



AAHFN Leadership Message

CHAMP-HF: Patients deserve more...



Despite clear guidelines for the management of heart failure with reduced ejection fraction (HFrEF), results from the change the management of patients with heart failure (CHAMP-HF) registry showed major gaps in utilization of evidence-based medical therapy.

The CHAMP-HF registry included outpatients in the United States with chronic HFrEF receiving at least one heart failure medication. Patients were characterized by baseline use/dosage of standard medical therapy, including angiotensin-converting enzyme inhibitor/angiotensin II receptor blocker (ACEI/ARB), angiotensin receptor neprilysin inhibitor (ARNI), beta blocker, and mineralocorticoid receptor antagonist (MRA).

Among eligible patients, achievement of target doses was subpar for all therapies. Older age, lower blood pressure, worsening functional class, renal insufficiency and recent heart failure (HF) hospitalization were associated with lower medication utilization/dose. Social and economic factors were not independently associated with medication use or dose.¹

Medication class	Percentage at target dose (%)
ACEI/ARB	17
ARNI	14
Beta blocker	28
MRA	77

Despite robust data and well-articulated clinical practice guidelines, findings from the CHAMP-HF registry demonstrate that the care deficit still needs to be addressed.² These medications improve health status, quality of life, and reduce HF hospitalization and mortality when utilized at recommended doses; however, these findings suggest there is significant opportunity to improve care and clinical outcomes for patients with HFrEF.³

Heart failure nurses are in key positions to advocate for the utilization of guideline-directed medical therapy (GDMT) across all settings. HF medical regimens are complex, especially when associated with comorbid conditions. Providers must be proficient in patient

monitoring, dose titration, and therapy optimization. Individualized patient care strategies can promote long-term adherence and quality of life. Practical strategies to promote adherence and regimen optimization include:⁴

- Confirm affordability and access to prescribed regimen.
- Reconcile medications at every visit.
- Minimize diuretics to lowest possible dose to maintain euvoolemia.
- Avoid up-titration of neurohormonal blockade when volume depleted or if acutely decompensated.
- Space medication dosing to avoid fluctuations in BP.
- Initiate at low doses and up-titrate slowly.
- Monitor serial labs to assess renal function and electrolytes.
- Trend biomarkers to assist with clinical decision making and determine response to therapy.
- Use “teach back” to assess recall and understanding, including care givers in patient education.

Despite published clinical practice guidelines, significant gaps remain in adoption of proven therapies. Adherence to GDMT will improve the overall management of heart failure, while ongoing research and development is needed to target novel therapies. There is much work to be done as our patients deserve more...

References

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