

ESC Clinical Practice Guidelines
for the Management of
Heart Failure:
What Patients
Need to Know

**Updated in
2026**



What are Clinical Practice Guidelines?

Clinical Practice Guidelines are documents created by healthcare professionals, scientists and patients. They are primarily intended for healthcare professionals and offer recommendations based on the best and most recent evidence. Guidelines help ensure that patients receive the best possible care.

What Will This Document Tell Me?

This guide for patients aims to provide you with an overview of the latest evidence-based recommendations for the diagnosis and treatment of your condition. In particular, it should help you to understand:

- The main types of heart failure
- The importance of looking after yourself and managing your condition
- Medicines you may be offered
- The importance of being treated by a multidisciplinary team
- Devices that might be considered appropriate
- The importance of rehabilitation

Readers interested in further details of the recommendations are kindly referred to the [ESC Clinical Practice Guidelines](#).

People seeking more general information about heart failure should visit www.heartfailurematters.org

If you are a healthcare professional, the ESC hopes that this document, translated into the language of your patients, will provide them and their caregivers with an understanding of their diagnosis and treatment as a patient with heart failure.

Please disseminate it widely.

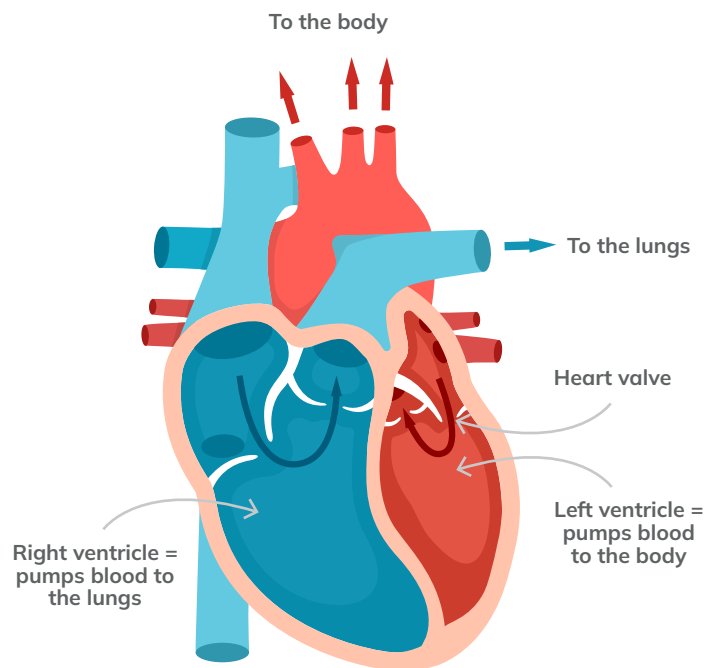
How Will This Document Help Me?

This document is intended to contribute to your understanding of your condition and give you the knowledge and confidence to be involved in shared decision-making with your healthcare providers regarding treatment and other aspects of your health. It also provides suggestions on ways to look after yourself, which is essential in the effective management of heart failure.

The Heart

The heart has several working parts. There is an electrical system that sends signals to keep your heartbeat regular. A plumbing system of arteries carries blood and oxygen to the heart. Valves act like doors that keep blood flowing in the right direction through the heart. The heart muscle acts as a pump, pushing blood forward when it contracts (squeezes).

With each heartbeat, the right side of the heart pumps blood to the lungs to pick up oxygen, and the left side then pumps this oxygen-rich blood out through the aorta (the main artery) to the rest of the body.



As it is a muscle, the heart can be affected by many of the same things that affect other muscles in the body such as reduced blood supply, infections, inflammation or certain drugs.

While the heart generally works well, there are certain areas where problems can develop and any of these can lead to heart failure. When the heart does not pump efficiently, blood and fluid can build up in the lungs or legs, which is described as 'congestion'.

What is Heart Failure?

Heart failure is not a single disease but a '**syndrome**' made up of **symptoms**, such as breathlessness or fatigue, that may appear alongside **signs** such as swollen legs.

