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What is CLINICAL KEY ?

- ابزار جستجوی حوزه پزشکی بالینی تهیه شده توسط موسسه الزویر

- **Books* - over 1,100 of Elsevier's medical and surgical reference books**
- **Journals* - over 500 of Elsevier's medical and surgical journals**
- **Procedures Consult* - all Procedures Consult content and associated procedural videos in various specialties**
- **First Consult* - over 750 Point-of-Care clinical monographs**

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What is CLINICAL KEY ?

- **Vitals* - over 450 trusted, surgical, point-of-care content**
- **Patient Education - over 15,000 patient education handouts**
- **Clinical Trials - all clinical trials from the ClinicalTrials.gov database**
- **Practice Guidelines - over 4,000 practice guidelines**
- **MEDLINE - more than 20 million MEDLINE abstracts**
- **Multimedia- over 13,000 medical and surgical videos and over 5 million images**
- **Drug Monographs* - over 2,900 clinical pharmacology drug monographs from Gold Standard**

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RESULTS: The types of documents retrieved

- Guidelines
- Journals Fulltext
- References Medline
- Elsevier full-text books
- Clinical Trials
- Drug Monographs
- Full patients
- Images
- First consult
- Multimedia (videos)
- Vitals

Comprehensive and Trusted

More than 600 Journals, such as
Journal of
the American College of Cardiology
and
The Lancet

MEDLINE abstracts, retrieved
each day from
the National Library of Medicine
(NLM)

Braunwald's Heart Disease,
Campbell's Operative
Orthopaedics, and more

Clinical review articles from Clinics of North America series

Patient Education
Handouts

Drug Monographs from
Gold standard
With 30 to 50 content updates each day

Surgical Topics (Vitals)

