

Updated Clinical Practice Guidelines on Heart Failure: An International Alignment

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Online publish-ahead-of-print 20 May 2016

This editorial refers to ‘2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure’[†], by P. Ponikowski et al., on page 2129.

The American College of Cardiology (ACC), the American Heart Association (AHA), and the European Society of Cardiology (ESC) are pleased to announce the publication of 2 updated clinical practice guidelines on management of patients with heart failure, which has been produced in collaboration with the Heart Failure Society of America (HFSA) and the Heart Failure Association (HFA) of the ESC.

The introduction of an angiotensin receptor-neprilysin inhibitor (ARNI), valsartan/sacubitril, and a sinoatrial node modulator, ivabradine, when applied judiciously, complement established pharmacological and device-based therapies, representing milestones in the evolution of care for patients with heart failure. Accordingly, the writing committees of the “ESC 2016 Guideline on the Diagnosis and Treatment of Acute and Chronic Heart Failure Developed With the Special Contribution of the HFA”¹ and the “2016 ACC/AHA/HFSA Focused Update on New Pharmacological Therapy for Heart Failure”² concurrently developed recommendations for the incorporation of these therapies into clinical practice. The ESC guideline is a complete revision of the “ESC Guidelines for the Diagnosis and Treatment of Acute and Chronic Heart Failure (2012) Developed With the Special Contribution of the HFA”.³ The ACC/AHA/HFSA document, developed in partnership with the Heart Failure Society of America, is part of a Focused Update of the “2013 ACCF/AHA Guideline for the Management of Heart Failure”⁴ that will be published within the next year.

Each writing committee surveyed the evidence independently and constructed similar recommendations, which were then shared

between the organizations. Given the robust processes used by both expert writing committees to review the evidence and develop these recommendations and the concordance between them, the organizations agreed to publish them concurrently to unify the message, minimize confusion, and improve and standardize the care of patients with heart failure.

The officers of the ACC, AHA, and ESC and their respective guideline oversight committees meet regularly to discuss opportunities for coordination and alignment on overlapping topics and evolution of the methodology used to gather and evaluate scientific evidence. The objective is to promote optimal care for patients with all forms of cardiovascular disease to improve outcomes and enhance quality of life around the world. The new documents represent an important step in this direction.

References

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[†] doi:10.1093/eurheartj/ehw128.

The European Society of Cardiology requests that this document be cited as follows: Antman EM, Bax J, Chazal RA, Creager MA, Filippatos G, Halperin JL, Houser S, Lindenfeld J, Pinto FJ, Vardas P, Walsh MN, Williams KA Sr, Zamorano JL. Updated clinical practice guidelines on heart failure: an international alignment. *Eur Heart J* 2016;**37**:2096.

This article has been copublished in *Circulation*, *Journal of Cardiac Failure*, *European Journal of Heart Failure* and *Journal of the American College of Cardiology*.

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