Chronic heart failure: this is a long-term condition. Symptoms such as breathlessness, tiredness and congestion may be there most of the time or can come and go over months or years. With the right treatment and self-care, many people find their symptoms improve and they can do more of the things they enjoy. People with chronic heart failure can have times when their symptoms can suddenly get worse.

Decompensated heart failure: this is when heart failure suddenly gets worse, often over hours or days. Symptoms become much more severe, for example, a person may be much more breathless or have a lot of fluid build-up, and they may need urgent medical treatment.

This booklet mainly refers to **chronic heart failure**.

Goals of treatment

For chronic heart failure, the aims of treatment are to:

- Improve quality of life and help people live longer
- Reduce the risk of symptoms suddenly getting worse (decompensated) and the need to be admitted to hospital

For decompensated heart failure, the aims of treatment are to:

- Stabilise symptoms as quickly as possible, often in hospital. Once stable, ongoing treatment is similar for chronic heart failure

Types of Heart Failure

Heart failure happens when the heart is not able to work as well as it should. This can range from mild problems to more severe difficulties.

There are different types of heart failure, often described by how well the main pumping chamber of the heart (the left ventricle) squeezes with each heartbeat. This is measured as the left ventricular ejection fraction (LVEF) – the percentage of blood pumped out of the left ventricle each time it beats. LVEF is never 100% and a wide range of values can be normal for different people. What matters most is what the result means for you, which your heart failure team will explain.

LVEF below 50% does not always mean severe heart failure and an ejection fraction over 50% does not always mean the heart is always working perfectly. Your healthcare team will interpret your results in the context of your overall health.

Healthcare professionals often group heart failure into two main groups:

Heart Failure with **reduced** Ejection Fraction (**HF_rEF**)

- Having an LVEF that is less than or equal to 50% can indicate HF_rEF
- The left ventricle does not squeeze as strongly as it should so less blood is pumped out with each beat
- The heart can sometimes be enlarged and the muscle may be slightly weaker than usual
- This can lead to symptoms such as breathlessness and congestion

Heart Failure with **preserved** Ejection Fraction (**HF_pEF**)

- Having an LVEF more than 50% with signs and symptoms of heart failure may indicate HF_pEF
- The left ventricle still squeezes well, so the amount of blood pumped does not appear to reduce
- The heart muscle may be stiffer and the ventricle might be smaller, so the heart does not relax and fill with blood as well as it should
- This also raises pressure in the heart and lungs and can cause the same symptoms of breathlessness, tiredness and congestion

Advanced Heart Failure

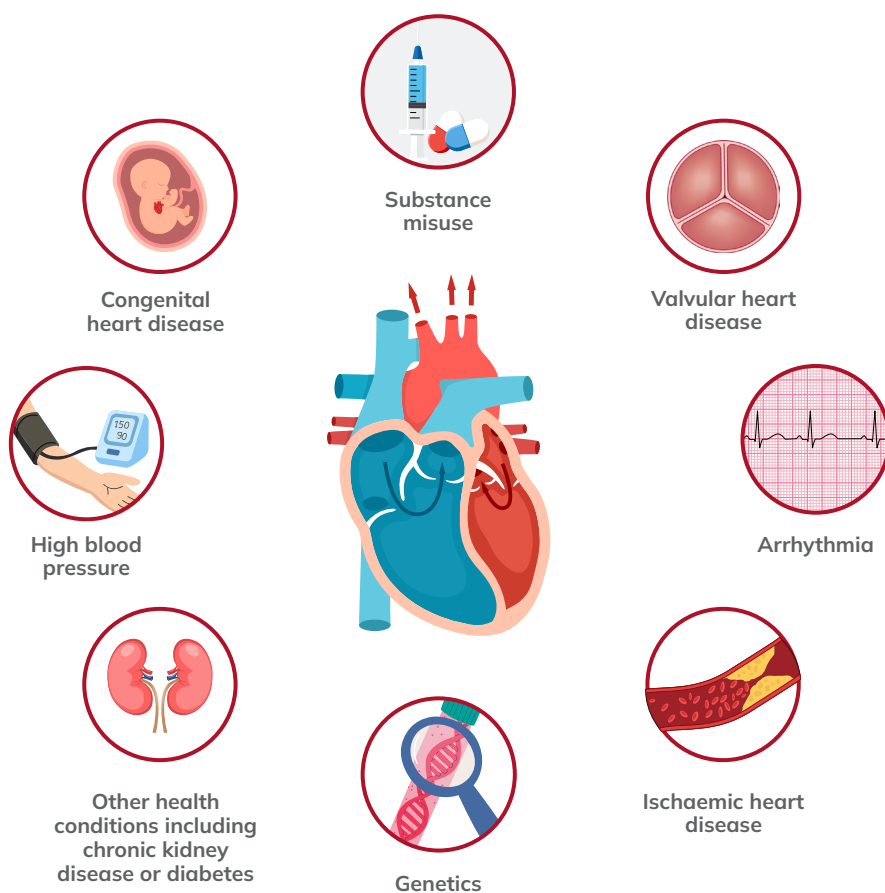
Advanced heart failure is a later stage of heart failure. It means that, even when on the best treatment, there are significant symptoms that affect and limit daily life. People with advanced heart failure often need closer follow-up, more specialist treatments and extra support with day-to-day life and planning for the future.