Over 5,000 Practice Guidelines

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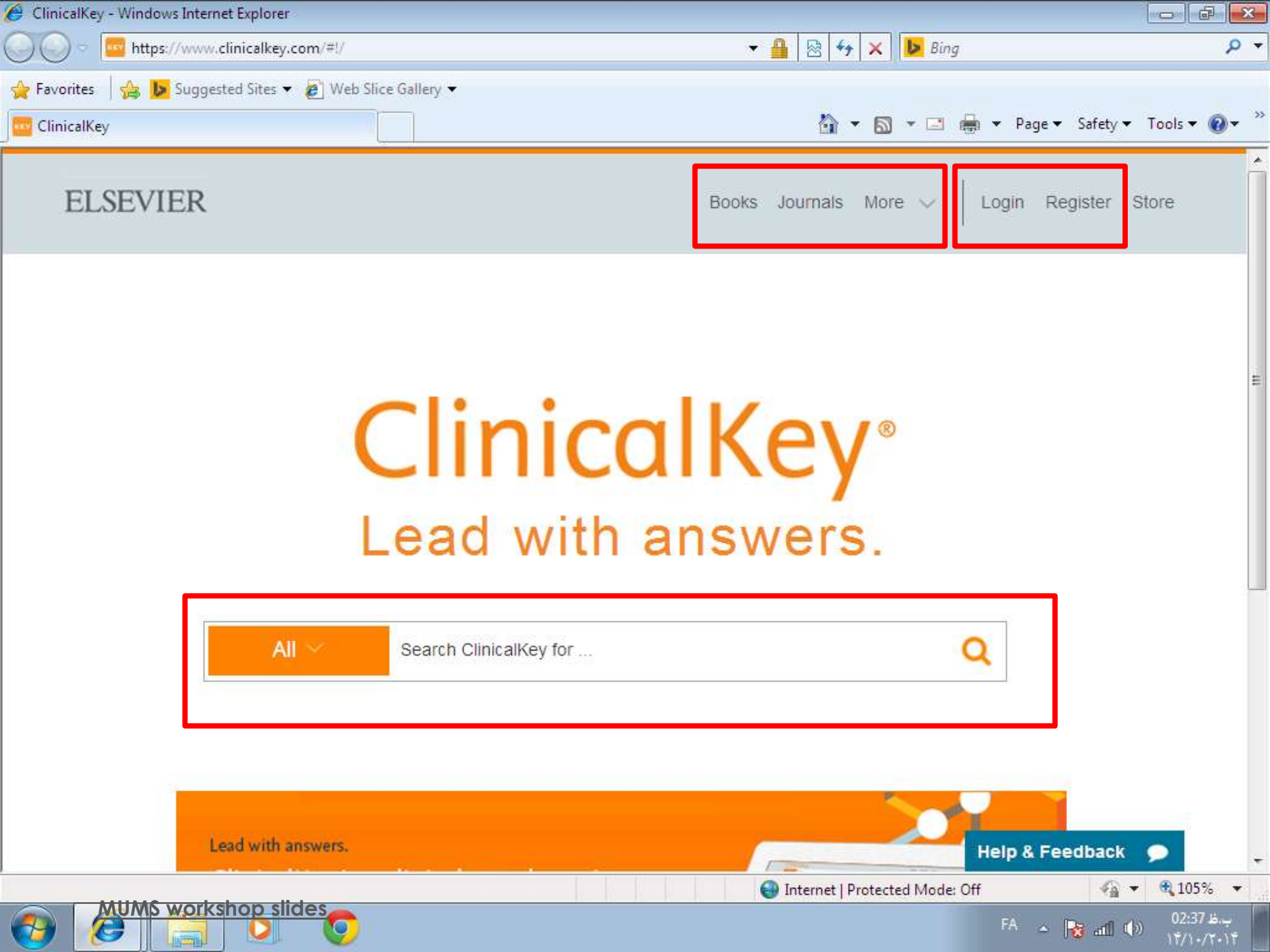
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