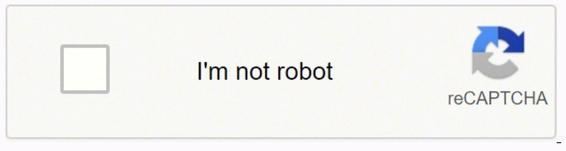

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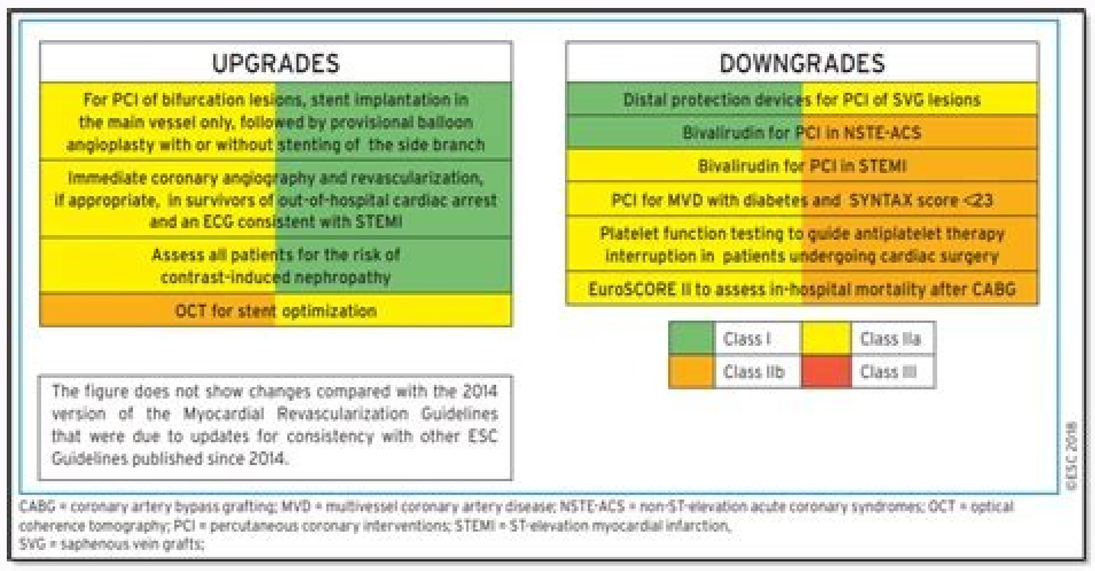
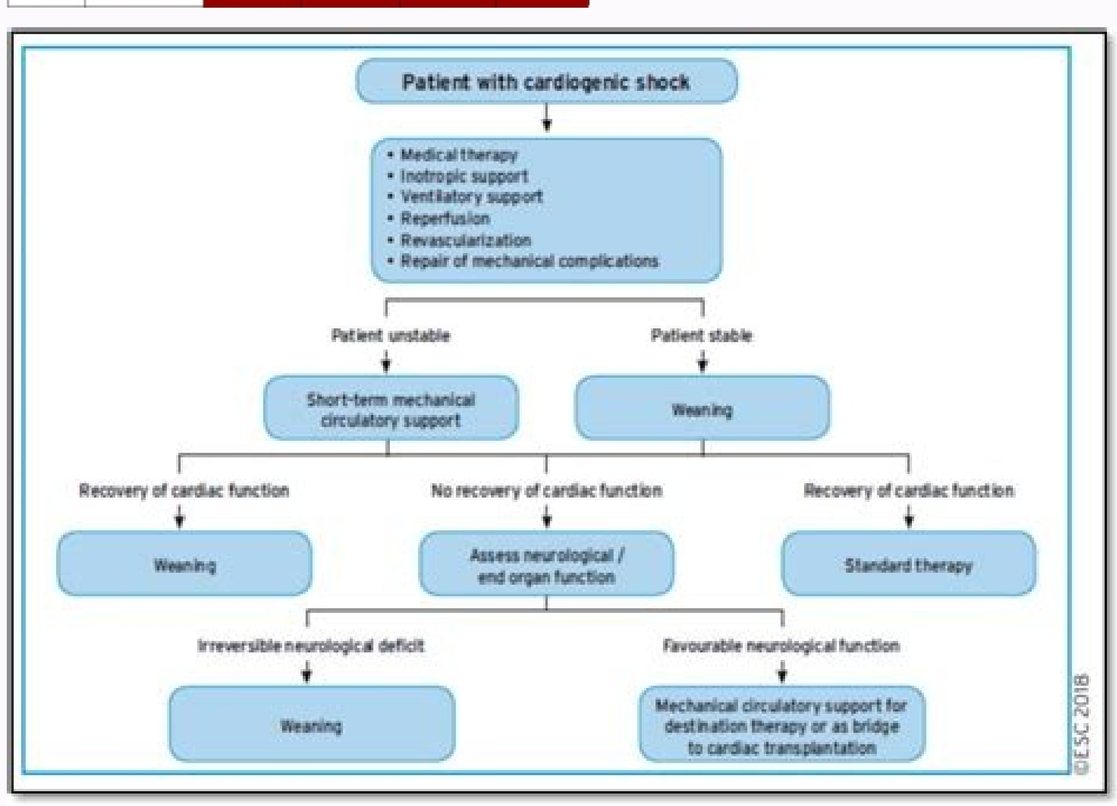
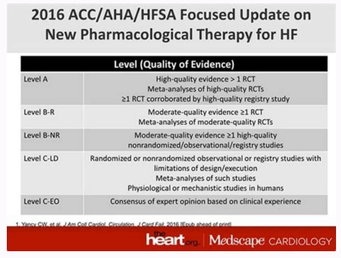


CABG = coronary artery bypass grafting; MVD = multivessel coronary artery disease; NSTE-ACS = non-ST-elevation acute coronary syndromes; OCT = optical coherence tomography; PCI = percutaneous coronary interventions; STEMI = ST-elevation myocardial infarction; SVG = saphenous vein grafts;

Staging	Previous CV events, Associated risk factors, Asymptomatic HMOD	Classification of BP			
		High normal SBP 130-140 mmHg DBP 85-90 mmHg	Grade 1 SBP 140-159 mmHg DBP 90-99 mmHg	Grade 2 SBP 160-179 mmHg DBP 100-109 mmHg	Grade 3 SBP ≥180 mmHg DBP ≥ 110 mmHg
Stage 1 Uncomplicated	No concomitant risk factors		Low risk	Moderate risk	High risk
	1-2 risk factors	Low risk	Moderate risk	Moderate to high risk	High risk
	≥3risk factors	Low to moderate risk	Moderate to high risk	High risk	High risk
Stage 2 Asymptomatic disease	eGFR 30-49 ml/min/mq, Diabetes of recent diagnosis Organ damage	Moderate to high risk	High risk	High risk	High to very high risk
Stage 3 Symptomatic disease	CV/cerebrovascular disease, eGFR < 30 ml/min/mq, Long-standing diabetes	Very high risk	Very high risk	Very high risk	Very high risk





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Anticoagulants should be continued even if sinus rhythm is restored because the risk of recurrent AF is high. N Engl J Med 2019; 380: 347– 357. 34Pitt B, Bakris GL, Weir MR, Freeman MW, Lainscak M, Mayo MR, Garza D, Zawadzki R, Berman L, Bushinsky DA. Transthyretin cardiac amyloidosis. Angiotensin receptor neprilysin inhibitor for functional mitral regurgitation. Beta-blockers had no effect on either primary or secondary clinical outcomes in patients with HFmrEF and atrial fibrillation (AF).40 These findings should be interpreted with caution as this was a post-hoc analysis. Of note, through an oversight, the 2016 ESC guidelines8 failed to refer to a systematic Cochrane review of home telemonitoring published in late 2015 (after the guideline had done its major literature search). MOMENTUM 3 (Multi-center Study of MagLev Technology in Patients Undergoing MCS Therapy With HeartMate 3™ IDE Clinical Study)87 is a pivotal trial for HeartMate 3 vs. Unveiling transthyretin cardiac amyloidosis and its predictors among elderly patients with severe aortic stenosis undergoing transcatheter aortic valve replacement. These trials provide insights into the contribution of vascular events to the outcome of patients at various points across a broad spectrum of HF. The substantial annual cost and lack of major benefit limit its use. Rationale and design of the DIGIT-HF trial (DIGitoxin to Improve ouTcomes in patients with advanced chronic Heart Failure): a randomized, double-blind, placebo-controlled study. The learning