Causes of Heart Failure

Heart failure has many different causes. For example, heart failure can be caused or made worse by:

- A heart attack that has damaged some of the heart muscle
- Long-term high blood pressure
- Problems with leaky or stiff heart valves
- Fast or irregular heart rhythms
- Heart muscle disorders (cardiomyopathies) that can be inherited
- Structural heart conditions that people are born with (congenital heart disease)
- Some infections, toxins or treatments that affect the heart

The diagram below shows some of the different causes and contributing factors that can lead to heart failure. Your heart failure team can help you understand the ones that are most important in your case.



Diagnosis of Heart Failure

To be diagnosed with heart failure, you must have **symptoms and/or signs** of heart failure as well as **abnormalities in the structure and function** of the heart, seen using tests.

The types of tests and investigations you may have to diagnose your condition are shown below:



Echocardiogram (echo)
ultrasound of the heart



Blood tests
such as BNP/
NT-proBNP



Electrocardiogram (ECG)
checks electrical activity of
the heart



X-ray



**Magnetic
resonance
imaging (MRI)**

Heart failure may be due to problems with the heart arteries, the heart valves, the heart rhythm or the heart muscle.

An **echocardiogram** helps to see how well your heart muscle is pumping and relaxing, and whether you have HFrEF or HFpEF. It also checks how well the heart valves are working and gives useful information about the heart muscle itself. Depending on the suspected underlying cause, you may need additional tests.

A magnetic resonance imaging (**MRI**) scan is sometimes used to give a more detailed picture of the heart. It can show scarring or damage to the heart muscle and certain heart muscle conditions.

The treatments you are offered will depend on how much support your heart needs to function. The more that is known about your heart, the better treatment options can be **personalised** to you, which may improve your symptoms and/or outcomes.

Symptom Severity Classification in Heart Failure

Following diagnosis, healthcare professionals will often classify your symptoms using the **New York Heart Association (NYHA) Functional Classification** system, according to the severity of your symptoms and how they affect your physical activity:

NYHA class	Description
Class I	No limitation of physical activity. Ordinary physical activity does not cause excessive symptoms, e.g., breathlessness, fatigue or palpitations (more noticeable or 'skipping' heartbeats)
Class II	Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity causes excessive symptoms
Class III	Significant limitation of physical activity. Comfortable at rest, but less-than-ordinary physical activity causes excessive symptoms
Class IV	Unable to do any physical activity without discomfort. Symptoms can be present even at rest. If any physical activity is done, discomfort is increased

Inherited Forms of Heart Failure

Some causes of heart failure, such as certain diseases of the heart muscle (cardiomyopathies), can be inherited, meaning they can be passed down through families. If your team think your heart failure might be inherited – for example, because of your age, your family history or how your heart looks on scans – they may discuss genetic testing and heart checks for close relatives.

Genetic testing and family screening can help find relatives who might be at risk so that they can be monitored and treated early if needed. Many people with heart failure do not have an inherited condition and not all heart problems are passed on to children. Knowing whether the cause of heart failure is inherited can also help your team to personalise your care, including which treatments or follow-up are most suitable.