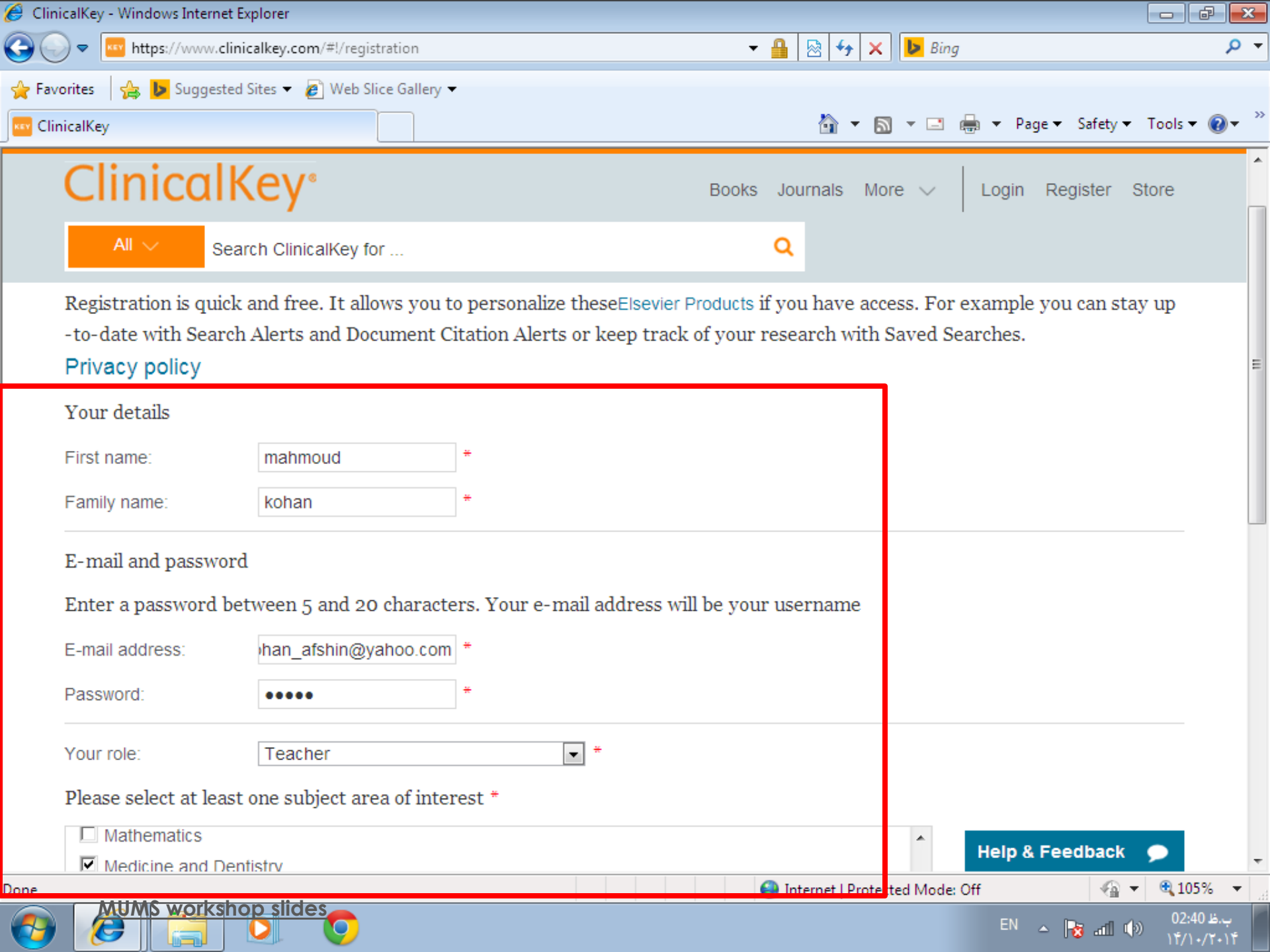
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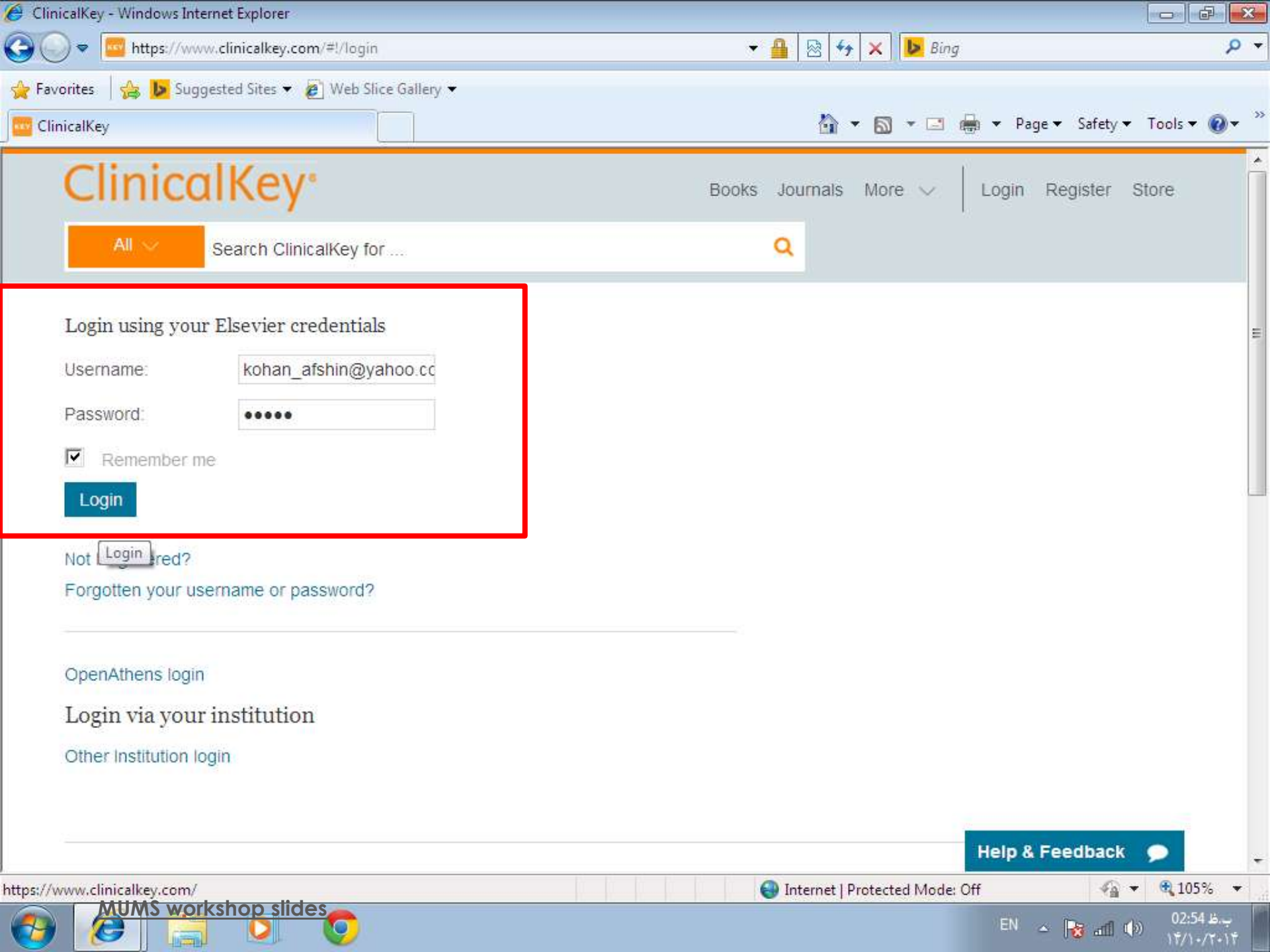
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