

心衰竭治療的最新進展---由治療邁向預防

Progress in the management of heart failure---from treatment to prevention

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Abstract (摘要)

Emerging pharmacotherapy — from advanced HFrEF to HFpEF

Heart failure (HF) as a significant global public health burden affecting an estimated 64 million of patient population worldwide has high rates of mortality and morbidity and shown to impact quality of life. Additionally, HF carries a significant financial burden due to HF hospitalizations with high rates of readmission within 1 month. Apart from its direct impact on disease natural course, HF as a complex syndrome is typically featured by multiple comorbidities and polypharmacy due to its high prevalence in the elderly population. To date, multidiscipline management of HF has shown to be As abundant evidence of pharmacological benefit was observed in HFrEF including recommended guideline-directed medical therapy (GDMT) and new class pharmacological approach of angiotensin receptor-neprilysin inhibitor (ARNI), sodium-glucose cotransporter 2 inhibitors (SGLT2i) also showed fantastic results on clinical outcomes of HFrEF. On contrary, evidence showing pharmacological efficacy on lowering all-cause and cardiovascular death remains relatively weak and yet looking for the right direction for clinical trials. Perhaps tailored therapeutic management targeting individualized pathophysiology underlying HFpEF may be a better choice based on contemporary evidence and guidelines. Herein, we review the emerging pharmacological therapy from trial findings regarding HFrEF and HFpEF. We will also review the contemporary guidelines regarding the clinical management of HF from modern trials.