AHF review questions

1. **In people with suspected (or under investigation for) acute heart failure, is the addition of natriuretic peptides to the standard initial investigations (using ECG, chest x-ray and blood tests) more accurate compared to standard initial investigations, clinical judgement and each other?**
2. **In adults with suspected acute heart failure does early echocardiography compared to later echocardiography in addition to standard investigations (using ECG, chest x-ray and blood tests) improve outcome?**
3. **Is the addition of invasive monitoring more clinically/cost-effective over and above non-invasive monitoring to improve outcome?**
4. **In people with confirmed acute heart failure and cardiogenic pulmonary oedema is non-invasive positive pressure ventilation (CPAP and/or bilevel NIPPV) more clinical and cost effective than standard medical care alone to improve outcome?**
5. **What are the predictors of outcome in mechanically ventilated acute heart failure patients?**
6. **In patients with acute heart failure are opiates as an adjunct to other first line pharmacological therapies more clinically and cost effective compared to other pharmacological treatments alone?**
7. **In patients with acute heart failure which diuretic administration strategy is the most clinically/cost-effective to improve outcome?**
8. **In patients with acute heart failure are vasodilators more clinically or cost effective than placebo to improve clinical outcomes?**
9. **In patients with acute heart failure are inotropes or vasopressors safe and clinically / cost effective compared to standard medical treatment or each other to improve outcome?**
10. **In people with confirmed acute heart failure and cardiogenic pulmonary oedema is non-invasive positive pressure ventilation (CPAP and/or bilevel NIPPV) more clinical and cost effective than standard medical care alone to improve outcome?**
11. **What are the predictors of outcome in mechanically ventilated acute heart failure patients?**
12. **In patients with acute heart failure is ultrafiltration more clinical / cost effective than diuretic therapy alone or in addition to diuretic therapy to improve outcome?**
13. **In people with acute heart failure already on beta-blocker therapy should beta-blockers be reduced or discontinued, and if so should they be reinstated in hospital after stabilisation?**
14. **For people with confirmed acute heart failure not already on beta-blocker therapy should beta-blocker treatment commence in hospital after stabilisation or following discharge?**
15. **For people with confirmed acute heart failure not already on angiotensin converting enzyme (ACE)-inhibitor therapy, should ACE inhibitor therapy commence in hospital or following discharge?**
16. **For people with confirmed acute heart failure not already on mineralocorticoid receptor antagonists (MRAs) should MRA therapy commence in hospital after stabilization or following discharge?**
17. **For people with aortic stenosis are percutaneous or surgical valvular interventions more clinically or cost effective compared to best medical therapy or each other?**

18. **For people with heart failure with mitral regurgitation, are surgical valvular or percutaneous interventions more clinically or cost effective compared to best medical therapy or each other?**
19. **For people with acute heart failure is intra-aortic balloon counterpulsation more clinically / cost effective compared to left ventricular assist devices, medical care alone or with each other?**
20. **For people with suspected or confirmed acute heart failure is a specialist management unit more clinically/cost effective than general medical hospital care?**