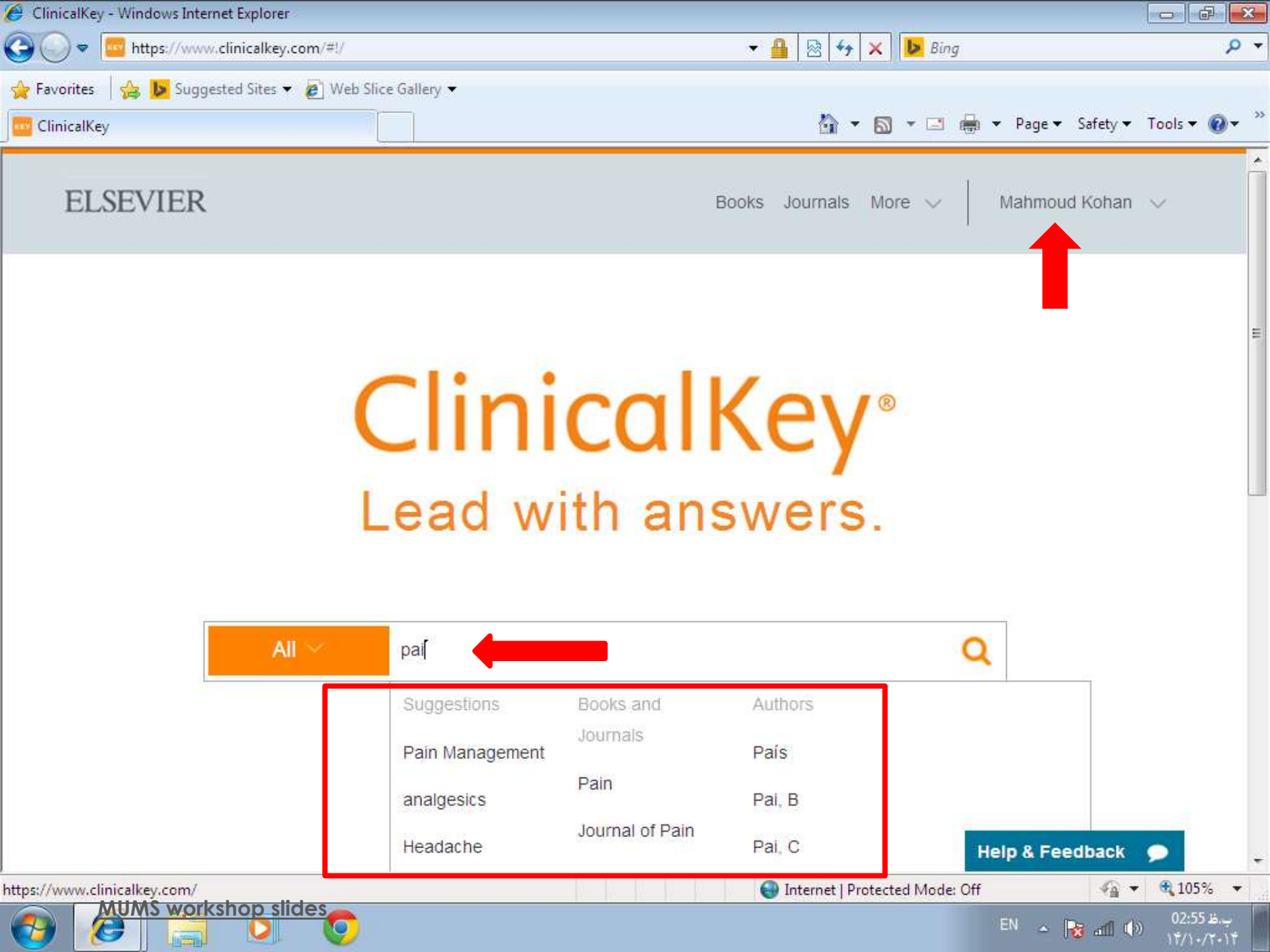
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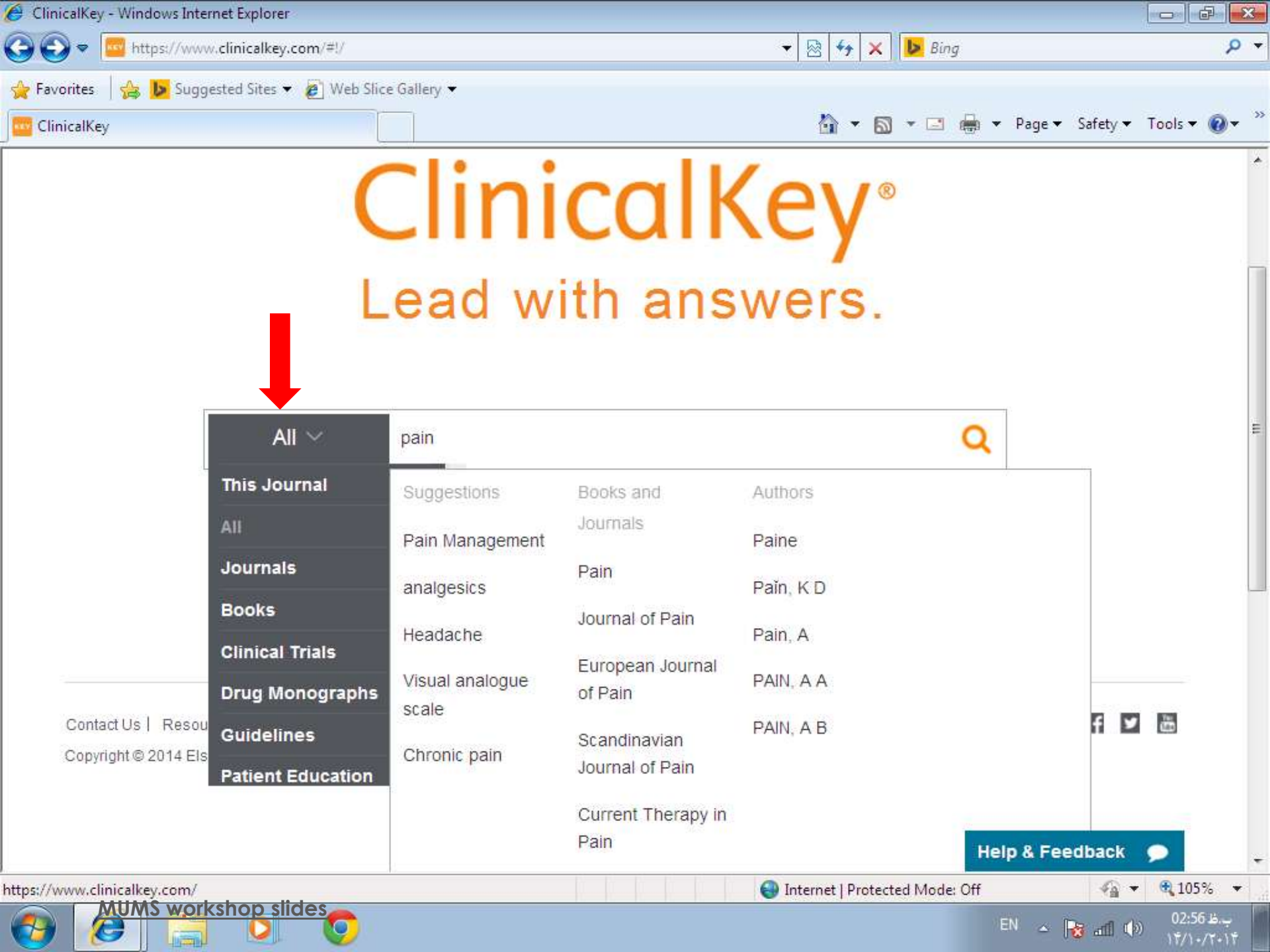
