

【Symposium 11-2】

Management of CHF in Patients with CKD

慢性腎臟病人心衰竭的處置

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Chronic heart failure (CHF) is a prevalent cardiovascular condition that presents a significant challenge in patients concurrently diagnosed with chronic kidney disease (CKD). Managing CHF in individuals with CKD necessitates a nuanced approach due to the intricate interplay between these comorbidities, posing complexities in treatment strategies and patient care. The management of CHF in CKD patients is multifaceted and requires a comprehensive understanding of the pathophysiological mechanisms underlying both conditions. Impaired renal function in CKD leads to fluid and electrolyte imbalances, often exacerbating heart failure by causing volume overload and worsening cardiovascular function.

Patients with CHF and associated advanced CKD are a population less represented in clinical trials; subjects with more severe estimated glomerular filtration rate (eGFR) reduction are often excluded from large studies. In this setting, most of the data come from post hoc analyses and retrospective studies. Accordingly, in patients with advanced CKD, there are no specific studies evaluating the long-term effects of the traditional drugs commonly administered in HF. Current concerns may affect the practical approach to the traditional treatment. Physicians are often reluctant to administer and titrate some agents acting on the renin angiotensin aldosterone system (RAAS) and the sympathetic activity. Therefore, the extensive application in different HF subtypes with wide associated conditions and different renal dysfunction etiologies remains a subject of debate. The role of novel drugs, such as angiotensin receptor blocker neprilysin inhibitors (ARNI) and sodium glucose co-transporters 2 (SGLT2) inhibitors seems to offer a new perspective in patients with CKD. Due to its protective vascular and hormonal actions, the use of these agents may be safely extended to patients with renal dysfunction in the long term.

Management of CHF in CKD patients necessitates a collaborative effort between cardiologists, nephrologists, and other healthcare professionals to optimize treatment strategies while minimizing adverse effects on both cardiac and renal functions. Tailoring therapies to the unique needs of this complex patient population remains a challenge, requiring ongoing research and individualized care approaches to improve outcomes and quality of life for those affected by these intertwined conditions.

