

# Success with Heart Failure: New Strategies to Reverse Acute Decompensation

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There have been a number of major scientific advances in the management of chronic heart failure. This research has led to the use of ACE inhibitors,  $\beta$ -blockers, and aldosterone antagonists, which have significantly reduced the risk of morbidity and mortality in affected patients. Despite these advances, approximately 1 million patients with heart failure will be hospitalized this year, most frequently secondary to deteriorating hemodynamics and volume overload.

The major expenditure for heart failure care is hospitalizations, with approximately \$23 billion spent annually on the inpatient management of acute decompensated heart failure. Any measure that will improve the treatment in these cases and shift care to the outpatient setting by shortening length of stay and decreasing readmission rates would be expected to have a favorable impact on the massive economic costs associated with this disease.

Until recently, one of the areas of heart failure patient management that has not been well addressed is the management of patients who require hospitalization for acute decompensated heart failure. Tools to diagnose acute heart failure beyond the history and physical examination have been limited, and there has not been a reliable blood test to facilitate diagnosis, as exists for acute myocardial infarction. Therapeutic options for these patients have been limited, and the ideal treatment strategy has not been well defined.

Through a better understanding of hemodynamic mechanisms and heart failure pathophysiology, new agents for acute decompensated heart failure have been developed and tested in clinical trials. Nesiritide (B-type natriuretic peptide) has been shown to share many of the characteristics of an ideal agent for acute decompensated heart failure. A number of recent clinical trials have demonstrated the clinical potential of this newly FDA-approved agent.

The goals of this supplement are to review the pathophysiology and clinical spectrum of acute congestive heart failure and to explore evidence-based treatment targets. New diagnostic strategies for acute heart failure will be discussed. Exciting new therapeutic choices in the management of acute decompensated heart failure will be presented. It is our hope that this information will prove useful in improving heart failure patient care, prompt discussion, and stimulate further research in this important area. ■