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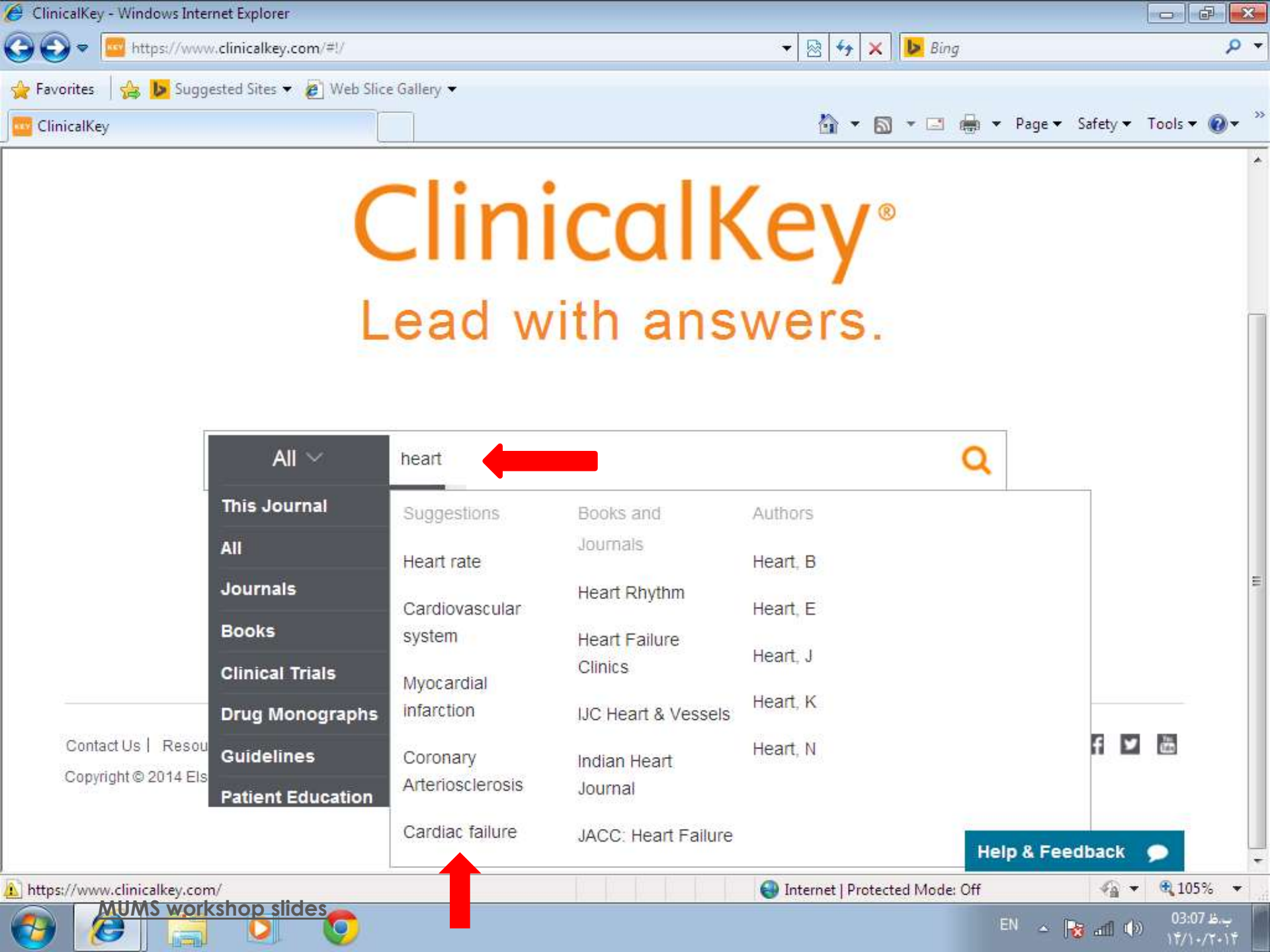
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Heart Failure (Generalist Overview)

