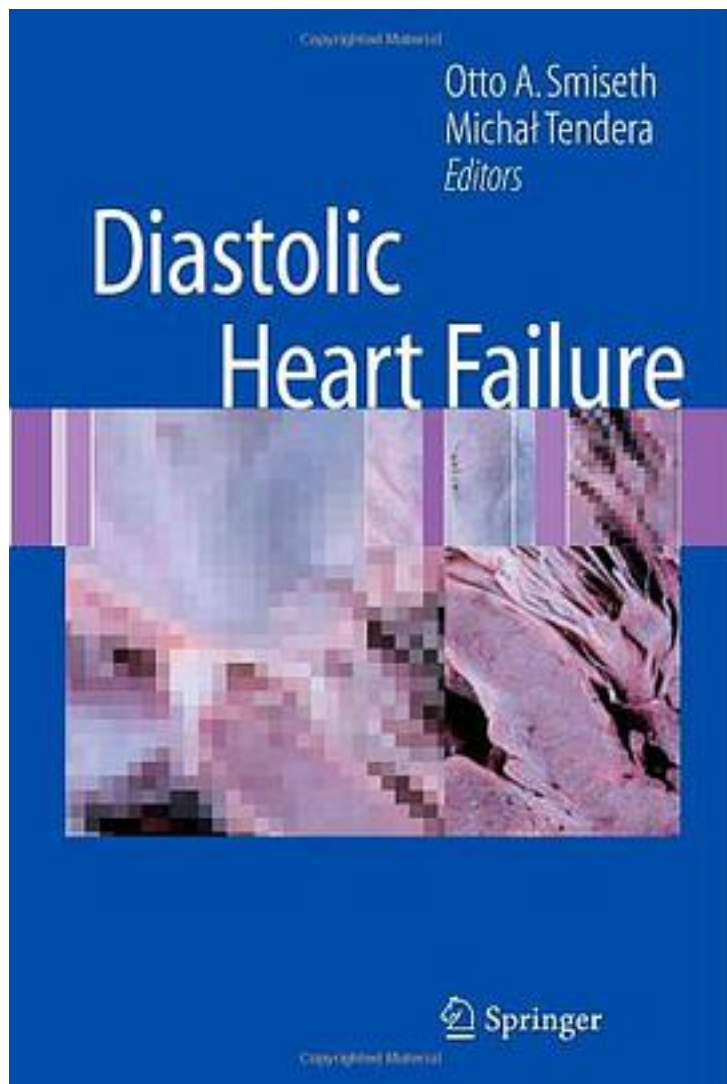


# Diastolic Heart Failure



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Heart failure is the biggest killer in the western world, and the prevalence is expected to increase due to aging of the population. Over the past decade there has been an increasing awareness of left ventricular (LV) diastolic dysfunction as a mechanism of congestive heart failure, and it appears that more than 30-40 % of all heart failure patients have dominantly diastolic heart failure, with preserved or only mildly reduced systolic function. Recent clinical studies suggest that patients with congestive heart failure and preserved LV function may benefit from specific medical treatment. Furthermore, in patients with hypertension the presence of diastolic dysfunction is a sign that the myocardium has reacted to the elevated blood pressure, and might indicate the need for intensified antihypertensive therapy. In spite of all this there are very few textbooks that provides the knowledge that would be needed in cardiology practice to approach and deal with patients with diastolic heart failure. There is, however, significant disagreement regarding the clinical value of assessing diastolic function, and the practising cardiologist is confused by the non-invasive methodology which includes a myriad of Doppler-based indices, and most of these are strongly dependant on age and cardiac loading conditions. Recent advances in non-invasive cardiac diagnostics, and in particular tissue Doppler echocardiography provides better and simpler diagnostic algorithm. However, in order to interpret the diagnostic methods the cardiologist should understand some fundamental concepts which relate to the physiology of cardiac filling. Current literature suggests that assessment of diastolic function may be clinically useful to make the diagnosis diastolic heart failure in patients who present with congestive heart failure and normal LV ejection fraction, and to provide a non-invasive estimate of LV diastolic pressure. Quantification of diastolic function also provides prognostic information that may be important. Furthermore, assessment of diastolic filling is very useful in the evaluation of patients suspected of constrictive pericarditis and in differentiating between constriction and restriction.

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