

CONGESTIVE HEART FAILURE (CHF) PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://congestiveheartfailure.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

SAMPLE

- 1. Stage C HF is defined as ...**
 - A. No symptoms but decreased EF
 - B. Refractory HF at rest
 - C. At risk but no symptoms
 - D. Structural heart disease with HF symptoms
- 2. What is the role of sacubitril/valsartan in HFrEF and what trial supports it?**
 - A. An ARNI with mortality benefit; PARADIGM-HF showed superiority over enalapril.
 - B. A thiazide diuretic; SOLVD trial showed improvement.
 - C. An ACE inhibitor; HOPE trial
 - D. A calcium channel blocker; ACCP trial
- 3. BiVAD refers to a device providing mechanical support for which parts of the heart?**
 - A. Left ventricle only
 - B. Both ventricles
 - C. Right ventricle only
 - D. Atria
- 4. In decompensated heart failure, hyponatremia is associated with what prognosis?**
 - A. Excellent prognosis
 - B. No impact on prognosis
 - C. Predicts immediate recovery
 - D. Poor prognosis
- 5. Which statement describes guideline-directed medical therapy for HFrEF?**
 - A. It excludes SGLT2 inhibitors
 - B. It relies only on diuretics
 - C. It includes RAAS inhibitors, MRAs, beta blockers, and SGLT2 inhibitors
 - D. It recommends nitrates as first-line

- 6. What is the role of hydralazine–isosorbide dinitrate therapy in HF?**
- A. Primary therapy for all HF.
 - B. Only used in acute decompensation.
 - C. Add-on therapy for HFrEF, particularly in African American patients or those intolerant to ACE inhibitors/ARBs, improving survival.
 - D. Not recommended due to hypotension.
- 7. What is the effect of sacubitril/valsartan on cardiovascular outcomes in symptomatic HFrEF?**
- A. Increases risk of hospitalization.
 - B. Reduces cardiovascular death and hospitalization in symptomatic HFrEF.
 - C. No effect on mortality.
 - D. Worsens blood pressure.
- 8. Which statement about natriuretic peptide levels is true in heart failure management?**
- A. They're only useful for diagnosis, not prognosis
 - B. They provide prognostic information and help guide therapy intensity
 - C. They measure hepatic function
 - D. They quantify bleeding risk
- 9. Which histopathologic finding is associated with diastolic dysfunction?**
- A. Cardiomyocyte hypertrophy, inflammation, & fibrosis
 - B. Thinner, elongated cardiomyocytes and fibrosis
 - C. Myocardial necrosis with edema
 - D. Cardiac myocyte atrophy and apoptosis
- 10. What is the indication for ventricular assist devices (VAD) in heart failure?**
- A. Indicated in advanced heart failure refractory to optimal medical therapies by offering mechanical circulatory support
 - B. Indicated only in early heart failure
 - C. Indicated only after heart transplant
 - D. Not used in heart failure

Answers

SAMPLE

1. D
2. A
3. B
4. D
5. C
6. C
7. B
8. B
9. A
10. A

SAMPLE

Explanations

SAMPLE

1. Stage C HF is defined as ...

- A. No symptoms but decreased EF
- B. Refractory HF at rest
- C. At risk but no symptoms
- D. Structural heart disease with HF symptoms**

The concept being tested is how the ACC/AHA stages of heart failure are defined. Stage C is characterized by structural heart disease with current or prior HF symptoms, meaning you have clear signs or symptoms of heart failure while there is an underlying heart abnormality. Structural heart disease can include previous myocardial infarction with remodeling, valve disease, cardiomyopathy, or other conditions that alter heart structure. The symptoms that accompany it are the typical HF manifestations—shortness of breath, fatigue, reduced exercise tolerance, and sometimes edema. Why the other descriptions don't fit Stage C: having no symptoms despite reduced left ventricular ejection fraction places you in Stage B (structural disease without symptoms). Refractory HF at rest describes a very advanced stage, i.e., Stage D, where symptoms persist despite optimal therapy. Being at risk but asymptomatic corresponds to Stage A, where there's risk but no structural heart disease or symptoms yet. So, Stage C = structural heart disease with HF symptoms.