Ferri's Clinical Advisor 2015 | Conn's Cu... | Goldman's... | First Consult

Heart Failure

Ferri's Clinical Advisor 2015. Ferri, Fred F., M.D., F.A.C.P.

Definition

Classification

- Related Drugs
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The New England journal of medicine.

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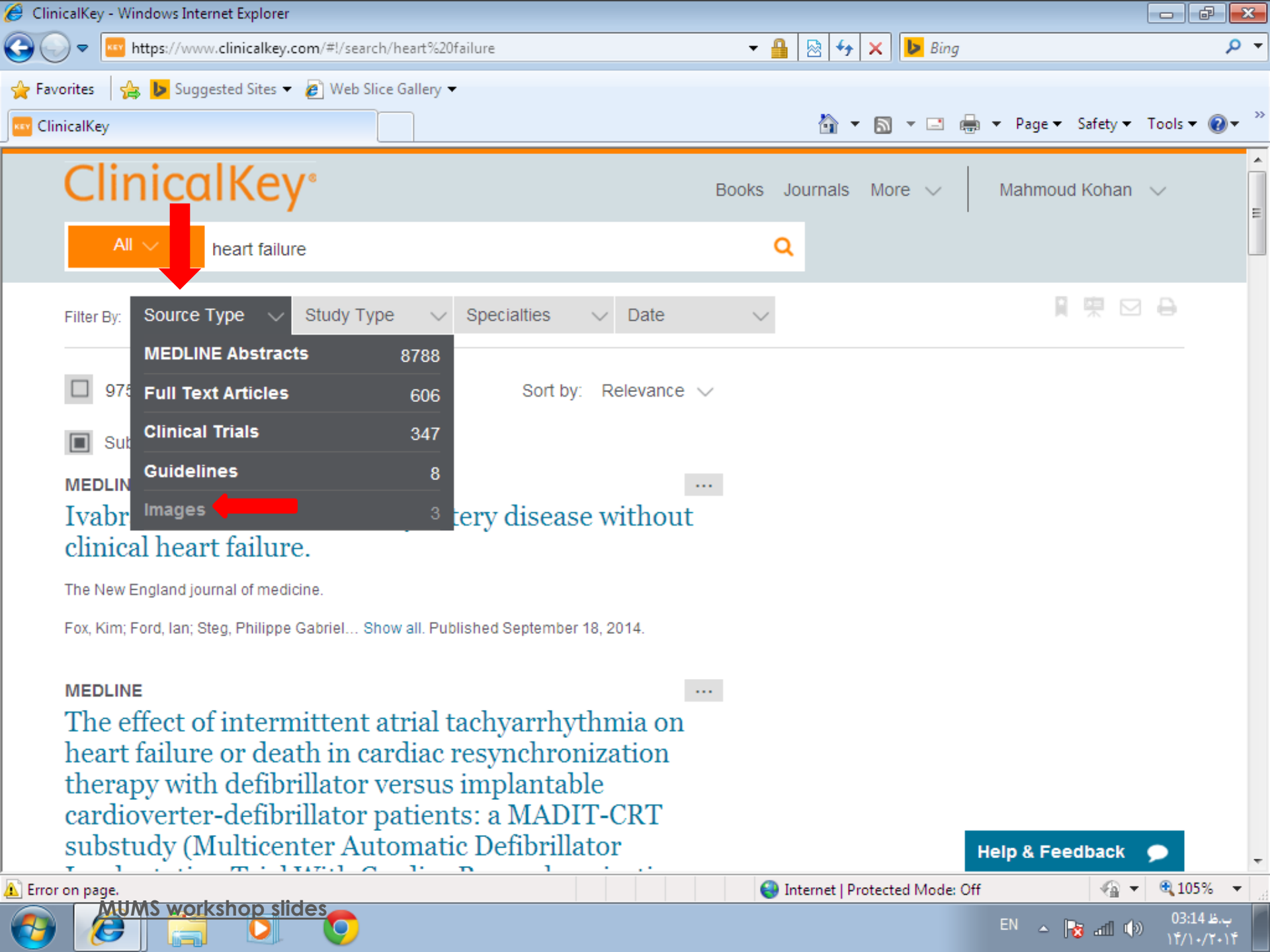
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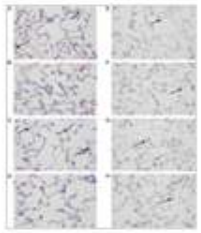
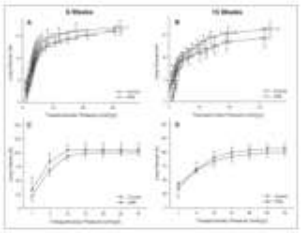

