

Updated Guideline and Clinical Trial-directed Therapy in Acute Heart Failure

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Acute heart failure (AHF) is defined as a rapid onset or change of symptoms and signs of heart failure. Patients with AHF have high comorbidity and mortality rate. The pathophysiology of AHF is complex due to diverse predisposing factors. Diagnosis of AHF is mainly based on clinical symptoms of heart failure and comprehensive evaluation is needed for patients with suspicion of AHF. In general, the goals of AHF therapy aim to relieve clinical symptoms, stabilize hemodynamic status, and minimize organ damage. Hospitalization is recommended for high risk of AHF patients or patients with unstable hemodynamic status. It is important to survey the potential predisposing factors which result in developing AHF. Diuretics and intravenous vasodilators are used for relief of symptoms of congestion if no contraindication. Inotropic agents should be considered in AHF patients with low cardiac output presenting as hypotension or congestion refractory to diuretic therapy. ACEi/ARB may have a role in management of AHF because patients with AHF have high probability of development of chronic heart failure. But there is no consensus on ideal timing of initiation of ACEi/ARB therapy in patients with AHF. Mechanical device support should be evaluated for patients with AHF. Moreover, careful monitoring for patients with AHF is recommended to evaluate the severity of disease, efficacy of treatment. To summary, accurate diagnosis and prompt adequate managements improve clinical outcomes of patients with AHF.