2. What is the role of sacubitril/valsartan in HFrEF and what trial supports it?

- A. An ARNI with mortality benefit; PARADIGM-HF showed superiority over enalapril.**
- B. A thiazide diuretic; SOLVD trial showed improvement.
- C. An ACE inhibitor; HOPE trial
- D. A calcium channel blocker; ACCP trial

Sacubitril/valsartan is an ARNI, combining neprilysin inhibition with angiotensin receptor blockade. Neprilysin inhibition raises natriuretic peptides, producing vasodilation, natriuresis, and anti-remodeling effects, while the valsartan component blocks angiotensin II's harmful actions. Together, this improves outcomes in HFrEF beyond what ACE inhibitors alone provide. This benefit was shown in the PARADIGM-HF trial, which compared sacubitril/valsartan with enalapril in about 8,400 patients with symptomatic heart failure and reduced ejection fraction. It demonstrated a relative reduction around 20% in the primary outcome of cardiovascular death or heart failure hospitalization, and also lowered all-cause mortality, establishing superiority over an ACE inhibitor. Because of this, guidelines endorse using sacubitril/valsartan in eligible patients to improve outcomes, with a required washout period when switching from an ACE inhibitor to minimize angioedema risk.

3. BiVAD refers to a device providing mechanical support for which parts of the heart?

- A. Left ventricle only
- B. Both ventricles**
- C. Right ventricle only
- D. Atria

BiVAD means a biventricular assist device, which provides mechanical support for both ventricles. In advanced heart failure, either or both ventricles may not pump effectively. An LVAD helps the left ventricle move blood into the aorta, while an RVAD helps the right ventricle push blood into the pulmonary artery. A BiVAD uses two pumps to assist both sides, improving overall cardiac output by supporting circulation to both the systemic and pulmonary circuits. Supporting only one ventricle or the atria isn't what BiVAD is designed to do, so the best choice is the device that aids both the left and right ventricles.

4. In decompensated heart failure, hyponatremia is associated with what prognosis?

- A. Excellent prognosis
- B. No impact on prognosis
- C. Predicts immediate recovery

D. Poor prognosis

Hyponatremia in decompensated heart failure reflects severe neurohormonal activation and significant fluid overload. When the heart fails to pump effectively, the body senses lowered effective arterial blood volume, which stimulates pathways like antidiuretic hormone release and the renin-angiotensin-aldosterone system. This leads to increased water retention relative to sodium, causing dilutional hyponatremia. This finding correlates with more advanced disease and is a strong marker of worse outcomes, including higher mortality and more frequent hospital readmissions. It signals a prognosis that is poor rather than favorable or neutral, and it does not indicate imminent recovery.

5. Which statement describes guideline-directed medical therapy for HFrEF?

- A. It excludes SGLT2 inhibitors
- B. It relies only on diuretics

C. It includes RAAS inhibitors, MRAs, beta blockers, and SGLT2 inhibitors

D. It recommends nitrates as first-line

Guideline-directed medical therapy for HFrEF centers on reducing mortality and hospitalizations by using four key drug classes: RAAS inhibitors (ACE inhibitors or ARBs or ARNIs), beta-blockers, mineralocorticoid receptor antagonists, and SGLT2 inhibitors. These classes have strong trial evidence showing survival benefits and fewer hospitalizations, and SGLT2 inhibitors are now recommended as part of standard therapy even in patients without diabetes. Diuretics help with symptoms of fluid overload but do not improve survival, so they are not considered the foundational GDMT. Nitrates with hydralazine can be beneficial in select patients but are not first-line for GDMT in the general HFrEF population.

6. What is the role of hydralazine–isosorbide dinitrate therapy in HF?

- A. Primary therapy for all HF.
- B. Only used in acute decompensation.
- C. Add-on therapy for HFrEF, particularly in African American patients or those intolerant to ACE inhibitors/ARBs, improving survival.**
- D. Not recommended due to hypotension.

Hydralazine–isosorbide dinitrate is best understood as an add-on therapy for heart failure with reduced ejection fraction (HFrEF) in patients who remain symptomatic despite guideline-directed medical therapy, especially when an ACE inhibitor or ARB cannot be used or in African American patients who show mortality benefit with this combination. The two drugs work synergistically: hydralazine primarily lowers afterload by dilating arteries, which reduces the heart's work to eject blood, while isosorbide dinitrate mainly lowers preload by venodilation, decreasing filling pressures and wall stress. Together, they improve cardiac output and relieve symptoms, and they have been shown to reduce mortality and heart-failure–related hospitalizations in the right population. The strongest evidence comes from trials in African American patients with HFrEF on standard therapy, where adding this combination significantly improved survival. Because of that, guidelines endorse it as add-on therapy for patients who are intolerant to ACE inhibitors or ARBs or who belong to that high-benefit group, rather than as a universal first-line treatment for all HF patients. This therapy is not a first-line treatment for all heart failure, nor is it reserved only for acute decompensation. It fits into the broader management plan when patients with HFrEF continue to have symptoms despite optimal therapy, with careful attention to blood pressure and tolerability, since hypotension and headaches are potential side effects.

