

Heart failure management as a social activity in the clinical front of real-world practice

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The large number of clinical trials conducted in patients with heart failure (HF) has confirmed the role of EBM (evidence-based medicine) as an accepted goal in clinical practice, as Prof. X. Liu indicated in his excellent overview. One of the most important issues in the clinical front, however, is the uptake of evidence-based treatment such as neurohumoral modulators, including renin-angiotensin-aldosterone inhibitors and beta-blockers, in that it has been variable in dependence upon the individual physician's recognition of and ability to introduce such care. From the practitioners' viewpoints, most recognize evidence-based or guideline-based suggestions as useful educational tools but feel these are "too rigid," "hampered autonomy," and "oversimplified." We must make efforts to translate the basic and clinical evidence to everyday practice of not only HF specialists but also general physicians in an easy-to-understand/easy-to-handle manner.

Considering the position of each therapeutic tool in HF management, we had better first confirm that the compartmentalization or classification is understood (Figure 1). HF management tools can be simply divided into two groups as follows. Visible treatment tools indicate the tools to promptly relieve visible signs and symptoms of HF such as dyspnea or edema. In other words, medical staff as well as the patients can easily

self-recognize the effects of these drugs. On the other hand, the main drugs of invisible treatment are neurohumoral modulators in cases of systolic dysfunction.

The reason we choose these drugs to treat HF patients is because we believe they are effective in improving long-term prognosis, according to the results of equivalent clinical trials, and not because we recognize these effects as prolonging survival periods by themselves. The former treatment is mainly utilized in the acute phase and the latter in the chronic phase, after relieving this exacerbated status, both of these treatments co-exists in the management of individual HF patients. In any event, we must clearly and adequately identify both of these therapeutic modalities.

In the modern era of this rapidly increasing and aging population, we must take care of some side effects in these patients based on the various types of comorbidity and complications while being aware of poor compliance in self management and taking medicine. To overcome many of these complicated issues, it will be necessary to use a system-oriented approach such as implementation systems for nurse facilitators or collaborative multidisciplinary hospital teams or both. We practitioners must recognize that the fight against HF is nowadays considered a social activity.

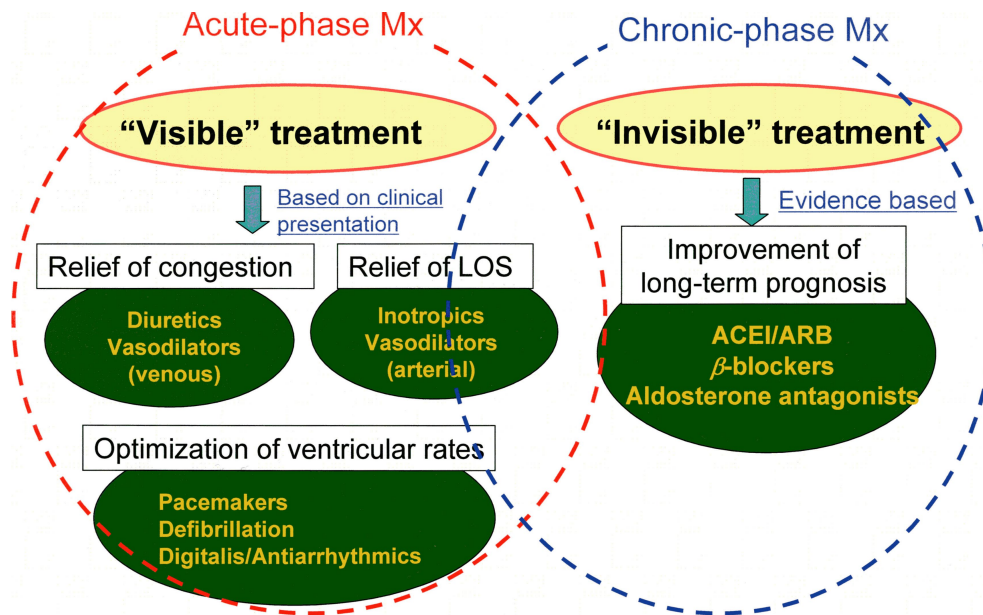


Figure 1. Compartmentalization of HF-Tx