

## EDITORIAL

“ It is fundamental to develop strategies that will enable the health systems to sustain proper management and support of patients with cardiovascular disease”

# New insights into heart failure and ischemic heart disease

by F. J. Pinto, Portugal



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This issue of *Medicographia* brings together some of the most relevant issues facing the modern management of cardiovascular disease, in particular heart failure and coronary artery disease, from diagnosis to treatment. Both conditions are a tremendous burden on our daily lives, and it is fundamental to develop strategies that will enable the health systems to sustain proper management and support of these patients.

In addition, the growing amount of evidence, based on different studies and experiences around the globe, make it difficult for the individual physician and health care provider to follow all these innovations closely. Therefore, it is highly relevant to have such an opportunity to collect the opinions of some of the most renowned experts in the field.

In the **heart failure** corner, Martin Cowie and Arvind Singhal address the post-discharge assessment and management of patients with heart failure, which is one of the challenges we currently face, and where the use of new technologies and strategies, particularly remote monitoring or telemonitoring, have made a huge difference on how these patients are currently managed. As clearly stated in this paper, the key components of a disease management program include optimized medical and device management, patient education, involvement in symptom monitoring and flexible diuretic dosing, follow-up after discharge, facilitated access to care during periods of decompensation, access to advanced treatment options, and the provision of psychosocial support to patients and the family/carers.

The most recent trials and studies in the diagnosis and management of patients with acute and chronic heart failure published last year are nicely dissected by Michael Bohm and colleagues. They summarize the main messages as follows: In **acute heart failure**, pulmonary ultrasound might provide important clues for the diagnosis and potentially treatment follow-up in patients with acute congestion, but also in stable patients during exercise. In several countries, a gradient and differential availability of care facilities for heart failure patients might importantly influence morbidity and mortality in heart failure. In patients after hospitalization for worsening heart failure, treatments should be started in the hospitals, doses adjusted for all treatments, and missing guideline-directed drugs added. All registries and observational studies have shown benefits in patients in whom treatment was started early. The PIONEER-HF study was the first randomized trial to compare two different treatment modalities immediately after recompensation of worsening of de novo and “acute on chronic” heart failure.

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In HFPEF, the PARAGON study provided overall neutral results, while some signs of effectiveness were provided in patients below 55% as did previous studies with angiotensin-1 antagonists and  $\beta$ -blockers. A novel approach was observed with sodium glucose cotransporter 2 (SGLT2) inhibitors in a first study (DAPA-HF) and further trials will be published. Novel approaches represent guanylate cyclase activators like vericiguat (the VICTORIA trial) and the selective cardiac myosin activator omecamtiv mercarbil (GALACTIC-HF trial), which will be presented shortly.

**Coronary artery disease** remains a very important and demanding condition. Roberto Ferrari, the PI for a new trial called ATPCI, which stands for “efficAcy and safety of Trimetazidine in Patients with angina pectoris having been treated by percutaneous Coronary Interventions” provides some insight into the rationale for the trial, where the use of a metabolic approach, using the agent trimetazidine, in patients after PCI has been tested. The results should become public this year and there is a lot of excitement around this topic, considering the relative scarcity of new drugs and therapeutic strategies for these patients.

Fabio Mangiacapra and colleagues analyze the most common causes of recurrent angina after percutaneous coronary intervention (PCI) and focus on possible diagnostic and therapeutic approaches. They conclude that recurrent angina is a common event after PCI that may have several causes which often share a common pathophysiological background. The

diagnosis and treatment of recurrent angina represent a clinical challenge, and an accurate identification of the underlying causes is crucial to select the right treatment strategy.

Michal Tendera provides a very good review on the impact of stable coronary artery disease on quality of life, particularly from a patient’s perspective. In the article he discusses the clinical characteristics of contemporary patients with stable coronary artery disease, analyzes the factors influencing prognosis, and assesses the changes in patient characteristics that have occurred over the last decades. To understand patient characteristics is fundamental to providing better medical care, that is patient-centered and -focused.

Finally, Luis Henrique Gowdak provides a balanced but critical analyses of the new ESC Guidelines on Chronic Coronary Syndromes published in 2019. He comments on the strengths of the document highlighting some of the new and revised concepts, such as the new terminology, and also points out a few areas that, in his opinion, will deserve a careful review in the next guideline, focusing on those topics that have seen the most significant number of changes, namely the diagnosis and the medical treatment of patients with coronary artery disease.

In conclusion, the reader will have the opportunity to review and be updated on some topics that currently are among the top concerns of the medical community that has to manage patients with heart failure and/or coronary artery disease. ■

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