MITRAL REGURGITATION REFERRAL GUIDELINE

For more information or referral questions, contact your local cardiology practice. For a complete listing, visit mainehealth.org/services/cardiovascular/service-locations

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Stage C-D; shortness of breath and decrease exercise tolerance

New or worsening heart murmur on exam

Signs of congestive heart failure on exam

Echocardiogram with moderately severe- severe mitral regurgitation

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Stage B

Heart murmur on exam

Echocardiogram with mild- moderate regurgitation with or without mild LV systolic dysfunction

Asymptomatic

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Stage A

Heart murmur on exam

Echocardiogram with normal or mildly reduced left ventricular function with or without mild mitral valve changes with no greater than mild regurgitation

Asymptomatic

SUGGESTED PREVISIT WORKUP

Guideline Directed Medical Therapy for HF including ACE-I, ARBs, BB, and /or aldosterone antagonists as indicated

Consider sending patient to local ED for acute symptom management

Referral to advanced heart valve clinic for evaluation and review of treatment options

Referral to advanced heart failure clinic for management of heart failure symptoms and LV dysfunction

Consider TEE, cardiac catheterization, exercise stress study and CMR

Echo every 6-12 months

SUGGESTED WORKUP

Repeat echo every 1-2 years (stage B)

Guideline Directed Medical Therapy for blood pressure and mild left ventricular systolic dysfunction including ACE-I, ARBs, BB, and /or aldosterone antagonists as indicated

Consider referral to advanced valve clinic for moderate MR

SUGGESTED MANAGEMENT

Repeat echo every 3-5 years

Guideline Directed Medical Therapy for blood pressure management

CLINICAL PEARLS

Stages of Mitral Regurgitation

- A: At Risk
- B: Progressive- mild to moderate in severity
- C: Asymptomatic Severe MR with or without LV/RV dysfunction
- C1: LVEF >60%

- C2: LVEF <60%, LVESD >40mm
- D: Patients with symptomatic Severe MR



Approved by MMC/MH Advanced Valve Team 7/31/19, Clinical owner: David Burkey, MD; Administrative owner: Richard Veilleux

MaineHealth

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.

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