

OVERVIEW

This case involves a 68-year-old man with a history of hypertension and coronary artery disease who developed heart failure with reduced ejection fraction (HFrEF) with no obvious additional precipitating cause. He was treated with guideline-directed therapy with diuretics and the addition of a beta-blocker to the angiotensin-converting enzyme inhibitor he was already taking and the doses were gradually increased. A mineralocorticoid receptor antagonist was also added. He developed postural symptoms which improved with switching from a vasodilating beta-blocker to a selective beta1-blocker. His symptoms resolved and the NT-proBNP level and LVEF improved so it was not considered necessary to use additional treatments such as sacubitril/valsartan, ivabradine or an SGLT2 inhibitor in this case.

LEARNING OBJECTIVES

By attending this online interactive activity, learners will be able to:

1. Identify conditions that may have precipitated the new onset of heart failure in a patient with hypertension
2. Discuss the best diagnostic procedures for the clinical characterization of the patient
3. Feel confident in selecting and starting appropriate treatments including beta-blockers
4. Know how to adjust the ongoing treatment, discussing the best options derived by controlled clinical trials

TARGET AUDIENCE

This activity is designed for Cardiologists, General Practitioners, Internists and those treating patients with cardiovascular disorders.



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