

Subject	Recommendation	Level of Evidence Rated in ACC/AHA Guidelines	Special Considerations	Limitations
Medical management	Diuretics to optimize volume status	Yes	Weight and estimated jugular venous pressure are clinical measures	
	ACE inhibitor or ARB	Yes	Dosage should be titrated to maximal doses in trials	Discontinuation indicated if patient develops a >30% rise in serum creatinine, or hypotension. Hydralazine and nitrates may then be an option
	β-blocker or α,β-blocker	Yes	Patient should be euvolemic before starting medication	Symptoms and quality of life were not reported in trials. Hypotension and negative inotropy may limit use
	Continuous outpatient support with inotropes	Yes	May allow outpatient care for otherwise seriously ill patients	Increased ventricular ectopy reported for all inotropes; increased mortality
	Oral inotropes	No	Study underway—no FDA-approved drugs	Combination with β-blockers may improve mortality seen in older studies
	CPAP for sleep-disordered breathing	No	Improve LV function and reduce norepinephrine levels with apnea or Cheynes-Stokes respiration	Equipment not well-tolerated by all patients; may also palliate fatigue
	Oxygen supplementation for sleep-disordered breathing	No		Recommended when CPAP not tolerated; no published data of effectiveness
Palliation of dyspnea	Oxygen	No	No clear evidence in HF	No physiological benefit in 1 study
Palliation of fatigue	Opioids	No	Unstudied in HF	Physiological effects not known in HF
	Psychostimulants	No	Unstudied in HF; benefit in cancer and HIV	
Treatment of depression	Antidepressants	No	Unstudied in HF	
Advanced technologies	VAD	No	Patients must manage the technology	Few VAD recipients in REMATCH survived beyond 2 years
	Implantable cardioverter defibrillator	No	Tested in patients with prior MI	Quality of life not assessed; uncertainty in patients with intolerable symptoms
	Cardiac resynchronization	No	Uncertain benefit for patients with advanced HF	
Communication	Advance care planning	No	Not tested in HF	Advance directives have no impact on care, symptoms or quality of life
	Honest communication about the course of HF	No	Not tested in HF	
	Understand patient needs for information and address their concerns	No	Not tested in HF. Reduces anxiety in cancer patients	
Interdisciplinary supportive care	Concurrent supportive care and HF disease management	No	Not tested in HF	
Structure of care	Seamless transitions between sites of care	No	Not tested in HF or other diseases	
Hospice care		No	Not tested in HF or other diseases	Variable approaches to care by different agencies

ACC/AHA, American College of Cardiology/American Heart Association; ACE, angiotensin-converting enzyme; ARB, Angiotensin receptor blockers; CPAP, continuous positive airway pressure; FDA, Food and Drug Administration; LV, left ventricular; HF, heart failure; HIV, human immunodeficiency virus; VAD, ventricular assist device; REMATCH, Randomized Evaluation of Mechanical Assistance for the Treatment of Congestive Heart Failure.