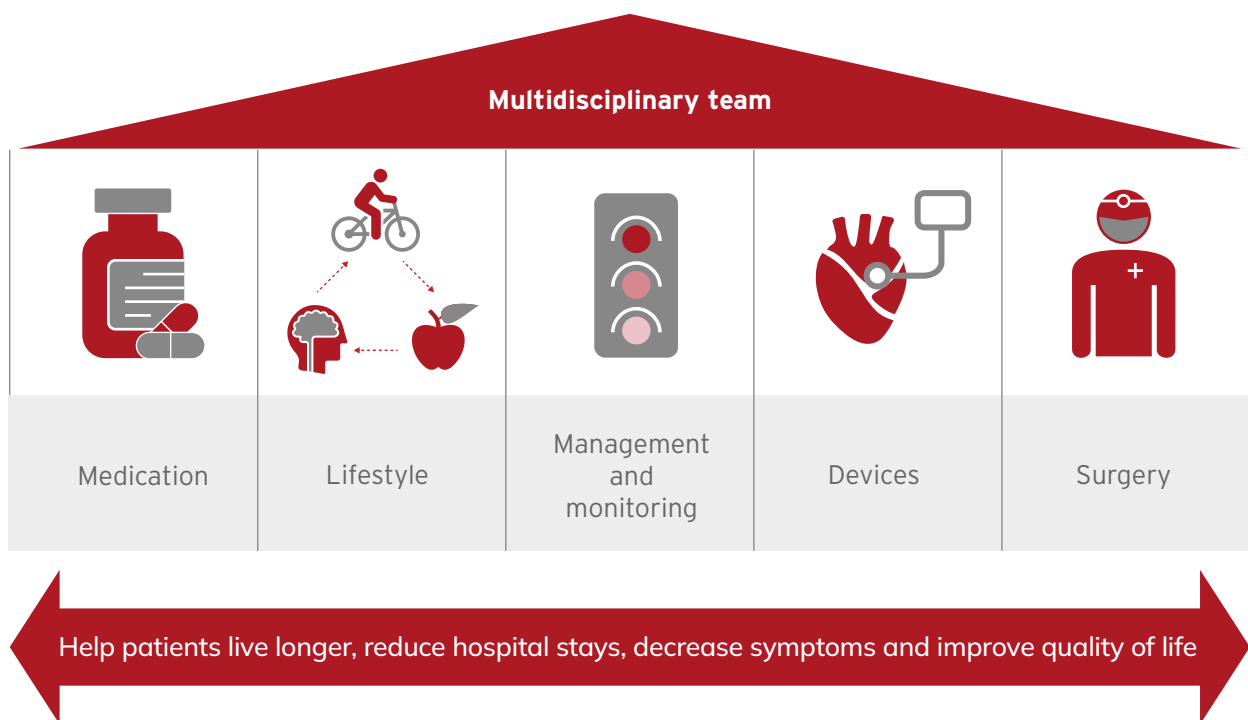
Treatment for Heart Failure

Care from a multidisciplinary team (healthcare professionals across different professions and specialties) is key to meeting the three major goals of treatment for people with heart failure:

1. Living a longer life
2. Preventing hospital stays due to worsening heart failure
3. Decreasing symptoms and improving quality of life

All three goals are important and it can be valuable to discuss your priorities with your family and healthcare team. It is normal for the priorities of treatment to change over time as your health improves with treatment or if you are experiencing a deterioration in your symptoms.

Some of the ways that you and your multidisciplinary team can help to achieve these goals are shown below:



Medications for People with HFrEF

Medicines are a key treatment for HFrEF and should be started as early as possible. In many people, medicines are the main treatment and are carefully adjusted over time, but some people may also need a device or other procedures. Medications are normally continued alongside any devices or other non-medicine treatments.

