

Chronic heart failure in adults: diagnosis and management

Consultation on draft guideline – deadline for comments 5pm, on Tuesday 08 July 2025

email: chfiatreatment@nice.org.uk

Checklist for submitting comments

- Use this comments form and submit it as a **Word document (not a PDF)**.
- **Do not submit further attachments** such as research articles, or supplementary files. We return comments forms that have attachments without reading them. You may resubmit the form without attachments, but it must be received by the deadline. You are welcome to include links to research articles or provide references to them
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **document name, page number and line number** of the text each comment is about.
- Combine all comments from your organisation into 1 response form. **We cannot accept more than 1 comments form from each organisation.**
- **Do not** paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; **do not** cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public with underlining and highlighting**. Also, ensure you state in your email to NICE, and in the row below, that your submission includes **confidential comments**.
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use.
- **We have not reviewed the evidence for the recommendations shaded in grey. Therefore, please do not submit comments relating to these recommendations as we cannot accept comments on them.**
- **We do not accept comments submitted after the deadline stated for close of consultation.**

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate. Where comments contain confidential information, we will redact the relevant text, or may redact the entire comment as appropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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	<p>Please read the checklist above before submitting comments. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment.</p> <p>In addition to your comments below on our guideline documents, we would like to hear your views on these questions. Please include your answers to these questions with your comments in the table below.</p> <ol style="list-style-type: none"> 1. Would it be challenging to implement of any of the draft recommendations? Please say why and for whom. Please include any suggestions that could help users overcome these challenges (for example, existing practical resources or national initiatives). 2. Would implementation of any of the draft recommendations have significant cost implications? 3. We would especially welcome you feedback on recommendation 1.7.4 on whether GPs should seek advice from a heart failure specialist before prescribing an SGLT2 inhibitor <p>See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
<p>Organisation name (if you are responding as an individual rather than a registered stakeholder please specify).</p>	<p>British Association for Nutrition and Lifestyle Medicine (BANT) - registered as stakeholder under previous name British Association for Applied Nutrition and Nutritional Therapy</p>
<p>Disclosure (please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry).</p>	<p>None</p>
<p>Confidential comments (Do any of your comments contain confidential information?)</p>	<p>No</p>

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Name of person completing form	Dr Susan McGinty
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Comment number	Document [e.g. guideline, evidence review A, B, C etc., methods, EIA]	Page number 'General' for comments on whole document	Line number 'General' for comments on whole document	Comments <ul style="list-style-type: none"> • Insert each comment in a new row. • Do not paste other tables into this table, because your comments could get lost – type directly into this table. • Include section or recommendation number in this column.
1	Guideline	022	008	<p>Rehabilitation must include dietary as well exercise recommendations so we recommend should read:</p> <p>“Offer people with heart failure a personalised diet and exercise-based cardiac rehabilitation programme”</p> <p>Refs:</p> <p>Billingsley HE, Hummel SL, Carbone S. The role of diet and nutrition in heart failure: A state-of-the-art narrative review. Prog Cardiovasc Dis. 2020 Sep-Oct;63(5):538-551. doi: 10.1016/j.pcad.2020.08.004. Epub 2020 Aug 14. PMID: 32798501; PMCID: PMC7686142.</p> <p>Bohmke NJ, Billingsley HE, Kirkman DL, Carbone S. Nonpharmacological Strategies in Heart Failure with Preserved Ejection Fraction. Cardiol Clin. 2022 Nov;40(4):491-506. doi: 10.1016/j.ccl.2022.06.003. Epub 2022 Sep 15. PMID: 36210133; PMCID: PMC10280381.</p> <p>Ataran A, Pompian A, Hajirezaei H, Lodhi R, Javaheri A. Fueling the Heart: What Are the Optimal Dietary Strategies in Heart Failure? Nutrients. 2024 Sep 18;16(18):3157. doi: 10.3390/nu16183157. PMID: 39339757; PMCID: PMC11434961.</p>

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2	Guideline	022	019	<p>Insert new:</p> <p>See NICE’s Non-alcoholic fatty liver disease (NAFLD): assessment and management (NG49) [shortly to be updated by new NICE guidance on Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) – in development] for nutrition and lifestyle guidance</p> <p>Refs:</p> <p>Wegermann K, Chouairi F, Karachaliou GS, Ahlers C, Au S, Miller K, Biering-Sørensen T, Abdelmalek MF, Diehl AM, Moylan CA, Fudim M. Incident heart failure is common and underrecognized in patients with biopsy-proven metabolic dysfunction-associated steatotic liver disease. Eur J Heart Fail. 2025 May 19. doi: 10.1002/ejhf.3697. Epub ahead of print. PMID: 40389356.</p> <p>Møller S, Kimer N, Hove JD, Barløse M, Gluud LL. Cardiovascular disease and metabolic dysfunction-associated steatotic liver disease: pathophysiology and diagnostic aspects. Eur J Prev Cardiol. 2025 Mar 3:zwae306. doi: 10.1093/eurjpc/zwae306. Epub ahead of print. PMID: 40037299.</p> <p>Cheung J, Cheung BM, Yiu KH, Tse HF, Chan YH. Role of metabolic dysfunction-associated fatty liver disease in atrial fibrillation and heart failure: molecular and clinical aspects. Front Cardiovasc Med. 2025 Apr 8;12:1573841. doi: 10.3389/fcvm.2025.1573841. PMID: 40264510; PMCID: PMC12011764.</p>
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Insert extra rows as needed

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Data protection

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By submitting your data via this form you are confirming that you have read and understood this statement.

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