

Heart Failure with Preserved Ejection Fraction: Myth or Reality?

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Editorial

Heart failure (HF) is a complex syndrome characterized by intolerance to exercise, fluid retention and congestive phenomena, and in its later stages has high morbidity and mortality rates. These patients those with preserved systolic function, are referred to as heart failure with preserved ejection fraction (HFpEF). The prevalence of HFpEF varies between 30% and 50% in epidemiological studies [1-3].

It affects mostly individuals with older age, hypertension, metabolic syndrome, coronary disease, visceral obesity, atrial fibrillation, and

female sex. The pathophysiological mechanisms are complex and multifactorial, involving the abnormalities in diastolic function (relaxation and/or stiffness), ventricular geometry, changes in extracellular matrix fibrillar collagen synthesis and degradation, myocardial passive stiffness, the pericardial restraint force and the interaction between the ventricles [4]. Possible mechanisms etiopathogeny of HFpEF are presented in Figure 1.

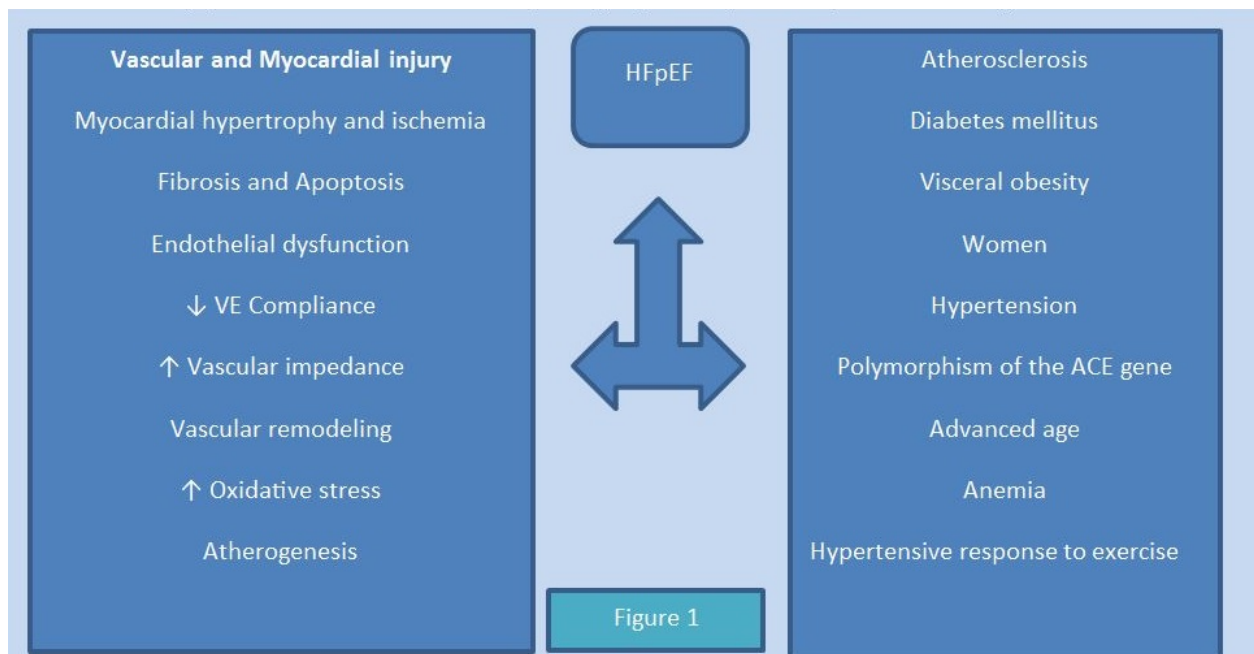


Figure 1: Etiopathogeny of HFpEF possible mechanisms.

The treatment guidelines are to improve cardiac function, reduce pulmonary venous congestion, and control the comorbidities and of hypertension, treat myocardial ischemia, maintain sinus rhythm and prevent tachycardia, block neuro-humoral activation, and also reduce the re-hospitalizations, and improve the quality of life of the patient [5].

References

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