Abstract

Guidelines have been published for management of chronic systolic heart failure to reduce patient morbidity and mortality. Objective: A quality review of the heart failure medical therapy for a community family medicine residency program clinic and a multidisciplinary heart failure specialty clinic was performed to compare adherence to ACC/AHA heart failure guidelines, with regard to medications and in titrating to recommended target doses. Methods: The study was a retrospective chart review and data collected included name and dose of any ACEI, beta-blocker, ARB, or other medication addressed in the guidelines. Results: Specialty clinic patients had significantly lower systolic blood pressures and ejection fractions. Significantly more patients were prescribed beta-blockers in the specialty clinic population (98% vs 80%, p<0.05). Both patient populations had very low rates of reaching target beta-blocker doses (15% vs 21%, p=0.27). More patients in the family medicine clinic reached target doses of ACEI (64% vs 49%, p<0.05) and ARBs (67% vs 35%, p<0.05). Conclusions: This study revealed the vast majority of patients in either a community family medicine residency program or heart failure specialty clinic were prescribed ACEI or ARB, and beta-blockers. However, achieving target doses should continue to be an important goal for practitioners.

Keywords

Heart Failure, Systolic, Drug Therapy, Guideline Adherence, United States.