The ESC Clinical Practice Guidelines recommend four different types of medicines for people with HFrEF:

- Angiotensin-converting enzyme inhibitors (ACE-I) or angiotensin receptor–neprilysin inhibitors (ARNI)
- Beta-blockers (BB)
- Mineralocorticoid receptor antagonists (MRA)
- Sodium-glucose cotransporter-2 (SGLT2) inhibitors

The table below explains how the different medicines work:

Type of medicine	How they work
Angiotensin-converting enzyme inhibitors (ACE-I) or Angiotensin receptor–neprilysin inhibitors (ARNI)	Relax blood vessels and reduce how hard the heart has to work Work in a similar way to ACE-I and have additional heart-protective effects
Beta-blockers (BB)	Slow the heart rate and reduce how hard the heart has to work, helping to protect the heart over time
Mineralocorticoid receptor antagonists (MRA)	Reduce build-up of fluid and sodium, reducing scarring of heart muscle, which helps protect the heart
Sodium-glucose cotransporter-2 (SGLT2) inhibitors	Help the body lose extra fluid and salt, and have protective effects on the heart and kidneys

You may also be given other types of medications to control your symptoms or improve your condition. For example, diuretics (often called 'water pills') help your body get rid of extra salt (sodium) and fluid which can reduce congestion and lower the pressure within the heart.

Medications for People with HFpEF

Medicines can help people with HFpEF feel better and stay well for longer. SGLT2 inhibitors and MRAs have been shown to help people with HFpEF reduce hospital admission, decrease symptoms and improve quality of life. Diuretics are also prescribed to help manage congestion.

Other medications can be used to help relieve symptoms or manage other heart conditions for people with HFpEF.

Many people with HFpEF have other heart conditions including high blood pressure, coronary artery disease or heart rhythm problems and may also be treated with ACE-I/angiotensin II receptor blockers (ARB), BB or other medicines.

Initiation and Dosage of Heart Failure Medications

Medicines are a key treatment for all types of heart failure and should be started as early as possible. When diagnosed with heart failure, your team will aim to start the guideline-recommended medications and increase their doses over a short period of time. Doing this, when it is safe and tolerated, can help improve your symptoms and reduce your risk of hospital admissions related to heart failure and dying from heart failure.

If you are admitted to hospital because of heart failure, your medications will be optimised during admission, and you will have follow-up appointments in the first weeks after you go home. During these visits, your team will review how you are getting on and adjust your medicines.

Managing Heart Failure Alongside Other Health Conditions

Many people with heart failure also have other health conditions such as diabetes, kidney disease or chronic obstructive pulmonary disease.

For people with heart failure and **atrial fibrillation**, anticoagulants ('blood thinners') reduce the risk of stroke and digoxin is sometimes given to slow a fast heart rate.

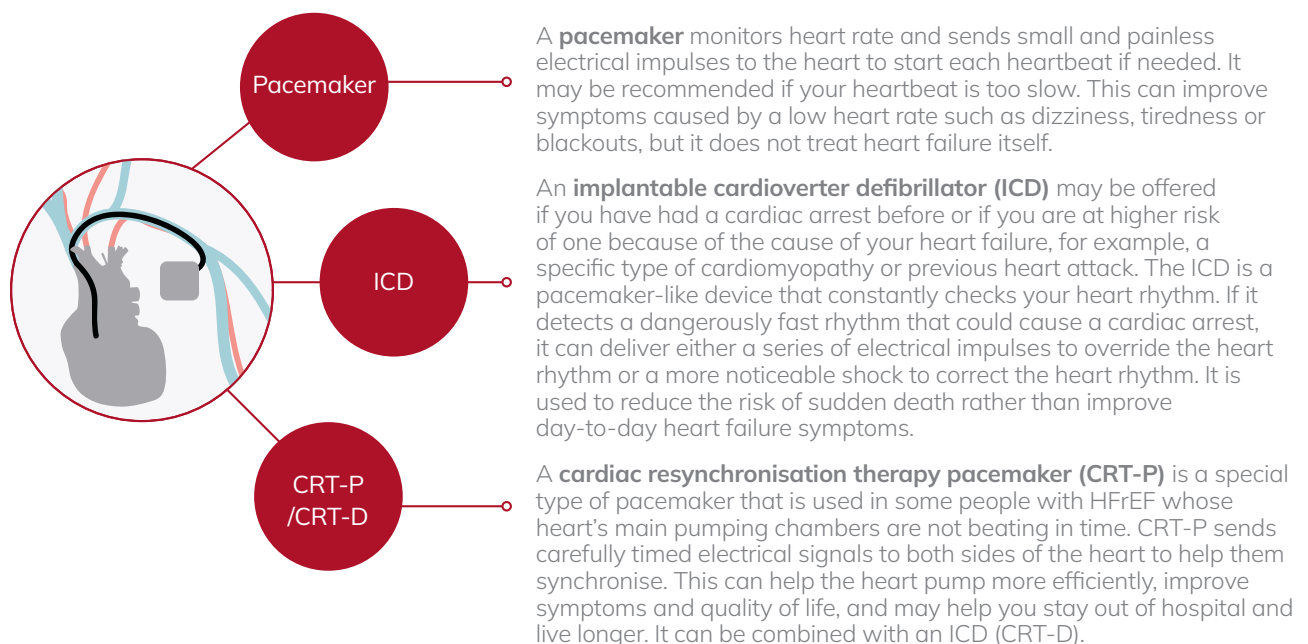
For people who have **iron deficiency**, your team may recommend an iron infusion to decrease symptoms and improve quality of life.

