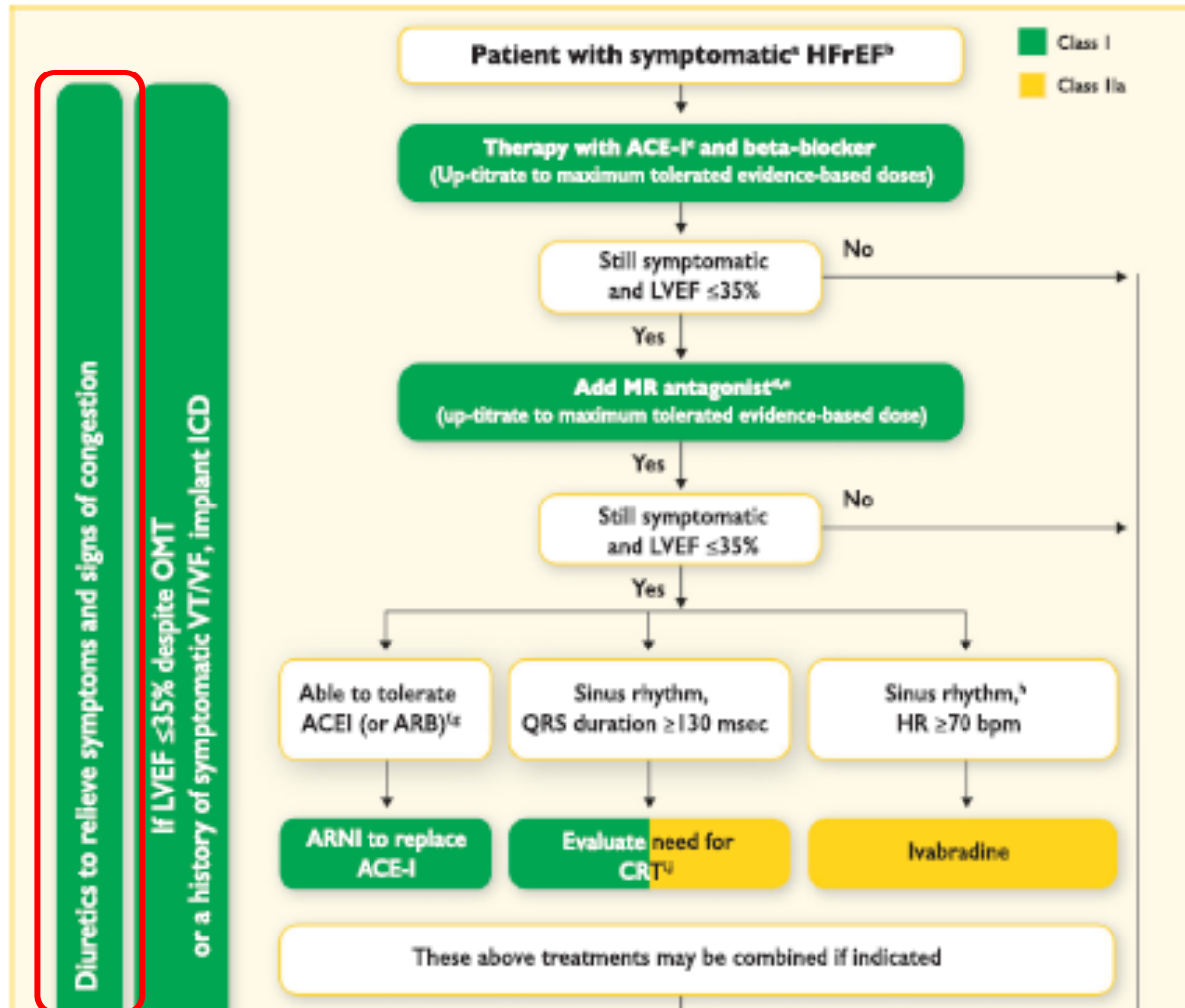
There is consensus that beta-blockers and ACEIs are **complementary**, and can be started together as soon as the diagnosis of HFrEF is made.

