

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Chronic heart failure in adults (update)

This guideline will update the NICE guideline on chronic heart failure in adults: diagnosis and management (NG106).

The guideline will be developed using the methods and processes outlined in [developing NICE guidelines: the manual](#).

This guideline may be used to update the [NICE quality standard for chronic heart failure in adults](#).

1 Why the update is needed

Members of NICE's cardiovascular disease committee, and other topic experts, have highlighted that the recommendations on pharmacological treatment of chronic heart failure with reduced ejection fraction may be out of date.

The guideline recommends a stepwise approach for first-line pharmacological treatment of chronic heart failure with reduced ejection fraction. It links to NICE technology appraisals for recommendations on using sodium-glucose cotransporter-2 inhibitors as add-ons to optimised standard care. It also recommends sacubitril valsartan in certain circumstances for people on an angiotensin-converting enzyme inhibitor or angiotensin II receptor blocker.

Clinical practice when to start pharmacological treatments for chronic heart failure with reduced ejection fraction is changing. Details are set out in the [surveillance review decision](#).

The committee identified that there is also a move towards considering treatments for chronic heart failure with mildly reduced ejection fraction and new evidence has been identified on mineralocorticoid receptor antagonists (MRAs) for chronic heart failure with preserved ejection fraction.

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Reduced, mildly reduced and preserved ejection fraction will be defined according to the Universal Definition of Heart Failure.

This update is needed to assess the full range of first-line treatments for chronic heart failure with reduced and mildly reduced ejection fraction, and MRAs for chronic heart failure with preserved ejection fraction.

In addition, many people with heart failure lack iron in their blood, which is linked to more severe symptoms, for example reduced exercise capacity and an increased risk of hospitalisation or mortality. The evidence for use of intravenous iron in adults with chronic heart failure and iron deficiency will therefore be reviewed as part of this update.

Why the guideline is needed

Heart failure places a substantial burden on healthcare resources in the UK, including hospital admissions, outpatient visits, and ongoing management. This guideline plays an important role in optimising the use of these resources by providing evidence-based recommendations for the diagnosis, treatment and long-term management of chronic heart failure.

In terms of quality assurance, this guideline offers a benchmark for evaluating the effectiveness and appropriateness of healthcare practices. This is essential for maintaining the quality of care within the NHS and addressing any variations in practice that might exist across different regions or healthcare facilities.

Key facts and figures

According to UK epidemiological data, heart failure is a prevalent and growing issue, affecting a substantial number of individuals. As of the latest update in January 2022, approximately 920,000 people in the UK were living with heart failure, and this number is expected to rise due to factors such as an aging population and increased survival rates following heart attacks.

2 Who the guideline is for

This guideline is for:

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- health and social care professionals providing NHS-commissioned services
- people with suspected and diagnosed chronic heart failure, their families and carers.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

Equality considerations

NICE has carried out an [equality and health inequalities assessment](#) during scoping.

The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

The guideline will look at inequalities relating to age and ethnicity.

3 What the updated guideline will cover

3.1 Who is the focus?

Groups that will be covered

- Adults with suspected and diagnosed chronic heart failure.
- Adults diagnosed with both chronic heart failure and chronic kidney disease.

Groups that will not be covered

- Women, trans men and non-binary people who are pregnant or who are breastfeeding.
- Adults:
 - with isolated or pre-capillary hypertension
 - with isolated right heart failure
 - who are having chemotherapy.

3.2 Settings

Settings that will be covered

- All settings in which NHS care is provided.

3.3 Activities, services or aspects of care

Key areas that will be covered in this update

We will look at evidence in the areas below when developing this update. We will consider making new recommendations or updating existing recommendations in these areas.

1. Medicines (excluding add-ons) for first-line treatment of chronic heart failure with reduced or mildly reduced ejection fraction.
2. Mineralocorticoid receptor antagonists (MRAs) for the treatment of chronic heart failure with preserved ejection fraction.
3. Intravenous iron for treating chronic heart failure with iron deficiency.

For information on our proposed approach to the medicines covered by the NICE technology appraisals on treating chronic heart failure with reduced ejection fraction see the [section on NICE technology appraisals](#).

Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual patients.

Medicines that will not be covered by this update

1. Add-on medicines, including digoxin, ivabradine, hydralazine-nitrate, omecamtiv mecarbil and vericiguat.
2. Loop and thiazide diuretics.

