

Delphi study on the pharmacotherapeutic management of paediatric heart failure

Angiotensin-converting enzyme inhibitors (ACE-I): Considerations for optimal dosage

1. There is a need for clear monitoring schedules for the early detection of acute kidney injury in paediatric patients on ACE-I therapy.

Please select one item.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Rationale/Comment:

2. There is a need for clear blood pressure cut-off points for decision making when up-titrating the dose of ACE-I in paediatric patients.

Please select one item.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Rationale/Comment:

3a. In the ACE-I dose up-titration phase daily dose should NOT be increased at less than 48h intervals.

Please select one item.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Rationale/Comment:

3b. In the ACE-I dose up-titration phase the optimal way to proceed is to double the dose at each up-titration step.

Please select one item.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Rationale/Comment:

4. If deterioration of the renal function occurred in a patient on ACE-I therapy, concomitant diuretic medication should be readjusted before deciding to down titrate/ stop up-titrating the ACE-I.

Please select one item.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Rationale/Comment:

5. If no adverse events occur, ACE-I dose should be increased to the target dose, even if the patient has already experienced improvement with a lower dose.

Please select one item.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Rationale/Comment:

Figure S1. Delphi questionnaire

6. In order to maximise the accuracy of the ACE-I dose given, the use of different types of formulations for a patient throughout the duration of the treatment should be avoided.

Please select one item.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Rationale/Comment:

ACE-I for the management of congenital heart diseases

7. Paediatric patients with asymptomatic mitral or aortic regurgitation benefit from ACE-I therapy.

Please select one item.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Rationale/Comment:

8. Paediatric patients with pressure overload lesions should be routinely prescribed ACE-I.

Please select one item.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Rationale/Comment:

Figure S1. Delphi questionnaire

9. ACE-I therapy should NOT be routinely instituted for all patients with single ventricle congenital heart disease, but could be considered in specific cases such as in situations of valve regurgitation or ventricular dysfunction.

Please select one item.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Rationale/Comment:

Neurohumoral antagonists for the management of heart failure related to dilated cardiomyopathy

10. If beta-blockers are to be introduced for the management of heart failure, patients should also receive an ACE-I concomitantly.

Please select one item.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Rationale/Comment:

11. Beta-blockers should be considered for the management of patients with heart failure in asymptomatic stages.

Please select one item.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Rationale/Comment:

Figure S1. Delphi questionnaire

12. Aldosterone antagonists should only be introduced for patients with persisting symptoms despite treatment with ACE-I (+/- beta-blocker).

Please select one item.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Rationale/Comment:

13. Paediatric validated scores for heart failure severity staging should be connected with pharmacotherapeutic recommendations in further guidelines.

Please select one item.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Rationale/Comment:

Figure S1. Delphi questionnaire

Demographic characteristics

14. How many years of experience do you have in the field of paediatric cardiology?

Please select one item.

- < 1 year
- 1 to 5 years
- > 5 to 10 years
- > 10 years

15. In which type of unit/ centre do you work?

Please select one item.

- Hospital paediatric cardiology unit
- Hospital paediatric critical care unit
- Hospital neonatology unit
- Hospital clinical pharmacology unit
- Private practice of paediatric cardiology
- Other (please specify):

16. In which country do you work?

Please type the name of the country in the box.