Neuro-hormonal antagonists (ACEIs, MRAs and beta-blockers) have been shown **to improve survival** in patients with HFrEF and are recommended for the treatment of every patient with HFrEF, unless contraindicated or not tolerated.

ALGORITMO TERAPEUTICO: SCOMPENSO CARDIACO A FRAZIONE DI EIEZIONE RIDOTTA

	Starting dose (mg)	Target dose (mg)
ACE-I		
Captopril ^b	6.25 t.i.d.	50 t.i.d.
Enalapril	2.5 b.i.d.	10–20 b.i.d.
Lisinopril ^b	2.5–5.0 o.d.	20–35 o.d.
Ramipril	2.5 o.d.	10 o.d.
Trandolapril ^a	0.5 o.d.	4 o.d.
Beta-blockers		
Bisoprolol	1.25 o.d.	10 o.d.
Carvedilol	3.125 b.i.d.	25 b.i.d. ^d
Metoprolol succinate (CR/XL)	12.5–25 o.d.	200 o.d.
Nebivolol ^f	1.25 o.d.	10 o.d.
ARBs		
Candesartan	4–8 o.d.	32 o.d.
Valsartan	40 b.i.d.	160 b.i.d.
Losartan ^{h,e}	50 o.d.	150 o.d.
MRA s		
Eplerenone	25 o.d.	50 o.d.
Spirolactone	25 o.d.	50 o.d.
ARNI		
Sacubitril/valsartan	49/51 b.i.d.	97/103 b.i.d.
I_f-channel blocker		
Ivabradine	5 b.i.d.	7.5 b.i.d.

ALGORITMO TERAPEUTICO: SCOMPENSO CARDIACO A FRAZIONE DI EIEZIONE RIDOTTA

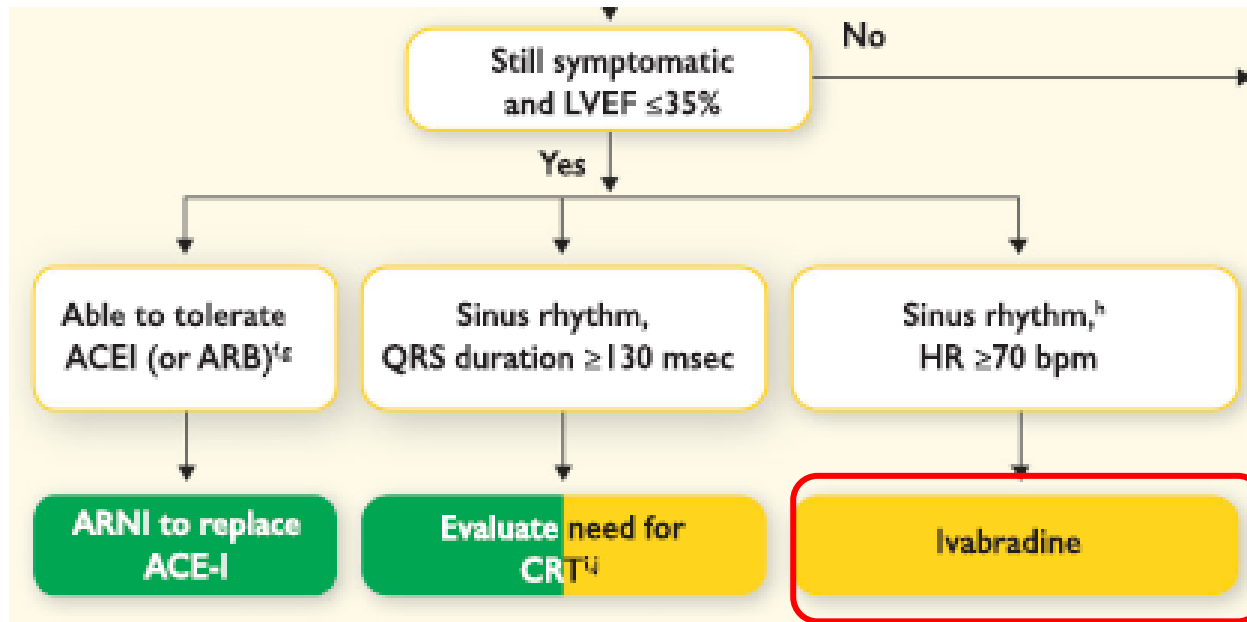


The aim of diuretic therapy is to achieve and maintain euvoaemia with **the lowest achievable dose.**

