

Management of Stage B Heart Failure

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Stage B HF, as defined by the ACC/AHA guidelines, includes patients with structural heart disease but no current or prior symptoms of HF. The number of patients with LVSD in stage B is estimated to be 4 times greater than in stages C and D combined. These patients remain at risk for significant morbidity and mortality and the subsequent development of symptomatic HF. Asymptomatic LVSD, as a precursor to HF and cardiovascular death, is an important contemporary health problem. The elderly, men, and those with CAD, hypertension, and diabetes mellitus are at greatest risk for developing asymptomatic LVSD. Those with a family history of nonischemic cardiomyopathy may also be at risk for the development of asymptomatic LVSD. Because HF represents the product of a progressive continuum of LVSD, initiated by myocardial injury and perpetuated by neurohormonally mediated remodeling, both ACE inhibitors and β -blockers can limit the progression of asymptomatic LVSD to HF and reduce the risk of death and hospitalization. Despite the high risk associated with asymptomatic LVSD, these patients often go undetected and untreated. Patients with asymptomatic LVSD who are not admitted to the hospital are undoubtedly even less likely to be recognized and treated. A clinical trial to provide data leading to a consensus recommendation for screening is needed. Through diagnosis and screening, an increased identification of patients with asymptomatic LVSD may lead to the early initiation of appropriate pharmacological therapy. Appropriate therapy, in turn, can improve outcomes and decrease morbidity, mortality, and progression to clinical HF. This review primarily examines the available data on the demographics of stage B patients with systolic dysfunction and summarizes relevant clinical trials that might provide insight into appropriate management of these patients.

References)

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