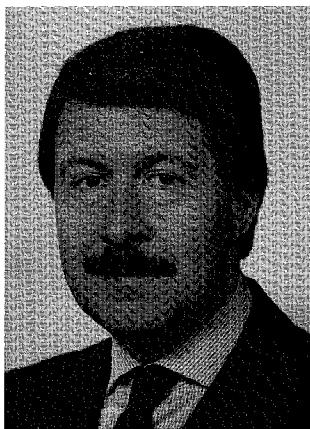


Treatment of Heart Failure: A Managed Care Perspective— *Introduction*



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This supplement to *The American Journal of Managed Care* contains proceedings from a roundtable discussion titled "Treatment of Heart Failure: A Managed Care Perspective." The goal of the conference was to provide up-to-date information on treatments and interventions for heart failure, particularly for patients in managed care settings.

The 11 panelists who convened for this meeting all have extensive knowledge of heart failure and its management. Their experience covers diverse areas, including management of formularies,

clinical management of heart failure, and managed care practices and protocols. They have drawn on this collective wisdom to explore issues that are critical to the management of heart failure.

The objectives for this conference included a review of current treatment options, an outline of the costs involved in the management of heart failure, a review of the current clinical practice guidelines, and an examination of the role of disease management in the treatment of heart failure.

One of the difficulties in recognizing and treating heart failure is the lack of a

clear-cut clinical definition. Katz has certainly defined the problem with the observation: "The central problem in heart failure is not that patients are short of breath or retain fluid; the problem is that they die. Heart failure is a mortal illness, more serious than most malignancies."¹ Currently, the patient population is divided into two separate groups: those with heart failure resulting from systolic dysfunction and those with heart failure who have preserved systolic function or diastolic heart failure. Heart failure resulting from systolic dysfunction can be defined as a left ventricular ejection fraction of less than 40%, regardless of symptoms. Patients with asymptomatic left ventricular dysfunction may have a mortality as high as 10% to 20% within 2 years of follow-up.

Heart failure with preserved systolic function includes all patients with clinical heart failure and normal systolic function with no significant valvular abnormalities. This form of heart failure is more common in the elderly who have coronary artery disease and high blood pressure.² In reality, chronic heart failure is not a single disease, so it is unlikely that all patients should be treated in a similar manner. Before selecting appropriate therapy, the clinician must first characterize the type of heart failure the patient has (eg, coronary artery disease, ischemia, valvular abnormalities, hypertension).

A second issue is related to terminology. The term "congestive heart failure" suggests that before diagnosis of heart failure, the clinician should document congestion. The fact remains that most patients with systolic dysfunction do not have congestion.

Heart failure patients were thought to be dying soon after the diagnosis was made, which affected the clinical management of these patients and other managed care issues. On the other hand, heart failure is not an immediate threat to life in most patients, who may live for 5 years or 15 years after the diagnosis is

made. Obviously, this will affect how managed care organizations manage this patient population.

... REFERENCES ...

1. Katz AM. Chairman's introduction. *Clin Cardiol* 1993;16(suppl 2):2-1-2-4.
2. McDermott MM, Feinglass J, Lee PI, et al. Systolic function, readmission rates, and survival among consecutively hospitalized congestive heart failure patients. *Am Heart J* 1997;134:728-736.

ACRONYM LIST

The following acronyms appear within the pages of this Special Report Supplement.

ACE	Angiotensin-converting enzyme
ACC/AHA	American College of Cardiology/American Hospital Association
ACCME	Accreditation Council for Continuing Medical Education
AHCPR	Agency for Health Care Policy and Research
BUN	Blood Urea Nitrogen
CAD	Coronary Artery Disease
CHF	Chronic Heart Failure
DIG	Digitalis Investigation Group
ELITE	Evaluation of Losartan in the Elderly
FDA	Food and Drug Administration
HMOs	Health Maintenance Organizations
MOCHA	Multicenter Oral Carvedilol Heart Failure Assessment
NHLBI	National Heart, Lung, and Blood Institute
NYHA	New York Heart Association
PRAISE	Prospective Randomized Amlodipine Survival Evaluation Study Group
PROVED	Prospective Randomized Study of Ventricular Failure and Efficacy of Digoxin
RADIANCE	Randomized Assessment of the Effect of Digoxin on Inhibitors of the Angiotensin-Converting Enzyme
SOLVD	Study of Left Ventricular Dysfunction
VA	Veterans Administration