ALGORITMO TERAPEUTICO: SCOMPENSO CARDIACO A FRAZIONE DI EIEZIONE RIDOTTA

Diuretics	Initial dose (mg)		Usual daily dose (mg)	
Loop diuretics^a				
Furosemide	20–40		40–240	
Bumetanide	0.5–1.0		1–5	
Torsemide	5–10		10–20	
Thiazides^b				
Bendroflumethiazide	2.5		2.5–10	
Hydrochlorothiazide	25		12.5–100	
Metolazone	2.5		2.5–10	
Indapamide ^c	2.5		2.5–5	
Potassium-sparing diuretics^d				
	+ACE-I/ ARB	-ACE-I/ ARB	+ACE-I/ ARB	-ACE-I/ ARB
Spironolactone/ eplerenone	12.5–25	50	50	100– 200
Amiloride	2.5	5	5–10	10–20
Triamterene	25	50	100	200

ALGORITMO TERAPEUTICO: SCOMPENSO CARDIACO A FRAZIONE DI EIEZIONE RIDOTTA



PAZIENTE FRAGILE: FENOTIPO TIPICO

Frailty and Heart Failure

Aug 05, 2016 | Deena Goldwater, MD; Natasha Lipson Altman, MD, FACC

The prevalence of systolic dysfunction declines while the incidence of HF with preserved ejection fraction increases

one with preserved ejection fraction, multiple non-cardiac comorbidities, and concomitant frailty. The typical elderly HF patient is

CLASSIFICAZIONE dello SCOMPENSO CARDIACO

Table 3.1 Definition of heart failure with preserved (HFpEF), mid-range (HFmrEF) and reduced ejection fraction (HFrEF)

Type of HF	HFrEF	HFmrEF	HFpEF
CRITERIA	1	Symptoms ± Signs ^a	Symptoms ± Signs ^a
	2	LVEF <40%	LVEF 40–49%
	3	–	1. Elevated levels of natriuretic peptides ^b ; 2. At least one additional criterion: a. relevant structural heart disease (LVH and/or LAE), b. diastolic dysfunction (for details see Section 4.3.2).

- ❑ CARDIOPATIA STRUTTURALE (cardiopatia ipertensiva o valvolare)
- ❑ DISFUNZIONE DIASTOLICA

SCOMPENSO CARDIACO a FRAZIONE di EIEZIONE PRESERVATA: TRATTAMENTO

No treatment has yet been shown, convincingly, to reduce morbidity or mortality in patients with HFpEF or HFmrEF. However, since these patients are often elderly and highly symptomatic, and often have a poor quality of life,³⁰⁷ an important aim of therapy may be to alleviate symptoms and improve well-being.³⁰⁸

Recommendations for treatment of patients with heart failure with preserved ejection fraction and heart failure with mid-range ejection fraction

Recommendations	Class ^a	Level ^b	Ref ^c
It is recommended to screen patients with HFpEF or HFmrEF for both cardiovascular and non-cardiovascular comorbidities, which, if present, should be treated provided safe and effective interventions exist to improve symptoms, well-being and/or prognosis.	I	C	
<u>Diuretics are recommended in congested patients with HFpEF or HFmrEF in order to alleviate symptoms and signs.</u>	I	B	178, 179

CONCLUSIONI

- Paziente FRAGILE: IMPATTO EPIDEMIOLOGICO e PROGNOSTICO
- SCOMPENSO CARDIACO a FRAZIONE di EIEZIONE RIDOTTA
 - Terapia a step
 - ACE-I, betabloccanti, MRA: impatto sulla sopravvivenza
- SCOMPENSO CARDIACO a FRAZIONE di EIEZIONE PRESERVATA
 - Fenotipo tipico
 - Terapia sintomatica

