



# Primary Prevention & Risk Stratification

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# Generalized Treatment Recommendations for Hypertension

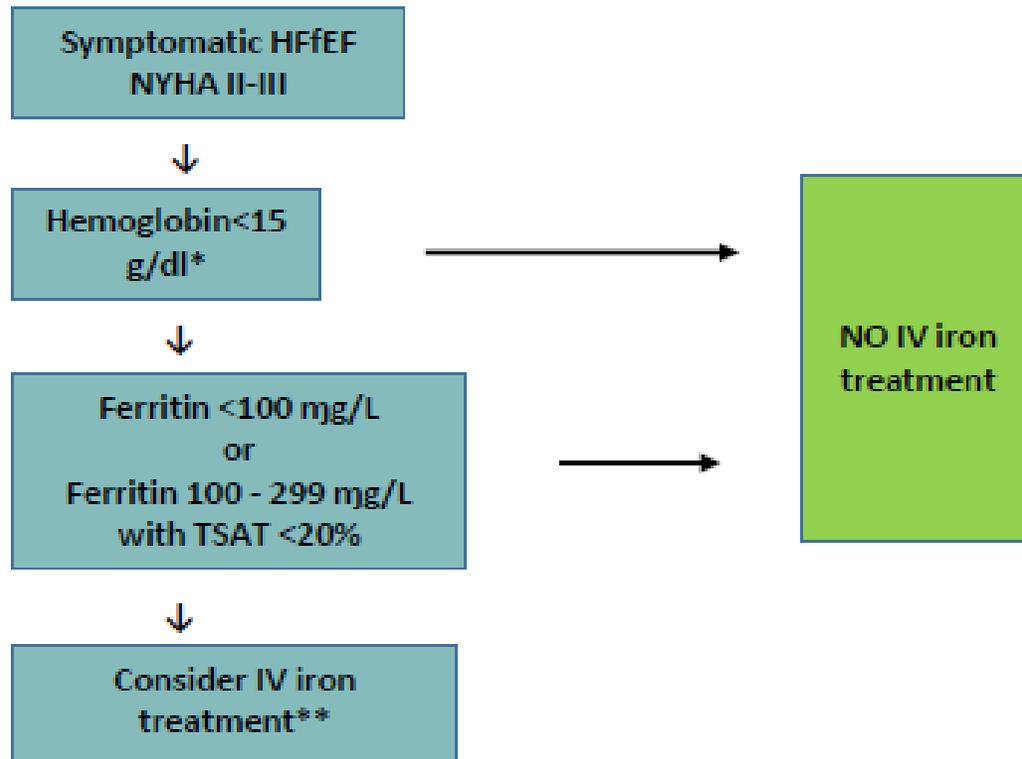
- ▶ Life-style modifications (weight loss, low salt/high fiber diet, exercise)
- ▶ Standard triple regiment of ACE inhibitor or ARB, thiazide diuretic and long-acting calcium channel blocker
- ▶ Preferential use of chlorthalidone
- ▶ Consider use of aldosterone antagonist (spironolactone, eplerenone, amiloride) as fourth drug
- ▶ Vasodilating beta-blocker as fifth drug
- ▶ Centrally-acting agent as sixth drug (clonidine, guanfacine)
- ▶ Vasodilating agents (hydralazine, minoxidil) as last resort

# Iron Deficiency:

- ▶ Present in 30-50% of patients with chronic stable heart failure
- ▶ Defined as ferritin  $<100\text{m}\mu\text{g/L}$  or ferritin  $100 - 300\text{m}\mu\text{g/L}$  and transferrin saturation  $< 20\%$
- ▶ Should check in all patients with congestive heart failure
- ▶ Leads to disturbed myocardial energetics and clinical consequences
- ▶ Requires IV iron – oral iron poorly absorbed in this setting

# Iron Deficiency cont:

## Diagnostic Algorithm for Treatment of Iron Deficiency in Patients With HF According to ESC Guidelines and Expert Consensus Recommendations



\*If significant anemia, initiate evaluation

\*\* Re-evaluate iron status after 3-6 months

von Haehling, S. et al. J Am Coll Cardiol HF, 2019;7(1):36-46

Adapted with permission from Doehner et al, (32). \*If anemia is significant initiate an evaluation. \*\*Re-evaluate iron status after 3 to 6 months

(Online Ref. 18) HFrEF heart failure with reduced ejection fraction; NYHA



Questions or Comments...