

Heart Failure with Preserved Ejection Fraction



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KEYWORDS

• Heart failure • Preserved ejection fraction • HFpEF • Diastolic

HOSPITAL MEDICINE CLINICS CHECKLIST

1. Heart failure with preserved ejection fraction (HFpEF) is defined as the signs and symptoms of heart failure without evidence of systolic dysfunction on echocardiography. The terms HFpEF and diastolic heart failure are often used interchangeably.
2. Common risk factors for developing HFpEF include increasing age, poorly controlled hypertension, female sex, and obesity.
3. Management of HFpEF includes symptomatic treatment with diuretics as well as controlling comorbid conditions such as hypertension.
4. Choices of antihypertensive therapy in HFpEF often depend on comorbidities such as diabetes that favor the use of one agent more than another.
5. Management of atrial arrhythmias is important in patients with HFpEF and should follow current recommendations.
6. Clinical trials evaluating the use of angiotensin-converting enzyme inhibitors or angiotensin II receptor blockers have shown some evidence of reduced hospital readmission, but no mortality benefit.
7. Recent studies suggest that patients with HFpEF have the same mortality as those with heart failure with reduced ejection fraction.

DEFINITIONS

What is the definition of heart failure?

The American College of Cardiology (ACC) defines heart failure as “a complex clinical syndrome that can result from any structural or functional cardiac disorder that impairs the ability of the ventricle to fill with or eject blood.”¹ Heart failure is a constellation of

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symptoms and signs caused by the inability of the heart to pump enough blood to meet the metabolic demands of the body.

What is the definition of heart failure with preserved ejection fraction (HFpEF)?

HFpEF is defined as the signs and symptoms of heart failure without evidence of systolic dysfunction on echocardiography. There is some variability in the designated cutoff for a preserved ejection fraction (EF). The ACC defines HFpEF using an EF greater than or equal to 50% and an EF less than or equal to 40% as heart failure with reduced EF (HFrEF). Patients with an EF between 40% and 50% are borderline or intermediate, but generally are included in HFpEF populations when studied in the literature.²⁻⁵

What is the difference between HFpEF and diastolic heart failure?

Diastolic heart failure is HFpEF caused by underlying diastolic dysfunction of the heart without evidence of other causes, such as valvular, pulmonary, or infiltrative disease (Fig. 1). Note that these terms have been used interchangeably, with HFpEF being favored recently. In addition, patients with systolic heart failure (EF<35%) can have diastolic dysfunction on echocardiography, which may contribute to their heart disease but is not classified as diastolic heart failure.⁶

EPIDEMIOLOGY

What is the prevalence of HFpEF?

There are approximately 5 million individuals with heart failure in the United States.⁷ The number of new cases of heart failure annually increased from 500,000/y in 2001 to 800,000/y over the last decade.⁸ Historically, systolic heart failure was more prevalent, but HFpEF now accounts for approximately 54% of all new heart failure diagnoses,⁹ presumably because of the increased prevalence of comorbid conditions contributing to HFpEF. The prevalence of HFpEF increases with age and is higher in women, with a prevalence of 0% to 1% in men and women less than 40 years of age, increasing to 8% to 10% of women aged 80 years or older.^{10,11}

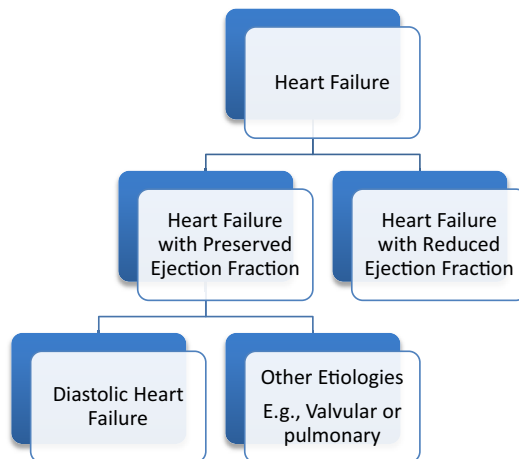


Fig. 1. Heart failure.

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