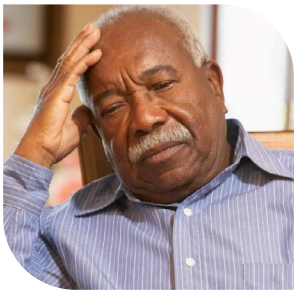
Who is the mystery patient?

UNDER THE MASK

Mr. Eddy

Experiencing fatigue and shortness of breath on exertion



Sex and age	Male, 74 years old	
T2D	T2D for 15 years	
Relevant history	• Hypertension • Sedentary • Smoker • Mild intermittent asthma	
Recent exams	BP	135/86 mmHg
	BMI	26.5 kg/m^2
	A1C	6.5%
	eGFR	61 mL/min/1.73 m^2
	uACR	2.6 mg/mmol

Medications

Metformin 1000 mg BID
Semaglutide SC 0.5 mg per week
Ramipril 10 mg DIE
Atorvastatin 40 mg DIE

Other relevant information

- Complains of shortness of breath when climbing stairs and fatigue on exertion
- No symptoms of angina, cough, or fever

Other examinations:
Pedal edema 1+
Jugular vein distension
Pulmonary: no crackles

- With obesity
- With CVD and controlled A1C
- **Experiencing fatigue and shortness of breath on exertion**
- With chronic kidney disease (eGFR < 45)
- With heart failure
- With CV risk factors and A1C > target values
- Independent patient aged 80 or older, with multiple comorbidities
- Newly diagnosed with T2D

Questions	Key Learnings
1. Is it possible to overlook a HFpEF diagnosis in a patient?	• The burden on the health care system may also be underestimated. About 50% of HF hospitalizations are due to HFpEF and the 5-year mortality rate climbs to 75%. • Recognize the impact of undiagnosed HFpEF in clinical practice. It is estimated that more than 50% of these are undiagnosed.
2. Does HFpEF simply become HFrEF?	• Recognize the difference between HFpEF and HFrEF syndromes. The two syndromes are different. One syndrome doesn't turn into the other one.
3. What should you look for first? If the patient only presents with shortness of breath, is that enough to consider a comprehensive assessment?	• Some signs and symptoms strongly suggestive of HFpEF should be assessed further. • The cardinal triad of HF symptoms is shortness of breath, fatigue, edema in the ankles
4. What is/are the key test(s) for diagnosing heart failure with preserved ejection fraction?	• An initial diagnostic work-up aims to rule out red flags. The following diagnostic tests are recommended for evaluating patients suspected of having HFpEF: - Electrocardiogram (ECG) - Chest x-ray (radiograph) - Laboratory tests • Two key diagnostic tests: **1)** NT-proBNP or BNP (if available) and **2)** Echocardiography
5. What changes would you make to optimize the patient's treatment regimen?	• SGLT2 inhibitor, a first-line therapy indicated for the treatment of HFpEF (EMPEROR-Preserved and DELIVER)

A1C: glycosylated hemoglobin; **BID:** twice daily; **BMI:** body mass index; **BP:** blood pressure; **CV:** cardiovascular; **DIE:** once daily; **eGFR:** estimated glomerular filtration rate; **SC:** subcutaneous; **T2D:** type 2 diabetes; **uACR:** urine albumin-to-creatinine ratio.