



# The 10-minute consultation: heart failure

## Rationale

The length of consultations varies, but the average length is 10 minutes. In addition, a new GP curriculum was introduced in the UK in 2007, with re-evaluation for practicing GPs; revalidation through continuing medical education is already the standard in other countries. *The 10-minute consultation* series of pocketbooks aim to develop clinicians' history-taking and clinical examination skills, as well as provide detailed information on the management options available in primary care, with emphasis on when to refer (and when not to refer) for specialist investigations and treatments. The pocketbook format is concise and portable, and key points are highlighted for quick reference, either as a memory aid or for day-to-day use on the clinical frontline.

## The 10-minute consultation: heart failure

The incidence and prevalence of heart failure is increasing, which might result in part from the combined effects of an ageing population and increased life expectancy. The incidence is such that a GP has (on average) 30 patients with heart failure, with 10 new diagnoses each year. These figures are higher in deprived areas. The prognosis of heart failure is poor and, therefore, accurate (and early) diagnosis of the clinical signs and symptoms that can potentially cause heart failure are a key competency for GPs, with management an essential part of health promotion. The aims of management in primary care are to improve the patient's quality of life and life expectancy.

*The 10-minute consultation: heart failure* will provide a holistic approach to the assessment and management of heart failure, stressing the importance of ongoing patient review and recall to ensure delivery of high-quality, evidence-based treatment.

## Authorship

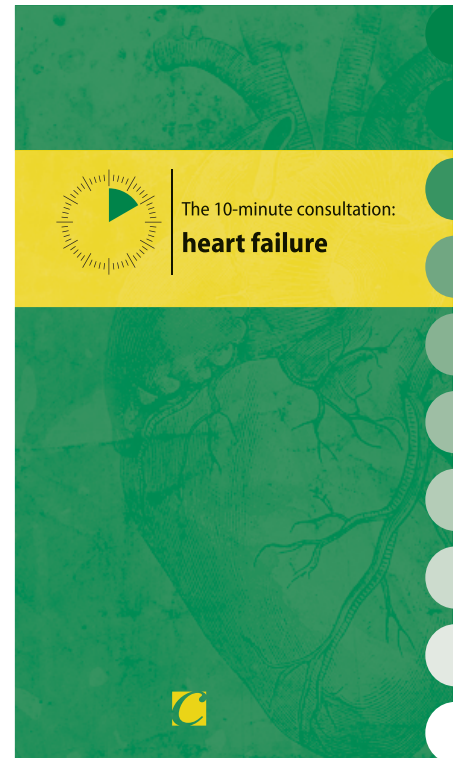
*The 10-minute consultation* author team is composed of GPs and specialist clinical reviewers who together ensure that the content of our books is authoritative and current. We will work closely with an advisory board of GPs from the specialty of primary care and CV disease whose role is to ensure the accuracy, quality and integrity of the content. By using a team of experienced and highly regarded GPs from the CV disease specialty, we aim to draw on their clinical experience within the field, closely reflecting the needs of the readers.

## Summary

*The 10-minute consultation: heart failure* will provide clinicians with an invaluable source of information on heart failure in primary care and highlight the most appropriate diagnostic and management options.

### Key objectives for the reader:

- To understand that heart failure is associated with significant morbidity and mortality
- To understand the epidemiology and segmentation of heart failure
- To understand how heart failure can be identified in primary care, including which diagnostic tests are used and how the results are clinically interpreted
- To understand how to competently manage heart failure in primary care and promote good prescribing practice for combination therapy
- To understand the indications for specialist referral



## Audience

- ✓ Medical students
- ✓ **Primary care:** GPs, Nurses, Pharmacists
- ✓ **Secondary care:** Nurse specialists, Junior doctors

## Specification

International Editorial Advisory Board

Paperback: 96 pages (tbc)

Product dimensions: 110 x 190 mm

Binding: perfect bound

Colour: 4-colour cover; 4-colour text



## Table of contents

### 1. Introduction

- How is heart failure classified?
- Subgroups (eg, age, gender, pregnancy and ethnicity)
- What is the importance of differential diagnosis (conditions presenting with similar symptoms such as obesity, venous insufficiency in the lower limbs and chest disease)?

### 2. Who and what to test

- Screening and case finding
- What issues should the GP cover during the 10-minute consultation?

### 3. How to manage heart failure

- Who to treat?
- How to treat?
- General lifestyle advice
- Pharmacological therapy (including ACE inhibitors, angiotensin II antagonists, beta-blockers, digoxin, diuretics [loop, thiazide and potassium-sparing], nitrates, and other vasodilators, and aldosterone antagonists)
- Adjunctive therapy (including statins, anticoagulants, antiarrhythmics and annual vaccination against influenza)
- Co-morbidity (eg, atrial fibrillation, ventricular arrhythmias, CAD, COPD, renal dysfunction, anaemia, thyroid disease, PVD and anxiety/depression)

### 4. Person-centered care

- How to identify the patient's beliefs about CV problems (their concerns and expectations)?
- What are the patient's cultural beliefs and practices?
- How to recognise nonconcordance with primary prevention?
- Are any treatments particularly appropriate?

### 5. Applying the evidence

- What are the implications of the international best practice guidelines for GPs?
- Landmark studies
- What are the GP prescribing options for heart failure: a summary
- When to refer?

### 6. Review and recall

- What ongoing patient care, monitoring and follow-up are necessary?
- What roles do other key healthcare workers have in managing the patient?
- What is the role of information technology (IT)?
- What is the role of the expert patient?

#### Further reading

## Other titles in *The 10-minute consultation* series



and many more...

## Bulk distribution

All our publications are available for bulk distribution in markets around the world and have proved extremely popular with industry sponsors as key educational items for clinicians. We can offer significant discounts for purchasing in bulk and across related titles. Other opportunities include: translated versions, custom covers, bookmarks, bellybands, competitive print lead times, tailored deliveries to suit rep visits and/or direct mailings, an efficient and friendly customer service.

## More information

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