

Transcript Details

This is a transcript of a continuing medical education (CME) activity. Additional media formats for the activity and full activity details (including sponsor and supporter, disclosures, and instructions for claiming credit) are available by visiting:

<https://reachmd.com/programs/cme/hf-management-for-patients-with-comorbid-conditions/27020/>

Released: 09/16/2024

Valid until: 09/15/2025

Time needed to complete: 52m

ReachMD

www.reachmd.com

info@reachmd.com

(866) 423-7849

HF Management for Patients with Comorbid Conditions

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

Dr. Skolnik:

Most patients with heart failure have multiple comorbidities. Would you be able to identify and manage heart failure in light of these comorbid conditions?

This is CME on ReachMD. I'm Dr. Neil Skolnik, and joining me to discuss heart failure management for patients with comorbid conditions is Dr. Barry Greenberg, Karina Brown, RN, Jessica Lin, PA, and Dr. Melissa Mclenon, nurse practitioner. Thank you everybody for joining this discussion.

Dr. Skolnik:

We know that the overwhelming majority of patients with heart failure have at least one comorbid condition, and most have more than two comorbidities. Dr. Greenberg, which comorbidities do you tend to see most often in your patients?

Dr. Greenberg:

What we see most commonly are type 2 diabetes present in somewhere between 40 to 50% of patients; chronic kidney disease in various stages; obesity, very common in the medical population, and we see that quite frequently in our heart failure patients; high blood pressure, the most common cause of heart failure, so that's a very, very prominent comorbidity; and atrial fibrillation we see that in many of our patients.

Dr. Skolnik:

It so important, and it really speaks to one of the themes that we're going to get into, which is the importance of comanagement and communication. Why is it important to recognize and consider comorbid conditions in patients with heart failure? Dr. Mclenon, how might the comorbidities influence treatment selection?

Dr. Mclenon:

Comorbidities play a huge role in how you really manage these patients. They complicate management in a variety of ways. It influences what treatment selection you use. You know, if they have CKD 3/4, it will limit some of the GDMT that these patients will tolerate. What may influence some of their treatment toxicities, combining different agents. A lot of these patients also have peripheral arterial disease, peripheral vascular disease, require a variety of different anticoagulation agents that are out there. So look at the toxicities, as well as the med interactions. And also it may impair the response to treatments. Again, you know where's the medications being absorbed? Where are they being treated? You know, from what route? So it's a lot of different things that go on.

And also, again, when you're treating these patients with all these comorbidities, you need to keep in mind that there are a variety of other physicians also caring for these patients. They're not just being followed by cardiology, so you have the nephrologist and the

endocrinologist, and, you know, the general cardiologist, advanced heart failure cardiologist, and you know, you just have a huge variety of other providers. And to realize that really have the patient aware of what their medications are and what drugs, or for which in, you know, comorbidity that we're trying to really focus on.

And it also impacts prognosis. You know, patients with multiple comorbidities are, of course, at higher risk for cardiac death when you combine that with heart failure as well. So how does it impact the prognosis? And really look at what the patient's goals of care and their quality of life. Again, with so many different providers, you need a pharmacist, you need a social worker, you need, you know, someone to help with the financial aspect of all these different conditions, and patients' management ability to even get their medications.

Dr. Skolnik:

Dr. Greenberg, can you address how you integrate considerations of comorbidities into your overall treatment strategy

Dr. Greenberg:

Many of the comorbid conditions are covered in respective guidelines, and there are values that are published that are quite easily accessible on the internet, giving you some guidance here for high blood pressure. We know what the optimal blood pressure goal is, and we know what the recommended anti-hypertensive regimen that's currently in the guidelines. So I would start with following what are the respective guidelines for managing high blood pressure.

For diabetes, we know that the presence of type 2 diabetes is associated with a substantial increase in risk for heart failure and worse prognosis. We're now quite fortunate to have drugs that are useful in treating both diabetes and heart failure, specifically the SGLT inhibitors. They are now considered foundational drugs for heart failure, and if you will, they have the added benefit of also helping reduce hemoglobin A1c levels in patients with type 2 diabetes.

And then finally, what's become a really central target is obesity. And we're finding now that management of obesity really has a important impact on quality of life and likely outcomes in patients with heart failure.

Dr. Skolnik:

It's so important. And I think you pointed out some of the real high points that we need to pay attention to when we're taking care of patients. Other panelists, anyone else have anything they'd like to add?

Dr. Lin:

Yeah, I appreciate how you mentioned that it's so important to explain the why, behind the what. I spend a lot of time educating patients about the why. And I think that's especially important in patients that have multiple comorbidities, because it can be so overwhelming for the patient, for the family member, and especially with something as complex as heart failure, so many components that we're monitoring and things that we ask them to monitor at home. Just helping them feel that, we're there to support them each step of the way, that they can do the monitoring at home by themselves, and just incorporating that into their everyday lives, so it doesn't seem like this is a long laundry list of to-do's, and it becomes more part of their routine, so that it seems manageable on top of all their other things that they need to take care of.

Dr. Skolnik:

That's such a good point. It's shared decision-making. When you explain to people why, they get a vote, they get to decide what they're doing when they leave the office. If they understand the why and they opt in, they're far more likely to be compliant.

I want to thank all of our panelists. Dr. Barry Greenberg, thank you for joining us.

Dr. Greenberg:

You're welcome.

Dr. Skolnik:

Karina Brown, thank you.

Dr. Brown:

Thanks for having me.

Dr. Skolnik:

Jessica Lin.

Dr. Lin:

Thank you for having me as well.

Dr. Skolnik:

And Melissa Mclenon.

Dr. Mclenon:

Thank you. It's been a pleasure. Thank you.

Dr. Skolnik:

And for our audience, thank you for joining us for this discussion on heart failure I'm Dr. Neil Skolnik for ReachMD.

Announcer:

You have been listening to CME on ReachMD. This activity is provided by AKH Inc., Advancing Knowledge in Healthcare. and is part of our MinuteCE curriculum.

To receive your free CME credit, or to download this activity, go to ReachMD.com/CME. Thank you for listening.