



# Surveillance report 2017 – Acute heart failure (2014) NICE guideline CG187

Surveillance report

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# Contents

Surveillance decision .....	3
Reason for the decision.....	3
How we made the decision .....	5
Evidence.....	5
Views of topic experts.....	5
Views of stakeholders .....	5
NICE Surveillance programme project team.....	6

# Surveillance decision

We will not update the guideline on [acute heart failure](#) at this time.

Details are included in [appendix A](#): summary of evidence from surveillance.

## Reason for the decision

### Assessing the evidence

We found 70 studies through surveillance of this guideline.

This included evidence that supports current recommendations on:

- natriuretic peptide measurement
- diuretic administration strategies
- effectiveness of vasodilators
- effectiveness of inotropes and vasodilators
- other initial pharmacological treatments
- ultrafiltration compared with diuretic therapy
- other initial non-pharmacological treatments
- use of beta blockers
- use of angiotensin-converting enzyme (ACE) inhibitors
- other treatments after stabilisation
- percutaneous or surgical valvular interventions in people with mitral regurgitation.

### Equalities

No equalities issues were identified during the surveillance process.

## Overall decision

After considering all the evidence and views of topic experts and stakeholders, we decided that no update is necessary for this guideline.

See [how we made the decision](#) for further information.

## How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on surveillance after the publication of NICE's guideline on [acute heart failure](#) (NICE guideline CG187) in 2014.

For details of the process and update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

## Evidence

We found 68 studies in a search for systematic reviews and randomised controlled trials published between 28 January 2014 and 29 June 2017. We also included 2 relevant studies from a total of 29 identified by members of the guideline committee who originally worked on this guideline.

From all sources, we considered 70 studies to be relevant to the guideline.

We also checked for relevant ongoing research, which will be evaluated again at the next surveillance review of the guideline.

See [appendix A](#): summary of evidence from surveillance for details of all evidence considered, and references.

## Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline.

## Views of stakeholders

Stakeholders commented on the decision not to update the guideline. Overall, 5 stakeholders commented. See [appendix B](#) for stakeholders' comments and our responses.

Two stakeholders agreed with the decision to not update the guideline. Three stakeholders disagreed with the decision to not update the guideline.

The issues raised by stakeholders were:

- That the guideline should address the role of procalcitonin testing to guide antibiotic prescribing in people presenting with acute heart failure and suspected pneumonia. NICE's guideline on [diagnosis and assessment of pneumonia in adults](#) recommended testing of C-reactive protein instead of procalcitonin to help guide antibiotic prescribing in situations in which a diagnosis of pneumonia is uncertain. The stakeholder highlighted an ongoing study of procalcitonin testing in people with acute heart failure ([IMPACT-EU](#)). We plan to check the publication status of this study regularly, and evaluate the impact of the results on current recommendations as quickly as possible.
- That the guideline should address the role of NT-proBNP in discharge planning. On reviewing the evidence provided by the stakeholder, there was no anticipated impact on the guideline because although evidence suggests that higher NT-proBNP levels at discharge are associated with worse outcomes, there was no evidence to support the use of NT-proBNP levels to guide treatment decisions.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual, for more details on our consultation processes.

## NICE Surveillance programme project team

**Kay Nolan**

Associate Director

**Phil Alderson**

Clinical Adviser

**Emma McFarlane**

Technical Adviser

**Lynne Kincaid**

Technical Analyst

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