curve for this new therapeutic approach is considered to be 3–10 cases for experienced interventionalists. Although there was a trend toward improvement in the clinical signs and symptoms of HF with reduced intake of dietary salt, no clinically relevant data on whether reduced dietary salt intake affected outcomes such as CV-associated or all-cause mortality, CV-associated events, hospitalization, or length of hospital stay were found. The 2016 ESC guidelines8 state that implementation of multidisciplinary strategies in order to improve adherence to guideline-recommended medicines is recommended for patients with HFrEF in order to reduce the risk of HF hospitalization and CV and all-cause mortality. The benefit of the ICD is determined by the risk of sudden cardiac death over the risk of non-sudden cardiac death incorporating the high co-morbidity burden in HF patients. The effect was consistent over primary endpoint composites (HR 0.53 and 0.56, respectively, P ≤ 0.01 for both). After initiating an SGLT2 inhibitor, on average, estimated glomerular filtration rate (eGFR) will deteriorate by 3–5 mL/min, but the long-term rate of decline in eGFR is slowed.13 These observations await confirmation in the setting of HF. Adaptive servo-ventilation for central sleep apnea in systolic heart failure. The COMMANDER-HF (A Study to Assess the Effectiveness and Safety of Rivaroxaban in Reducing the Risk of Death, Myocardial Infarction or Stroke in Participants With Heart Failure and Coronary Artery Disease Following an Episode of Decompensated Heart Failure) trial enrolled 5022 patients with chronic HFrEF, CAD, a recent HF hospitalization and no AF59 and randomised them to rivaroxaban 2.5 mg bid, added to background antiplatelet therapy, mostly aspirin, but including a substantial proportion on dual antiplatelet therapy. The prevalence of CSA to some degree depends on the disease definition and HF severity. N Engl J Med 2009; 361: 2436– 2448. Atrio-ventricular (AV) node ablation, usually with bi-ventricular rather than right ventricular pacing, may be considered if paroxysms provoke severe symptoms and PV ablation has failed or is not possible. Eur J Heart Fail 2019; 21: 676– 684. Eur J Heart Fail 2018; 20: 1591– 1600. The risk of deferring ICD implantation by a few months in order to optimise therapy is low. 59Zannad F, Anker SD, Byra WM, Cleland JG, Fu M, Gheorghiade M, Lam CSP, Mehra MR, Neaton JD, Nessel CC, Spiro TE, van Veldhuisen DJ, Greenberg B; COMMANDER HF Investigators. Rivaroxaban in patients with heart failure, sinus rhythm, and coronary disease. The European Society of Cardiology (ESC) has published a series of guidelines on heart failure (HF) over the last 25 years, most recently in 2016.1-6 The next ESC guideline is not due until 2021. Task Force of the Working Group on Heart Failure of the European Society of Cardiology. Although AV node ablation will