HF Review Clinic

NYHA Class	Level of Clinical Impairment
I 	No limitation of physical activity. Ordinary physical activity does not cause undue breathlessness, fatigue, or palpitations.
II 	Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in undue breathlessness, fatigue, or palpitations.
III 	Marked limitation of physical activity. Comfortable at rest, but less than ordinary physical activity results in undue breathlessness, fatigue, or palpitations.
IV 	Unable to carry on any physical activity without discomfort. Symptoms at rest can be present. If any physical activity is undertaken, discomfort is increased.

Symptoms – NYHA Functional Classification

NYHA I

- No limitation of physical activity
- Ordinary activity → **no breathlessness, fatigue, palpitations**

NYHA II

- **Slight limitation**
- Comfortable at rest
- Ordinary activity → **SOB, fatigue, palpitations**

NYHA III

- **Marked limitation**
- Comfortable at rest
- **Less-than-ordinary activity** → symptoms
- Often: slow walking, dressing, stairs

NYHA IV

- **Symptoms at rest**
- Any physical activity worsens symptoms
- Red flag → consider escalation

Also ask every time:

- Orthopnoea / PND
- Exercise tolerance change
- Weight gain
- Ankle swelling
- Dizziness / presyncope

Medication Review & Adherence

- Current HF meds + actual doses
- Missed doses? Why?
- Current side effects?

Observations / Ix

- BP (sitting ± standing if dizzy)
- HR & rhythm
- Weight (compare to baseline)
- O2 sats only if symptomatic
- Volume status
- Check recent U&Es, LFTs, Hx of UTI/Thrush

Lifestyle / Risk

- Smoking status
- Alcohol
- Vaccination status (flu / COVID)

Specialist Input

- When last seen by HF specialist / HF nurse

Explaining the NEW Guidance – SGLT2 inhibitors

“The heart failure guidelines have changed.
GPs can now start SGLT2 inhibitors, not just specialists.
This means we don’t need to wait — we can start today if you’re suitable.”

Even if you are stable, this medication is beneficial

Benefits

This medication **reduces hospital admissions for heart failure by about 25%** and **reduces the risk of death by ~15–20%**.
Patients also often feel **less breathless and more energetic**.

This medication mainly helps with **breathlessness, exercise tolerance, and fluid-related symptoms** such as leg swelling
People often notice they can **walk further**, feel **less out of breath on exertion**, and have **less ankle swelling**."

Some patients feel a difference **within 2–4 weeks**, especially with breathlessness and energy levels.
For others it's more gradual, over **1–3 months**.

Key points:

- Works **even if diabetes absent**
- Works **even if HF is stable**
- Benefit seen **early (weeks)**

How it works

This drug was originally developed for diabetes, however it was observed that it had benefits for the heart and kidneys as well, even in someone without diabetes

It helps the kidneys get rid of excess glucose and salt.
That reduces fluid load, lowers heart strain, and improves heart efficiency.
It also has protective effects on the heart and kidneys.

Eligibility & Contraindications

Do NOT start if:

- Type 1 diabetes
- Current DKA
- Pregnancy / breastfeeding
- Severe acute illness / dehydration

Caution:

- Very low eGFR (check current threshold)
- Recurrent UTIs or genital infections
- Frailty with dehydration risk
- Check K

Side Effects

Common & manageable

- Genital thrush → hygiene, early treatment
- Mild dehydration → drink fluids
- Increased urination early on

Rare but serious

- DKA (even with normal glucose)
  → sick-day rules, stop if unwell, seek help

"Overall, the side-effect profile is small compared to other heart failure drugs, and most people tolerate it very well."

Counselling

- Sick-day rules (stop if vomiting, not eating, dehydrated)
- Not a replacement for other HF meds
- When to seek help:
  - Rapid weight gain
  - Worsening breathlessness
  - Dizziness or collapse
- Arrange follow-up bloods if required