Across

1. Patients with this disease are at high risk for developing HF.

6. One of three beta blockers that have been shown to reduce the risk of death in patients with chronic HF.

8. This vasodilator should NEVER be used alone in HF because there is limited data on monotherapy.

13. This class of diabetes medications is not recommended to be used in HF patients with NYHA class III to IV symptoms because they are associated with increased peripheral edema and symptomatic HF in patients with underlying risk factors or known cardiovascular disease.

16. This ARB can be given to a HF patient if she can't tolerate and ACEI because of cough.

Down

1. _____________ is defined as a clinical syndrome that is characterized by specific symptoms (dyspnea, fatigue) and signs (edema, rales).

2. This drug can be added to standard therapy for patients with Class IV HF or class III symptoms and recent hospitalization. It's been shown to reduce risk of death from 46% to 35% over 2 years, with a 35% reduction in HF hospitalization and improvement in functional class.

3. This combination drug has been shown to reduce mortality by 43% and first hospitalizations for heart failure (39%) in African Americans who were taking standard HF therapy. (Brand name)
Across
17. GT is a 50 y/o male with Stage C HF. He was started on lisinopril 5mg po qd 2 weeks ago and he is tolerating it well. Today, you assess this dose and determine it is not appropriate because he has not reached his target dose. His target dose is:_______mg

18. This class of drugs has been shown to decrease mortality and morbidity in HF patients, including reducing the risk of death and combined risk of death or hospitalization. All patients with HF due to LV systolic dysfunction should be prescribed a drug from this class.

Down
4. This class of drugs should be started as soon as LV dysfunction is diagnosed.
5. What is the major adverse effect of aldosterone antagonists?
7. This is a major monitoring parameter for enalapril.
9. This drug alleviates symptoms and improves clinical status, decreases the risk of hospitalization for heart failure but has little or no effect on survival.
10. This antiarrhythmic drug appears to be safe to give to a HF patient. (if indicated)
11. This diagnostic marker can be used in combination with clinical evaluation to differentiate between dyspnea from HF vs dyspnea from other diseases. Elevated levels > 400 suggest that the diagnosis of HF should be considered
12. What diuretic is often given with furosemide to overcome diuretic resistance?
14. These drugs are given purely for symptomatic relief-these symptoms can include dyspnea, fluid retention, pulmonary congestion and peripheral edema.
15. This class of drugs should be avoided in most patients with HF.