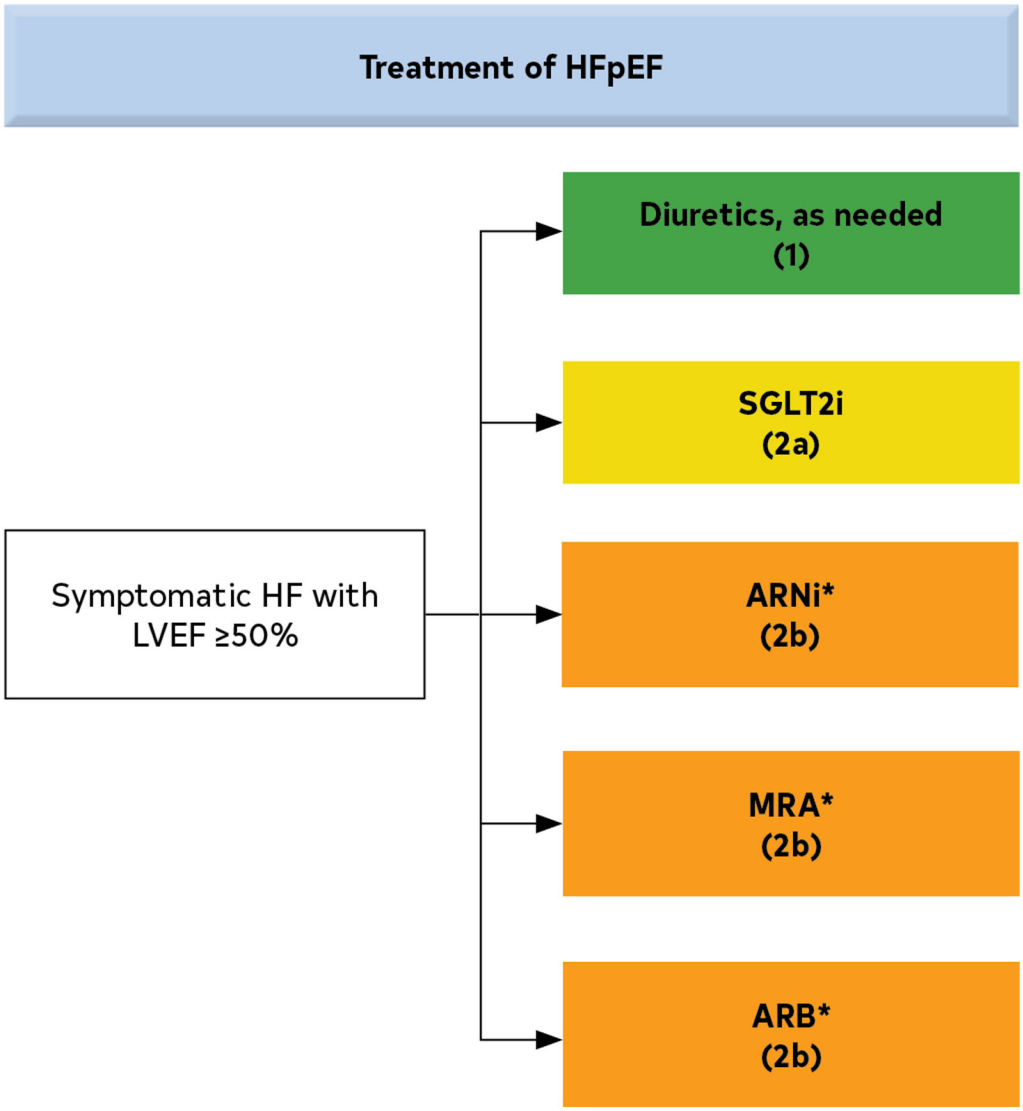
Evaluation of Medications for HFpEF:

Class	Benefit	Initiating and Monitoring	Clinical Pearls
Blood Pressure Management	- Medications should be titrated to attain clinical practice guidelines to prevent morbidity	- Monitor for decrease in BP and HR - Assess symptoms and titrate per hypertension guidelines	- Optimal BP goal and antihypertensive regimens are not known for patients with HFpEF - RASS antagonists may be first line given data in HFpEF trials - Consider other comorbidities and potential benefits of one BP medication over another
SGLT2	- Beneficial for decreasing HF hospitalization and cardiovascular mortality - Effects seen regardless of diabetic diagnosis - NYHA Class II-IV	- Monitor for Scr, BUN, Na+ - Assess signs of yeast or urine infection - No titration	- All home SGLT2i will be interchanged to empagliflozin - Empagliflozin can be used with eGFR $\geq$ 25 and renal function is stable or improving - Caution for patients with recurrent UTIs
ARNi	- More beneficial for the low end of the LVEF spectrum - Might help reduce HF related hospitalizations	- Monitor for drop in BP and increase in SCr, BUN, K+ - Assess symptoms and titrate per hypertension guidelines	- If switching from an ACEi, allow 36-hour washout period before starting the ARNi - No washout for switching from an ARB
MRA	- More beneficial for the low end of the LVEF spectrum - Might help reduce HF related hospitalizations	- Monitor BP and check SCr, BUN, K+ - Assess symptoms - No titration	- Caution with diuretic dosing at initiation to minimize risk of hyperkalemia and worsening renal function
ARB	- More beneficial for the low end of the LVEF spectrum - Might help reduce HF related hospitalizations	- Monitor for drop in BP and increase in SCr, BUN, K+ - Assess symptoms and titrate per hypertension guidelines	- May provide additional benefits for hypertension and albuminuria
Fluid Control	- Diuretics should be used for symptom relief due to edema and volume overload	- Loop diuretics are preferred - Monitor fluid status, K+, Mg, and renal function	- May add a thiazide or metolazone if patients have refractory edema unresponsive to loop diuretics alone

*HF = heart failure;; BP = blood pressure; HR = heart rate; NYHA = New York Heart Association; SCr = serum creatinine; BUN = blood urea nitrogen; K+ = serum potassium; Mg = serum magnesium; LVEF = left ventricular ejection fraction; eGFR = estimated glomerular filtration rate; ACEI = angiotensin converting enzyme inhibitor; ARB = angiotensin receptor blocker

Medications to avoid and recommend discontinuation of:

- Non-steroidal anti-inflammatory drugs (NSAIDs): aspirin, meloxicam, sulindac, ibuprofen, naproxen, ketorolac, celecoxib
- Cold and cough medications with pseudoephedrine and phenylephrine
- Alka-seltzer
- Thiazolidinediones (TZDs): pioglitazone
- Non-dihydropyridine calcium channel blockers (Non-DHP CCBs): cardizem and verapamil
- Always question herbals and natural supplements



References:

1. Heidenreich PA, Bozkurt B, Aguilar D, et al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*. 2022;145(18):e895-e1032. doi:10.1161/CIR.0000000000001063