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HFpEF: Cardiovascular Abnormalities not just Comorbidities

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Nearly half of all patients with heart failure have a normal ejection fraction (EF). The prevalence of this syndrome, termed heart failure with preserved ejection fraction (HFpEF), continues to increase likely because of the increasing prevalence of common risk factors, including older age, female gender, hypertension, renal dysfunction, metabolic syndrome and obesity. In contrast to heart failure with reduced ejection fraction (HFrEF), no treatment has been proven in pivotal clinical trials to be effective for HFpEF, largely because of the pathophysiological heterogeneity that exists within the broad spectrum of HFpEF. This syndrome was historically considered to be caused exclusively by left ventricular diastolic dysfunction, but research has identified several other contributory factors, including limitations in left ventricular systolic reserve, systemic and pulmonary vascular function, nitric oxide bioavailability, chronotropic reserve, right heart function, autonomic tone, left atrial function, and peripheral impairments. Multiple individual mechanisms frequently coexist within the same patient to cause symptomatic heart failure, but between patients with HFpEF the extent to which each component is operative can differ widely, confounding treatment approaches.

Clinical trials have not yet identified effective treatments for HFpEF. Incomplete understanding of the pathophysiology of HFpEF, the likelihood that there is substantial pathophysiologic heterogeneity among affected patients, and the interplay of various risk factors have all been barriers in the development of effective treatments. Ongoing research initiatives given the rapidly increasing number of patients with this form of heart failure are critically important.

Biography

Samer Ellahham has served as Chief Quality Officer for SKMC since 2009. In his role, Dr. Ellahham has led the development of a quality and safety program that has been highly successful and visible and has been recognized internationally by a number of awards. As Chief Quality Officer and Global Leader, Dr. Ellahham has a focus on ensuring that that implementation of this best practices leads to breakthrough improvements in clinical quality and patient safety. Ellahham is the recipient of the Quality Leadership Award from the Global Awards for excellence in Quality and Leadership and the Business Leadership Excellence Award from the World Leadership Congress. He was nominated in 2015 for SafeCare magazine Person of the Year.

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