

**RECOMMENDED MEDICAL REGIMEN BY FUNCTIONAL CLASS
FOR PATIENTS WITH LEFT VENTRICULAR (LV) SYSTOLIC DYSFUNCTION
(LV EJECTION FRACTION \leq 40%)**

NYHA Functional Class	Medication Class	LOE ⁽¹⁾
Class I: No limitation of physical activity. Ordinary exertion does not cause undue fatigue, palpitations or dyspnea	Angiotensin converting enzyme inhibitor (ACE-I) ⁽²⁾	Class I, Level A
	Beta-adrenergic blocker ⁽³⁾	Class I, Level A
Class II: Mild limitation of activity. Ordinary exertion causes fatigue, palpitations or dyspnea	ACE –I ⁽²⁾	Class I, Level A
	Diuretic ⁽⁴⁾	Class I, Level A
	Digoxin ⁽⁵⁾	Class I, Level A
	Beta-blocker ⁽³⁾	Class I, Level A
Class III: Marked limitation of activity. Less than ordinary exertion causes fatigue, palpitations, or dyspnea	ACE –I ⁽²⁾	Class I, Level A
	Diuretic ⁽⁴⁾	Class I, Level A
	Digoxin ⁽⁵⁾	Class I, Level A
	Beta-blocker ⁽³⁾	Class I, Level A
	Spironolactone ⁽⁶⁾	ClassIIa, Level B
Class IV: Symptoms present at rest and worsened by any exertion	ACE –I ⁽²⁾	Class I, Level A
	Diuretic ⁽⁴⁾	Class I, Level A
	Digoxin ⁽⁵⁾	Class I, Level A
	Beta-blocker ⁽³⁾	Class I, Level A
	Spironolactone ⁽⁶⁾	Class I, Level A

(1) 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
- A=well-designed, controlled trials; B=cohort studies; C=expert opinion; NS=not specified

(2) For patients with definite intolerance to ACE-I:

- Angiotensin II Receptor Blocker if intolerant due to cough or angioedema (Class IIa, Level A)
- Hydralazine + Isosorbide Dinitrate if intolerant due to hypotension or renal insufficiency (Class IIa, Level B)

(3) Beta-blockers: Patients should have no or minimal fluid retention and should not have required recent treatment with an intravenous positive inotrope.

(4) Diuretics, thiazide or loop: Only for patients with signs with fluid retention