3. Medicines to manage comorbidities, including anticoagulants and anti-arrhythmics.

Proposed outline for the guideline

The table below outlines all the areas that will be included in the guideline. It sets out what NICE plans to do for each area in this update.

Proposed outline

Area in the guideline	What NICE plans to do
Team working in the management of heart failure	No evidence review: retain recommendations from existing guideline
Diagnosing heart failure	No evidence review: retain recommendations from existing guideline
Giving information to people with heart failure	No evidence review: retain recommendations from existing guideline
Treating heart failure with reduced ejection fraction	Review evidence for first-line medicines, add new recommendations and update existing recommendations as needed. We will link to TA773, TA679, TA388 and TA267
Treating heart failure with reduced ejection fraction in people with chronic kidney disease	No evidence review: retain recommendations from existing guideline
Treating heart failure with mildly reduced ejection fraction	Review evidence: new area. Add new recommendations as needed. We will link to TA929 and TA902
Treating heart failure with preserved ejection fraction	Review evidence for MRAs: add new recommendations as needed. We will link to TA929 and TA902
Managing all types of heart failure	No evidence review: retain recommendations from existing guideline
Intravenous iron for treating chronic heart failure with iron deficiency	Review evidence: add new recommendations as needed
Monitoring treatment for all types of heart failure	No evidence review: retain recommendations from existing guideline
Interventional procedures	No evidence review: retain recommendations from existing guideline
Cardiac rehabilitation	No evidence review: retain recommendations from existing guideline
Palliative care	No evidence review: retain recommendations from existing guideline

Recommendations in areas that are being retained from the existing guideline may be edited to ensure that they meet current editorial standards, and reflect both the

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current policy and practice context and to ensure consistency with new or updated recommendations.

Related NICE guidance

NICE technology appraisals

We will link to the following technology appraisals:

- [Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction](#) (2023) NICE technology appraisal guidance TA929
- [Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction](#) (2023) NICE technology appraisal guidance TA902
- [Empagliflozin for treating chronic heart failure with reduced ejection fraction](#) (2022) NICE technology appraisal guidance TA773
- [Dapagliflozin for treating chronic heart failure with reduced ejection fraction](#) (2021) NICE technology appraisal guidance TA679
- [Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction](#) (2016) NICE technology appraisal guidance TA388
- [Implantable cardioverter defibrillators and cardiac resynchronisation therapy for arrhythmias and heart failure](#) (2014) NICE technology appraisal guidance TA314
- [Ivabradine for treating chronic heart failure](#) (2012) NICE technology appraisal guidance TA267

NICE guidance that will be updated by this guideline

- [Chronic heart failure in adults: diagnosis and management](#) (2018) NICE clinical guideline NG106

NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to chronic heart failure:

- [Shared decision making](#) (2021) NICE guideline NG197
- [Medicines optimisation](#) (2015) NICE guideline NG5
- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138

- [Service user experience in adult mental health](#) (2011) NICE guideline CG136
- [Medicines adherence](#) (2009) NICE guideline CG76

3.4 Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services perspective, as appropriate.

3.5 Key issues and draft questions

While writing the scope for this updated guideline, we have identified the following key issues and draft questions related to them:

1 Pharmacological management

1.1 Is it clinically- and cost-effective to use a combination of some of the following first-line pharmacological interventions in adults with chronic heart failure with reduced left ventricular ejection fraction:

- ACE inhibitor
- angiotensin-receptor blocker
- angiotensin receptor neprilysin inhibitor
- beta blocker
- mineralocorticoid receptor antagonist
- sodium glucose cotransporter 2 inhibitor?

1.2 Is it clinically- and cost-effective to use any of the following first-line pharmacological interventions, alone or in combination, in adults with chronic heart failure with mildly reduced left ventricular ejection fraction:

- ACE inhibitor
- angiotensin-receptor blocker
- angiotensin receptor neprilysin inhibitor
- beta blocker
- mineralocorticoid receptor antagonist?

1.3 What is the clinical and cost effectiveness of mineralocorticoid receptor antagonists in adults with chronic heart failure with preserved left ventricular ejection fraction?

1.4 What is the clinical and cost effectiveness of intravenous iron supplementation in adults with chronic heart failure and iron deficiency?

3.6 Main outcomes

The main outcomes that may be considered when searching for and assessing the evidence are:

- all-cause mortality
- cardiovascular mortality
- health-related quality of life
- unplanned admission or visits to hospital (heart failure related)
- treatment-related adverse events

Further information

The guideline is expected to be published in July 2025.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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