7. What is the effect of sacubitril/valsartan on cardiovascular outcomes in symptomatic HFrEF?

- A. Increases risk of hospitalization.
- B. Reduces cardiovascular death and hospitalization in symptomatic HFrEF.**
- C. No effect on mortality.
- D. Worsens blood pressure.

Sacubitril/valsartan improves outcomes in symptomatic HFrEF by lowering the risk of death from cardiovascular causes and reducing heart failure–related hospitalizations. This ARNI combines neprilysin inhibition (which boosts beneficial natriuretic peptides, causing vasodilation and natriuresis) with ARB-mediated suppression of the harmful RAAS, addressing both load and remodeling. In the pivotal trials, patients treated with sacubitril/valsartan had a meaningful reduction—about one-fifth—in the composite endpoint of cardiovascular death or HF hospitalization compared with an ACE inhibitor, and cardiovascular death itself was reduced as well. While it can lower blood pressure, the overall effect is a clear improvement in major cardiovascular outcomes, not a worsening of prognosis.

8. Which statement about natriuretic peptide levels is true in heart failure management?

- A. They're only useful for diagnosis, not prognosis
- B. They provide prognostic information and help guide therapy intensity**
- C. They measure hepatic function
- D. They quantify bleeding risk

Natriuretic peptides mirror the heart's filling pressures and stretch, so in heart failure they carry important information beyond diagnosis. These hormones rise when the ventricles are stressed by fluid overload, and higher levels are linked to greater risk of worse outcomes, including hospitalization and mortality. That prognostic signal is why they're used not only to help diagnose heart failure but to tailor and adjust treatment. If levels fall with therapy, it suggests the heart is under less stress and the patient is responding, supporting continued or stepped-down therapy. If levels stay high or rise, it may prompt intensification of diuretics, optimization of guideline-directed medical therapy, or closer monitoring. They are not measures of hepatic function or bleeding risk, and their value lies in prognosis and guiding how aggressively to treat, not in measuring liver function or bleeding risk. Note that levels can be influenced by factors like age, renal function, and body habitus, so clinicians interpret them in the broader clinical context.

9. Which histopathologic finding is associated with diastolic dysfunction?

- A. Cardiomyocyte hypertrophy, inflammation, & fibrosis**
- B. Thinner, elongated cardiomyocytes and fibrosis
- C. Myocardial necrosis with edema
- D. Cardiac myocyte atrophy and apoptosis

Diastolic dysfunction is driven by a stiff, noncompliant ventricle that fills poorly during diastole. This stiffness comes from remodeling that includes cardiomyocyte hypertrophy and increased interstitial fibrosis, often with some inflammatory changes as the heart adapts to chronic pressure overload. So the histopathologic finding of cardiomyocyte hypertrophy, inflammation, and fibrosis best fits diastolic dysfunction, reflecting concentric remodeling and stiffening of the ventricle. The other patterns don't align with this mechanism. Thinner, elongated cardiomyocytes with fibrosis suggest thinning and dilation rather than the thickened, stiff ventricle seen in diastolic dysfunction. Myocardial necrosis with edema points to an acute injury like infarction, not the chronic remodeling characteristic of diastolic dysfunction. Cardiac myocyte atrophy and apoptosis describe loss of cells, which isn't the typical remodeling pattern underlying diastolic dysfunction.

10. What is the indication for ventricular assist devices (VAD) in heart failure?

- A. Indicated in advanced heart failure refractory to optimal medical therapies by offering mechanical circulatory support**
- B. Indicated only in early heart failure
- C. Indicated only after heart transplant
- D. Not used in heart failure

Ventricular assist devices are used when heart failure is advanced and symptoms and hemodynamics remain uncontrolled despite optimized medical therapy. The device provides mechanical support to the failing ventricle, improving forward flow and organ perfusion, which can relieve symptoms and improve survival. This approach is especially important for patients who are waiting for a heart transplant (bridge to transplant) or for those who aren't transplant candidates at all (destination therapy). They are not indicated for early-stage heart failure and they are not simply used after a transplant.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://congestiveheartfailure.examzify.com>

We wish you the very best on your exam journey. You've got this!

SAMPLE