increase bi-ventricular capture, there is no evidence from adequately designed randomized controlled trials that this improves patient well-being or outcome.77 Ensure that the patient is receiving an effective anticoagulant regimen. ENDURANCE (The HeartWare™ Ventricular Assist System as Destination Therapy of Advanced Heart Failure)86 tested the HeartMate HVAD system vs. 82Cowie MR, Woehrle H, Wegscheider K, Angermann C, d'Ortho MP, Erdmann E, Levy P, Simonds AK, Somers VK, Zannad F, Teschler H. Hyperkalaemia is an important reason for under-use of life-saving therapy with RAASi in HF, and it is particularly frequent in patients with more advanced kidney disease and T2DM.32 Besides PEARL-HF (Evaluation of Patiromer in Heart Failure Patients),33 a phase-2 trial published in 2011, new evidence is available from trials of patients with CKD and hypertension that also included subgroups of HF patients. Well-designed, adequately powered studies are needed to reduce uncertainty about sodium restriction in HF patients. 49Charles-Edwards G, Amaral N, Sleigh A, Ayis S, Catibog N, McDonagh T, Monaghan M, Amin-Youssef G, Kemp GJ, Shah AM, Okonko DO. T.J. reports to be a member of advisory board of Sensible Medical and has received fees from Novartis. The subgroup analysis of the AMETHYST-DN (Patiromer in the Treatment of Hyperkalaemia in Patients With Hypertension and Diabetic Nephropathy) trial34 included 105 HF patients on RAASi. Per protocol, RAASi dose could not be down-titrated but patiromer could be up-titrated using a study-defined dosing algorithm. Although its limitations, i.e. the unblinded nature, and a small sample size (160 patients), with short follow-up duration (24 weeks), not powered to look at outcomes, the point-estimate showed the composite of CV death and HF hospitalizations reduced from 10.8% to 2.9% (P = 0.048). A substantial group of patients with HF do not receive appropriate pharmacotherapy with adequate doses, and receives intracardiac devices without prior optimization of pharmacotherapy. All of these trials required patients to have T2DM, but fewer than 15% had HF at baseline. R.A.d.B. reports that the UMCG, which employs Dr. de Boer, has received research grants and/or fees from AstraZeneca, Abbott, Bristol-Myers Squibb, Novartis, Novo Nordisk, and Roche, and received personal fees from Abbott, AstraZeneca, MandalMed Inc, and Novartis, Novo Nordisk, and Roche.; and received personal fees from Abbott, AstraZeneca, MandalMed Inc, and Novartis. For chronic HF patients with a recent HF hospitalization or persistent NYHA class III/IV, initiation of treatment with rivaroxaban cannot be recommended, as there is no demonstrable benefit. Eur Heart J 2018; 39: 26– 35. This expert consensus report is neither a guideline update nor a position statement, but rather a summary and consensus view in the form of consensus recommendations (see also online