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إرشادات قصور القلبي 2013 accf / aha

June 5, 2013—A report of the ACC/AHA Task Force on Practice Guidelines, developed in collaboration with the American College of Chest Physicians, the Heart Rhythm Society, and the International Society for Heart and Lung Transplantation, and endorsed by the American Association of Cardiovascular and Pulmonary Rehabilitation, this guideline covers multiple management issues for the adult patient with heart failure. 2013 ACCF/AHA guideline for the management of heart failure: executive summary: a report of the American College of Cardiology Foundation/American Heart Association Task Force on practice guidelines. Yancy CW, Jessup M, Bozkurt B, Butler J, Casey DE Jr, Drazner MH, Fonarow GC, Geraci SA, Horwich T, Januzzi JL, Johnson MR, Kasper EK, Levy WC, Masoudi FA, McBride PE, McMurray JJ, Mitchell JE, Peterson PN, Riegel B, Sam F, Stevenson LW, Tang WH, Tsai EJ, Wilkoff BL. Yancy CW, et al. Circulation. 2013 Oct 15;128(16):1810-52. doi: 10.1161/CIR.0b013e31829e8807. Epub 2013 jun 5. Circulation. 2013. PMID: 23741057 No abstract available. The following are 10 points to remember about this guideline for the management of heart failure (HF): The definition of HF has now expanded to: a. HF with reduced ejection fraction (HFrEF, EF ≤40%) b. HF failure with preserved ejection fraction (HFpEF, EF ≥50%) c. HFpEF, borderline (EF 41-49%) d. HFpEF, improved (EF >40%) The number of patients with HF, as well as the cost to treat patients with HF, is expected to increase in the future. All causes of HF must be evaluated, with consideration of multigenerational family histories and genetic testing. Risk factors need to be continually addressed when managing a patient with HF: hypertension, lipid disorders, obesity, diabetes mellitus, tobacco use, and known cardiotoxic agents. There is a clear mortality benefit from using guideline-directed medical therapy. Anticoagulation should not be used in patients with chronic HFrEF with no risk factors (atrial fibrillation, thromboembolic event, or cardioembolic source). Aim for control of systolic and diastolic blood pressures, as well as volume status, to treat HFpEF. Re-evaluate patients with left ventricular EF ≤35%, New York Heart Association class II-IV, left bundle branch block, and a QRS ≥150 ms for cardiac resynchronization therapy. HF education, dietary restrictions, and exercise training should be provided for all patients to enhance self-care. A HF multidisciplinary team, including a palliative care team, should be involved when treating patients with advanced HF. Clinical Topics: Arrhythmias and Clinical EP, Heart Failure and Cardionypopathies, Prevention, Implantable Devices, EP Basic Science, Atrial Fibrillation/Supraventricular Arrhythmias, Acute Heart Failure, Hypertension Keywords: Blood Pressure, Risk Factors, Genetic Testing, Cardiac Resynchronization Therapy, Palliative Care, Self Care, Cardiotoxins, Heart Failure, Bundle-Branch Block, Atrial Fibrillation, Obesity, Tobacco Use, Hypertension, Diabetes Mellitus < Back to Listings Management of patients with atrial fibrillation (compilation of 2006 ACCF/AHA/ESC and 2011 ACCF/AHA/HRS recommendations): a report of the American College of Cardiology/American Heart Association Task Force on practice guidelines. American College of Cardiology Foundation; American Heart Association; European Society of Cardiology; Heart Rhythm Society; Wann LS, Curtis AB, Ellenbogen KA, Estes NA, Ezekowitz MD, Jackman WM, January CT, Lowe JE, Page RL, Slotwiner DJ, Stevenson WG, Tracy CM, Fuster V, Rydén LE, Cannom DS, Crijns HJ, Curtis AB, Ellenbogen KA, Halperin JL, Le Heuzey J, Kay GN, Lowe JE, Olsson SB, Prystowsky EN, Tamargo JL, Wann LS. American College of Cardiology Foundation, et al. Circulation. 2013 May 7;127(18):1916-26. doi: 10.1161/CIR.0b013e318290826d. Epub 2013 Apr 1. Circulation. 2013. PMID: 23545139 No abstract available.