Devices and Surgery for Heart Failure

Devices

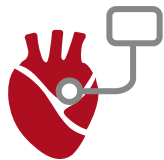
Some people with heart failure may benefit from a small electrical device to support the heart. These devices use painless electrical signals to help keep the heart beating safely and regularly and in some cases, help it pump more effectively. They are usually placed under the skin near the collarbone using local anaesthetic.

Three types of devices that may be recommended to you are shown below:



All devices need regular checks, either in clinic or by remote monitoring, to make sure they are working properly. Even if you have a device such as a pacemaker, ICD or CRT, you will usually continue your heart failure medications. The device and medicines work together to help protect your heart and manage your symptoms.

Some of the important steps in the process of receiving or replacing an implanted device are shown below:



If you have an **LVEF less than or equal to 35% despite receiving the best medications to strengthen your heart function**, you could be considered for an **implanted device (ICD or CRT)**



You should be **supported to make informed decisions** about the purpose, benefits, risks and future management of the device, including at end-of-life



A review of medications (particularly diuretic therapy) is advised **after receiving a CRT**



You should be **evaluated by an experienced cardiologist before your device is replaced**, in case management goals or needs have changed

Time

Interventional Procedures/Surgery

Some people have underlying heart problems that contribute to their heart failure, such as narrowed heart arteries or damaged valves. Some may need procedures to treat or improve these heart problems, which can be done in the **catheterisation laboratory** (usually minimally invasive) or in the operating theatre (**surgery**).

Some common procedures used in people with heart failure, who they are for and what they do are listed below:

Procedure/surgery	Who's it for?	What it does and how
Catheter ablation	People with worsening heart failure symptoms due to atrial fibrillation	Blocks extra electrical impulses coming into the heart to restore a more regular heart rhythm
Coronary artery bypass grafting	People with narrowing of the coronary arteries and symptoms of angina	Uses blood vessels taken from elsewhere in the body to divert blood around the narrowed heart arteries, improving blood flow and oxygen supply to the heart muscle
Valve repair or replacement	People with significant problems with heart valves such as aortic stenosis or mitral regurgitation	Surgery or catheter-based procedures are used to repair the faulty valve, replace it with an artificial valve or use other devices to reduce the leakage. This helps blood flow more normally through the heart, which can improve symptoms and reduce heart failure hospitalisation
Mechanical circulatory support	People with advanced heart failure who remain limited by symptoms despite all other suitable treatments	A mechanical pump is implanted to help (or partially take over) the pumping function of the heart. It can be used while waiting for a heart transplant (bridge to transplant) or, in some cases, as a long-term treatment
Heart transplantation	A small number of people with advanced heart failure whose symptoms remain severe despite all other suitable treatments	The diseased heart is replaced with a donor heart. This is the best treatment for selected people with advanced heart failure, but is only possible for a limited group of patients due to donor availability and strict criteria

Self-care for People with Heart Failure

People with heart failure can make changes to their daily life to improve their symptoms and support the heart.

