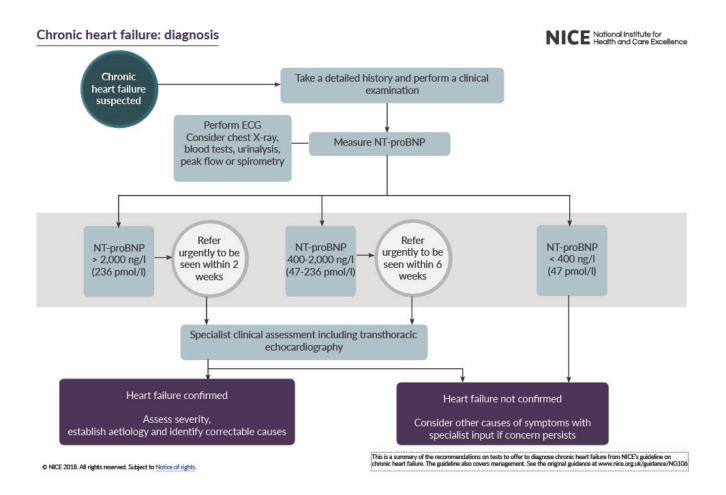
#### **Appendix 1: Diagnosis of Chronic Heart Failure**

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#### **Appendix 2: BNP levels**

Factors that may supress NTpro-BNP level8:

- Medicines: including many that are used to treat HF: diuretics, ACE-i, ARBs, MRAs
- Obesity. BMI >35kg/m2
- Afro-Caribbean background

Factors that may elevate NTpro-BNP level8:

- Age over 70
- Female sex
- Other conditions that stretch heart muscle can increase levels: left ventricular hypertrophy, tachycardia including atrial fibrillation, right ventricular overload
- Sepsis
- Hypoxia pulmonary embolism, COPD
- Chronic kidney disease
- Diabetes
- Liver cirrhosis

Further research is needed into normal levels of NT-proBNP in the population. One recent study found that males over the age of 80 had a median NT-proBNP of 280pg/ml<sup>35</sup>. The same study found that up to 10% of young females had an NTpro-BNP level of >125pg/ml<sup>35</sup>. NT-proBNP has so far not been found to fulfil the strict criteria required to be considered for population screening. It should be remembered that it is most useful in ruling out HF in those who have symptoms that suggest a cardiac cause.

More information is available from: Welsh P, Campbell RT, Mooney L et al. Refence ranges for NT-proBNP and risk factors for a higher NT-proBNP in a large general population cohort *Circ Heart Fail* 2022;15

# **Appendix 3: Medical Therapy in HFrEF**

https://onlinelibrary.wiley.com/doi/10.1002/ejhf.2471#:~:text=patients%20with%20CKD.-,Table%204.,-Initiation%20of%20heart

# Appendix 4: Initiation of HF drugs in relation to baseline CKD status

https://onlinelibrary.wiley.com/doi/10.1002/ejhf.2471#:~:text=patients%20with%20CKD.-,Table%204,-.%20Initiation%20of

### Appendix 5: DVLA Driving guidelines for cardiac conditions

https://bjcardio.co.uk/2021/03/driving-after-cardiac-intervention-are-we-doing-enough/#:~:text=to%20the%20patient.-,Figure%201,-.%20Poster%20intended%20to