Heart failure pathogenesis and management: heart failure with preserved ejection fraction

HFP EF is a complex clinical syndrome in which heart is unable to deliver adequate oxygen to the tissues required by the metabolic needs or delivers it at the expense of increased filling pressures despite a normal Ejection Fraction. Multiple comorbid conditions such as diabetes, atrial fibrillation, uncontrolled hypertension, multivessel coronary disease not amenable for intervention, morbid obesity, COPD, pulmonary hypertension, Chronic kidney disease and right heart failure are all contributing to the worsening of HFP EF. No specific treatment in clinical trials has shown to be beneficial in improving outcomes. Hence there is an urgent need to discuss the knowledge gained so far in pathophysiology, biomarkers, comorbidity management, newer therapies in diabetes management, exercise physiology and potential benefits as well as potential newer device therapies and use of technology to improve outcomes.

Goal of this issue:

To summarize the current knowledge in epidemiology, pathogenesis, newer biomarkers of interest in cardiorenal space, differential diagnosis and co management of concurrent conditions, discussion of current knowledge on clinical trials, role of exercise and rehab, and translate evidence from subgroups to gain newer hypothesis in innovative therapies for the future. In addition, in this era of advanced technology, there is an opportunity to discuss utilization of AI, remote technology, and Internet of Things to assess potential benefit in development of newer treatment strategies.

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Message from the Editor-in-Chief

Reviews in Cardiovascular Medicine was launched in 2000 by MedReviews, LLC, in New York, NY. This journal was conceived to fill a critical gap for clinicians who were struggling with a rapidly expanding knowledge base in cardiovascular medicine with the convergence of basic science, clinical epidemiology, and therapeutic clinical trials. The founding co-editors were David P. Faxon, MD, past president of the American Heart Association, and Norman E. Lepor, MD, who is considered a luminary in interventional cardiology. The contributing editorial board grew over time and Dr. Peter A. McCullough, MD, MPH ascended from contributing, to associate, to co-editor of the Journal. In 2018, the Journal took its next big step under the leadership of Dr. McCullough as editor-in-chief to become a truly international publication. Its offices moved to IMR Press in Hong Kong, and the editorial board was made more inclusive and representative of the world-wide contributors in academic cardiology. Additionally, the journal brought on expertise in translational medicine to help face the future of molecular medicine and its role in cardiovascular disease. Today Reviews in Cardiovascular Medicine is considered a top tier journal in cardiology with timely and comprehensive reviews covering all aspects of cardiovascular medicine including atherosclerosis, myocardial disease, arrhythmias, and valvular heart disease. The scope of papers ranges from population science, applied basic investigation, in-vitro diagnostics, and evidence-based strategy and therapeutic trials involving both pharmacologic intervention and interventional devices. The highly integrative style of the Journal anchored with evidence tables and instructive figures has garnered many citations over the years and many guidelines documents have relied upon works published in Reviews in Cardiovascular Medicine. Supplement and focus issues have been very popular among the readership and often are viewed as the most up-to-date compilations of new knowledge in cardiology and related specialties. The future is bright for academic cardiovascular medicine and Reviews in Cardiovascular Medicine is well positioned along side the clinician-investigator in the years to come as a trusted source of critical information and analysis.

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