Your healthcare team should offer cardiac **rehabilitation** where you can learn more about your condition and how to look after yourself.

Looking after yourself is an **essential part** of managing heart failure.

Some examples of self-care are shown below:



Exercise according to physical ability



Reduce **sedentary habits**, cigarettes and alcohol



Maintain a **healthy weight**



Know your numbers: your weight, blood pressure and heart rate



Get vaccinated



Plan travel and leisure activities according to physical ability



Seek help if experiencing **depression, anxiety or low mood**



Monitor, recognise and react to changes in signs/symptoms



Discuss any concerns about **sexual activity**



Work: adjustments may be needed, speak to occupational health and your healthcare team

Speak to your healthcare team about self-care or lifestyle changes so you know what is safe and right for you.

Management and Monitoring of Heart Failure

Regular monitoring is important to help you keep your symptoms under control and to spot any changes early. You may meet with your healthcare providers in the following ways:



A **multidisciplinary team** (which combines healthcare professionals from different professions and specialities) is recommended to ensure correct tests, accurate diagnosis and appropriate treatment, education and follow-up



Regular follow-up is important, even if you feel well. The ESC Clinical Practice Guidelines recommend **at least every 6 months** to check things like heart rhythm, blood pressure and kidney function



If you've recently been discharged from hospital, follow-up should be more frequent, including a visit **1–2 weeks after leaving hospital** to check your symptoms and how well the medications are working



Telemonitoring, where you may send information such as your symptoms, weight or blood pressure to your healthcare provider, may be used **to adjust treatment or get further advice**

Each person's experience with heart failure is **different**. Even with the medications, devices and surgical treatments discussed in this booklet, symptoms can get worse.

A supportive approach from all members of your **multidisciplinary team** can improve quality of life by balancing medical treatment and symptom control with particular attention to mental and spiritual wellbeing.

Advance Care Planning

Advance care planning means talking with your healthcare team and those close to you about your values, what matters most to you and the type of care and treatments you would or would not want if your heart failure gets worse.

These conversations can help make sure that future decisions about your care reflect your wishes as far as possible.

Heart failure is a long-term condition, and it can feel overwhelming, but with good treatment, support and self-care, many people live well for many years. We hope this booklet helps you feel more informed, prepared and involved in your care.

More information can be found at www.heartfailurematters.org

This guide for patients is a simplified version of the ESC's Clinical Practice Guidelines for the management of heart failure. The full guidelines are available in English on the ESC website (www.escardio.org/Guidelines/Clinical-Practice-Guidelines/Heart-Failure); your cardiologist will be familiar with its content and recommendations. Online translator tools may be able to translate the text and present it in an alternative language, with limitations.

If you are interested in more information about heart failure and its diagnosis and treatment or the terms used in this document, the Heart Failure Matters website (www.heartfailurematters.org/) is a good place to start. It contains details about heart failure and the medicines used to treat it (presented in 10 different languages).

Authors

- Jelena Celutkienė, Clinic of Cardiac and Vascular Diseases, Vilnius University, Faculty of Medicine, Vilnius, Lithuania.
- Inga Drossart, European Society of Cardiology, Sophia Antipolis, France
- Tiny Jaarsma, Department of Health, Medicine and Caring Science, Linköping University, Linköping, Sweden
- Richard Mindham (United Kingdom), ESC Patient Forum, Sophia Antipolis, France

Authors of the 2026 update:

- Maggie Simpson, Edinburgh Medical School, University of Edinburgh, Edinburgh, United Kingdom
- Erwan Donal, Cardiology Department-LTSlInserm 1099, CHU Rennes - Université Rennes, Rennes, France
- Nicola Ryan, Department of Cardiology, Aberdeen Royal Infirmary, Aberdeen, United Kingdom
- Michael Madigan (Ireland), ESC Patient Forum, Sophia Antipolis, France
- Mariette Verbakel (Netherlands), ESC Patient Forum, Sophia Antipolis, France

Disclaimer

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