

## **Compliance to ACC/AHA Guidelines for management of heart failure among patients with reduced ejection fraction in the cardiology fellow outpatient clinic at Veterans Affairs East Orange Medical Center**

Maliha Zainib MD<sup>1</sup>, Nimra Gilani DO<sup>1</sup>, Thomas Ng DO<sup>1</sup>, Renjit Thomas MD<sup>2</sup>

<sup>1</sup> Rutgers New Jersey Medical School; <sup>2</sup> East Orange Veterans Affairs Medical Center

**Background:** Guidelines have been established by the American College of Cardiology Foundation (ACC) and American Heart Association (AHA) for the management of heart failure (HF) but adherence to goal directed medical therapy (GDMT) has been highly variable<sup>1-6</sup>. We aim to assess compliance to these guidelines among patients with reduced ejection fraction (rEF) at the Veterans Affairs East Orange Medical Center (EOVA).

**Methods:** A list of patients seen for HF at EOVA cardiology fellow clinic from 11/2021 to 1/2022 was obtained. Our study population included patients with HFrEF (LVEF <50%) and at least ACC/AHA Stage C HF. Twenty-eight patients were identified whose charts were reviewed retrospectively.

**Results:** Nearly all patients (27/28) were on a beta-blocker, but only 10 were at the target dose. Of the remaining 17, only nine had documented reasons for not being at target dose (7 for inability to tolerate due to hypotension or bradycardia, 2 were being titrated up). About 82% patients were on either an ARNI, ACE-I, or ARB. Ten patients were on an ARNI but only one was at target dose (3/9 could not tolerate due to hypotension, 2/9 were being titrated). Of the 13 patients on ACE-I or ARB, only five were at the target dose (3/8 could not tolerate due to hypotension, 2/8 were being titrated). Only 60.7% of the 28 patients were on an aldosterone receptor antagonist, with 14/17 being at the target dose. Of the nine that were not on ARA, only two had documented reasons (renal insufficiency and hyperkalemia).

**Conclusion:** Our review of HF patients seen in EOVA fellow clinic demonstrates that most patients are not on target doses of GDMT, many for unclear or undocumented reasons. This highlights a need to improve adherence, perhaps through the utilization of clinical reminders, in order to minimize HF hospitalizations and patient morbidity and mortality.