

## Leadership



**Mandeep R. Mehra, MD,**  
**FRCP, FACC**  
Executive Director,  
Center for Advanced  
Heart Disease



**Michael M. Givertz, MD**  
Medical Director,  
Heart Transplant and  
Mechanical Circulatory  
Support Program



**Steve K. Singh, MD**  
Surgical Director,  
Heart Transplant and  
Mechanical Circulatory  
Support Program



**Hari Mallidi, MD**  
Surgical Director,  
Right Heart Failure Program

## Faculty



**Akshay S. Desai, MD, MPH**



**Eldrin F. Lewis, MD, MPH**



**John D. Groarke, MD, MPH**



**Anju Nohria, MD**



**John A. Jarcho, MD**



**Lynne W. Stevenson, MD**



**Neal K. Lakdawala, MD**



**Garrick C. Stewart, MD**



BRIGHAM AND  
WOMEN'S HOSPITAL

| Heart & Vascular Center |

## Advanced Heart Disease Clinical Decision Algorithms

Access to the Center for Advanced  
Heart Disease Is One Call Away

**(857) 307-4000**

Monday through Friday  
8:30 a.m. – 5 p.m.

For inpatient transfers, please call:  
**(617) 543-4170**



HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL

# Brigham and Women's Center for Advanced Heart Disease

## COMPLEX HEART DISEASE

COULD YOUR PATIENT HAVE  
A COMPLEX DIAGNOSIS?

- Familial (genetic) Cardiomyopathy
- Inflammatory Heart Disease (myocarditis)
- Infiltrative Heart Disease (amyloidosis, sarcoidosis)
- Chemotherapy-related Cardiomyopathy
- Peripartum Cardiomyopathy
- Radiation-induced Heart Disease
- Tachycardia-induced Cardiomyopathy
- Unexplained Dyspnea
- Pulmonary Hypertension and Right Heart Failure
- Congenital Heart Disease (occult or overt)

TO REFER A PATIENT FOR ADVANCED THERAPY EVALUATION  
PLEASE CALL (857) 307-4000

## ADVANCED HEART FAILURE<sup>1</sup>

ADVANCED HEART FAILURE SYMPTOMS  
MARKEDLY LIMITING DAILY ACTIVITIES

Ensure optimal pharmacological,  
CRT, and ICD therapy as indicated

Does this patient meet criteria for increased  
one-year mortality?

- Reno-circulatory limitations to use of ACEIs, ARBs, and beta blockers
- High or increasing diuretic requirement (e.g., 1.5 mg/kg per day in furosemide equivalence)
- BUN  $\geq$  40 mg/dl, elevated creatinine (not due to hypovolemia)
- Persistent low sodium ( $<$  136 mEq/L)
- $\geq$  2 heart failure hospitalizations in past one year
- Heart failure associated frailty or cachexia
- High-risk profile on calculated survival scores (e.g. [www.seattleheartfailuremodel.org](http://www.seattleheartfailuremodel.org))

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ACEI= angiotensin-converting enzyme inhibitor  
ARB= angiotensin receptor blocker  
BUN= blood urea nitrogen

CRT= cardiac resynchronization therapy  
ICD= implantable cardioverter defibrillator

<sup>1</sup> A proposed clinical algorithm to initiate advanced therapy consideration (this algorithm has not been validated by trials). Reference: Adapted from Mehra and Domanski. *Circulation* 2012; Adapted from Stewart and Givertz. *Circulation* 2012.