

Current Management of Heart Failure



When to Refer to Heart Failure Specialist and When Hospice is the Best Option

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KEYWORDS

• Acute and chronic management • Heart failure • Hospital care • Hospice care

KEY POINTS

- Heart failure is a common symptom caused by variety of pathologies.
- Management of heart failure should be tailored to the specific pathology.
- Level of care for heart failure should be escalated as the disease progresses to more advanced stages.

Heart failure (HF) is a common syndrome caused by different abnormalities of the cardiovascular system that result in impairment of the ventricles in filling or ejecting blood. HF is one of the most common causes of hospitalization in the United States with a very high cost to the health care system. In the United States there are 880,000 new HF diagnoses per year and 5 million cases currently identified.¹⁻³ This article focuses on the etiology of left ventricle dysfunction, HF presentation, and the acute and chronic management of HF.

ETIOLOGY OF HEART FAILURE

There is a broad spectrum of disorders that cause left ventricular dysfunction. The etiologic spectrum of systolic and diastolic dysfunction ranges from coronary artery disease, hypertension, and valvular heart disease, to more rare causes such as infiltrative disorders and parasitic infections. **Box 1** lists the most common causes of HF encountered by clinicians.

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Box 1**Etiology of heart failure**

There is no agreed or satisfactory classification for the causes of heart failure, with much overlap between potential categories

Myocardial disease

1. Coronary artery disease
2. Hypertension^a
3. Cardiomyopathy^b
 - a. Familial
 - i. Hypertrophic
 - ii. Dilated
 - iii. Arrhythmogenic right ventricular cardiomyopathy
 - iv. Restrictive
 - v. Left ventricular noncompaction
 - b. Acquired
 - i. Myocarditis (inflammatory cardiomyopathy)
 - Infective
 - Bacterial
 - Spirochetal
 - Fungal
 - Protozoal
 - Parasitic
 - Rickettsial
 - Viral
 - Immune mediated
 - Tetanus toxoid, vaccines, serum sickness
 - Drugs
 - Lymphocytic/giant cell myocarditis
 - Sarcoidosis
 - Autoimmune
 - Eosinophilic (Churg-Strauss)
 - Toxic
 - Drugs (eg, chemotherapy, cocaine)
 - Alcohol
 - Heavy metals (copper, iron, lead)
 - ii. Endocrine/nutritional
 - Pheochromocytoma
 - Vitamin deficiency (eg, thiamine)
 - Selenium deficiency
 - Hypophosphatemia
 - Hypocalcemia

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