supplementary Tables S1 and S2). Circulation 2019; 140: 529– 537. Antiarrhythmic Drug Therapy for Atrial Fibrillation) trial also compared PV ablation to medical therapy.72, 73 Only 337 of 2204 patients randomized had HF at baseline. T.McD. Eur Heart J 2016; 37: 1526– 1534. Eur Heart J 1997; 18: 736– 753. Eur J Heart Fail 2019; 21: 998– 1007. Safety outcomes were similar for each strategy, indicating no disadvantage to early initiation, which may simplify management from both a clinician and patient perspective. 26Damman K, Gori M, Claggett B, Jhund PS, Senni M, Lefkowitz MP, Prescott MF, Shi VC, Rouleau JL, Swedberg K, Zile MR, Packer M, Desai AS, Solomon SD, McMurray JJ. 84Abraham WT, Kuck KH, Goldsmith RL, Lindenfeld J, Reddy VY, Carson PE, Mann DL, Saville B, Parise H, Chan R, Wiegn P, Hastings JL, Kaplan AJ, Edelmann F, Luthje L, Kahwash R, Tomassoni GF, Gutterman DD, Stagg A, Burkhoff D, Hasenfuß G. Home telemonitoring may be used to enhance patient education and motivation and delivery of care but must be adapted to work in synergy with existing health care provision. Given the high prevalence of ID and its association with an unfavourable outcome in patients with HF regardless of LVEF, more clinical trial evidence for IV iron supplementation is awaited for HFrEF (IRONMAN – NCT02642562, AFFIRM-AHF – NCT02937454, FAIR-HF2 – NCT03036462, HEART-FID – NCT03037931) and HFpEF (FAIR-HFpEF – NCT03074591). This recommendation is limited to patients who fulfil the inclusion and exclusion criteria of the ATTR-ACT (Safety and Efficacy of Tafamidis in Patients with Transthyretin Cardiomyopathy) trial (Table 2).50 These include confirmation of the presence of amyloid deposits on analysis of biopsy specimens obtained from the heart or other tissues (e.g. fat aspirate, gastrointestinal mucosa sites, salivary glands, or bone marrow). This Cochrane review95 identified 25 relevant trials and found that telemonitoring reduced all-cause mortality by about 20% and HF hospitalization by about 30%. Further, new trial evidence is due in many of these areas and others over the next 2 years, in time for the planned 2021 ESC guidelines on the diagnosis and treatment of acute and chronic heart failure. For younger patients (e.g. 70 years, or (ii) have advanced symptoms (NYHA class III/IV), or (iii) have life-shortening co-morbidity (e.g. severe lung disease or Stage IV CKD) and hence are likely to die for reasons other than sudden arrhythmic death (SAD). Eur J Heart Fail 2017; 19: 1414– 1423. The year in cardiology 2018: Heart failure. Genital infection in the context of treatment with SGLT2 inhibitors can be prevented by better hygiene, and patients should be made aware of the risk of this complication. Intrapericardial left ventricular assist device for advanced heart failure. 