

**INDICATIONS BY MEDICATION CLASS FOR PATIENTS WITH
LEFT VENTRICULAR (LV) SYSTOLIC DYSFUNCTION
(LV EJECTION FRACTION \leq 40%)**

Medication Class	Indication	LOE*
Angiotensin converting enzyme inhibitors (ACE-I)	All patients, symptomatic or asymptomatic, regardless of NYHA functional class, unless contraindicated	Class I, Level A
Diuretics (thiazide or loop)	All patients with evidence of fluid retention	Class I, Level A
Digoxin	Patients in normal sinus rhythm with symptoms	Class I, Level A
	Patients in atrial fibrillation with rapid ventricular response rate	NS
Beta-adrenergic blockers	All <u>stable</u> patients, symptomatic or asymptomatic, regardless of NYHA functional class, unless contraindicated. Patients should have <u>no or minimal</u> fluid retention and should have not required recent treatment with an IV inotropic agent	Class I, Level A
	Patients in atrial fibrillation with rapid ventricular response rate	Class I, Level A
Aldosterone antagonists (spironolactone)	Patients with recent or current NYHA Class IV symptoms, preserved renal function and normal serum potassium level	Class IIa, Level B
Angiotensin II receptor blockers (ARB)	Patients with <u>definite</u> intolerance to ACE-I due to cough or angioedema, and are being treated with diuretic, beta-blocker and digoxin	Class IIa, Level A
Hydralazine + Isosorbide Dinitrate (Hyd-ISDN)	Patients with <u>definite</u> intolerance to ACE-I due to hypotension or renal insufficiency, and are being treated with diuretic, beta-blocker and digoxin	Class IIa, Level B

*Level of Evidence:

Class I=evidence for and/or general agreement that the treatment is useful and effective; Level IIa=conflicting evidence and/or divergent opinion about the usefulness/efficacy, but weight is in favor of the treatment
Level A=well-designed, controlled clinical trials; B=cohort studies; C=expert opinion; NS=Not specified