

26 April 2018

Ms Maree Branagan
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National Heart Foundation of Australia
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Dear Ms Branagan,

Re: *Guidelines for the prevention, detection and management of heart failure in Australia 2018*

Thank you for inviting The Royal Australian College of General Practitioners (RACGP) to provide feedback and comments on the above publication. The RACGP congratulates the National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand on producing this guideline on an important and often challenging topic. The RACGP would like to raise several points.

The RACGP is concerned that changing the previous definition of heart failure from an ejection fraction of <40% to the new definition of <50% is likely to substantially increase the number of patients diagnosed with the condition. The RACGP understands there is ongoing difficulty in establishing the diagnosis of heart failure with preserved ejection fraction, but this change will significantly widen the definition of heart failure with reduced ejection fraction. Importantly, there is no evidence provided in the guideline to show that the new definition of heart failure will be able to predict clinically important outcomes, compared with the old definition.


The guideline states on Page 7 that 'although variability in LVEF measurement by echocardiography is improving, the EF range of only 10% is too narrow to confidently ascribe a new and separate group with current diagnostic test accuracy'; however, the guideline does not analyse this variability on the proposed change of definition.

The guideline also states on Page 7 that 'post-hoc analyses of the small number of patients with heart failure associated with a 'mid-range' EF evaluated in RCTs suggest they may receive similar benefits'; however, the change in definition is likely to affect a substantial proportion of patients where there is not clear benefit from treatment for patients within this range.

Significantly, the incremental harm for patients under this new definition of heart failure is not discussed, neither is the net benefit and harms to patients.

Thank you once again for the opportunity to provide feedback and comments. We look forward to hearing about the progress and outcomes of this guideline.

Yours sincerely



Dr Bastian Seidel
President

Please note: In formulating the RACGP's response, we used the checklist published in Doust J, Vandvik PO, Qaseem A, et al. Guidance for modifying the definition of diseases: A checklist. JAMA Intern Med. 2017;177(7):1020–25. This checklist can be used as initial guidance to ensure better documentation of definition changes before introducing modified disease definitions. The RACGP's response to the new guideline, which is detailed in this letter, is based on comments and feedback originally from the checklist. We have attached this for your reference.