10Wiviott SD, Raz I, Bonaca MP, Mosenzon O, Kato ET, Cahn A, Silverman MG, Zelniker TA, Kuder JF, Murphy SA, Bhatt DL, Leiter LA, McGuire DK, Wilding JPH, Ruff CT, Gause-Nilsson IAM, Fredriksson M, Johansson PA, Langkilde AM, Sabatine MS; DECLARE–TIMI 58 Investigators. Dapagliflozin and cardiovascular outcomes in type 2 diabetes. 29 January 2019. PV ablation often failed, with a residual burden of AF of about 25%. Circulation 2017; 136: 1374– 1383. −0.018 ± 0.105 cm2; P = 0.032). A reduction in the primary composite endpoint of death from any cause or hospitalization for worsening HF was reported for the intervention arm patients (28% vs. In secondary analyses of PARADIGM-HF (Prospective Comparison of ARNI with ACEI to Determine Impact on Global Mortality and Morbidity in Heart Failure), sacubitril/valsartan has been shown to improve survival in a broad range of patients who fulfilled the trial's inclusion/exclusion criteria, including those aged ≥75 years, and/or with co-morbidities such as T2DM.21-23 Compared with enalapril, administration of sacubitril/valsartan reduced the incidence of diabetes requiring insulin treatment,24 and the incidence of hyperkalaemia in those

on an MRA.25 The rate of decline in eGFR was also found lower with sacubitril/valsartan,26 but this is not yet supported by ‘slope of decline’ analyses. A modest dose of beta-blocker may be the safest option for rate control in patients with AF, even if beta-blockers do not appear to improve outcome when titrated to conventional target doses.70 A rate control strategy for persistent AF avoids the need for procedures and potentially toxic drugs and the problems that relapse into AF can cause. Circulation 2016; 133: 1189– 1198. Antiarrhythmic agents should generally be avoided other than to control symptomatic paroxysmal AF; PV ablation may be a better strategy than amiodarone/dronedarone, the latter is contraindicated in HF. G.F. participated in committees of trials and registries sponsored by Medtronic, BI, Novartis, Vifor, Servier. Over 24 months, COAPT reduced HF hospitalizations by 47% (P 2.0 g/dL, with a neutral effect on bleeding requiring hospitalization or resulting in death. A study to investigate the impact of CCM on morbidity and mortality is being planned. Adjustment of the doses of diuretic agents and/or SGLT2 inhibitors may be required. Empagliflozin was compared to placebo in the EMPA-REG OUTCOME (Empagliflozin Cardiovascular Outcome Event Trial in Type 2 Diabetes Mellitus Patients) trial in patients with T2DM and established CV disease. Exclusion criteria of the ATTR-ACT trial They had, in the opinion of the investigator, heart failure that was not due to transthyretin amyloid cardiomyopathy New York Heart Association class IV heart failure The presence of light-chain amyloidosis A history of liver or heart transplantation An implanted cardiac device Previous treatment with tafamidis An estimated glomerular filtration rate

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