

心臟衰竭的分類

Classification of heart failure

吳彥雯

亞東紀念醫院心臟血管醫學中心主任

國立陽明交通大學醫學系兼任教授

Heart failure (HF) is a complex clinical syndrome with symptoms and or signs caused by a structural and/or functional cardiac abnormality and corroborated by elevated natriuretic peptide levels and or objective evidence of pulmonary or systemic congestion. HF incidence has risen to epidemic proportions in the recent years, and it is a common cause for poor quality of life, increased health-care resource utilization, and early mortality. This talk attempts to address the classification, epidemiology, risk factors, and pathophysiology of HF. We will summarize the evolution of nomenclature in heart failure. Based on emerging evidence, the nomenclature is proposed defining HF according to LVEF, including HF with reduced EF (HFrEF): HF with an LVEF of $\leq 40\%$; HF with mildly reduced EF (HFmrEF): HF with an LVEF of 41% to 49%; HF with preserved EF (HFpEF): HF with an LVEF of $\geq 50\%$. However, this use of LVEF in clinical trials has led to oversimplification of the scientific view of a complex syndrome, assigned on arbitrary LVEF cut-off points. We will also propose a revised classification and nomenclature of HF from Taiwan Society of Cardiology. The temporal trends in HF show an overall stable incidence of HF over the last two decades with increasing incidence of HFpEF and decreasing HFrEF incidence in the past decades. Many etiologies contribute to the development of HF which makes the treatment very challenging. Hence identifying the risk factors and etiologies is imperative to achieve optimal outcomes. Further investigation could provide new avenues to target therapeutics specifically to HF of different specific conditions.