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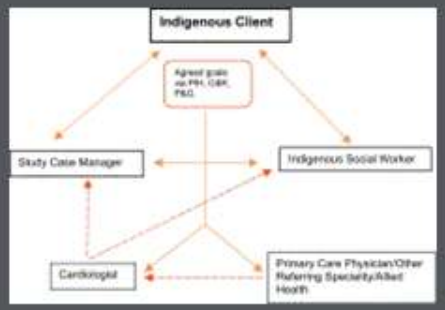

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AUStralian Indigenous Chronic Disease Optimisation Study (AUSI-CDS) Prospective Observational Cohort Study to Determine if an Established Chronic Disease Health Care Model can be Used to Deliver Better Heart Failure Care Among Remote Indigenous Australians: Proof of Concept—Study Rationale and Protocol

Heart, Lung and Circulation.

Iyngkaran, P., FRACP; Majoni, V., RN; Nadarajan, K., FRACP... Show all. Published November 1, 2013. Volume 22, Issue 11. Pages 930-939. © 2013.

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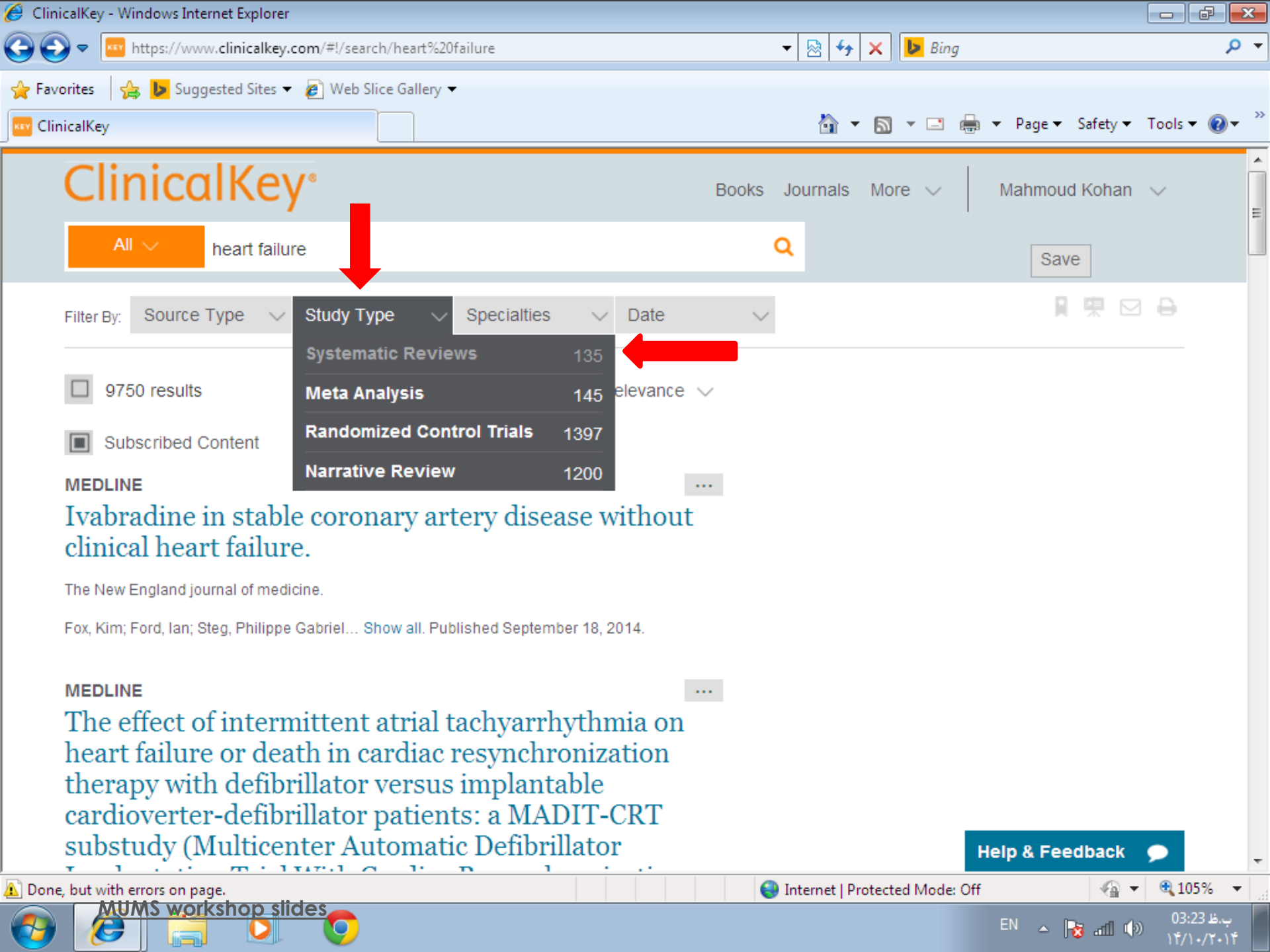
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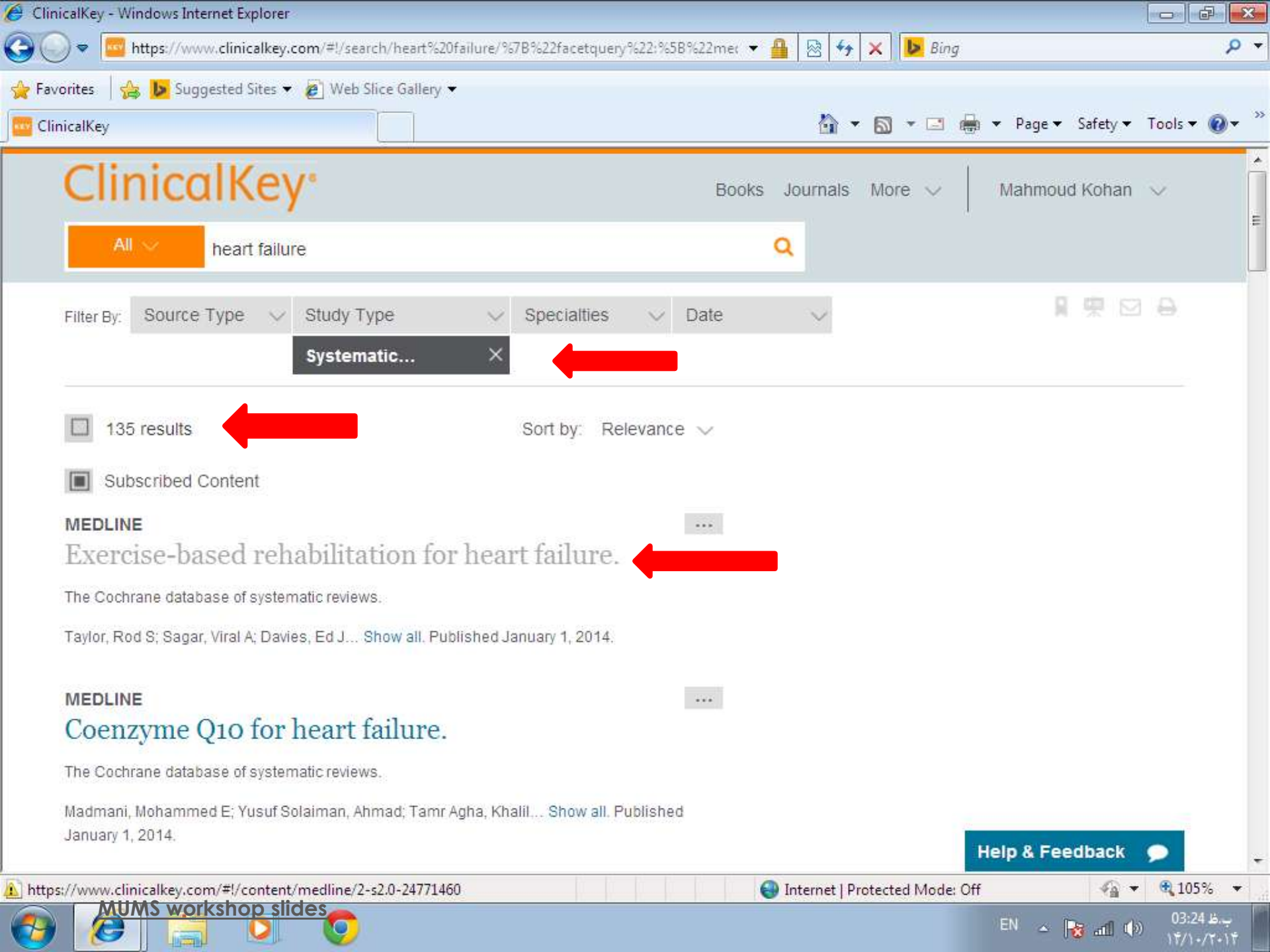
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Taylor, Rod S; Sagar, Viral A; Davies, Ed J... Show all. Published January 1, 2014.
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Madmani, Mohammed E; Yusuf Solaiman, Ahmad; Tamr Agha, Khalil... Show all. Published January 1, 2014.
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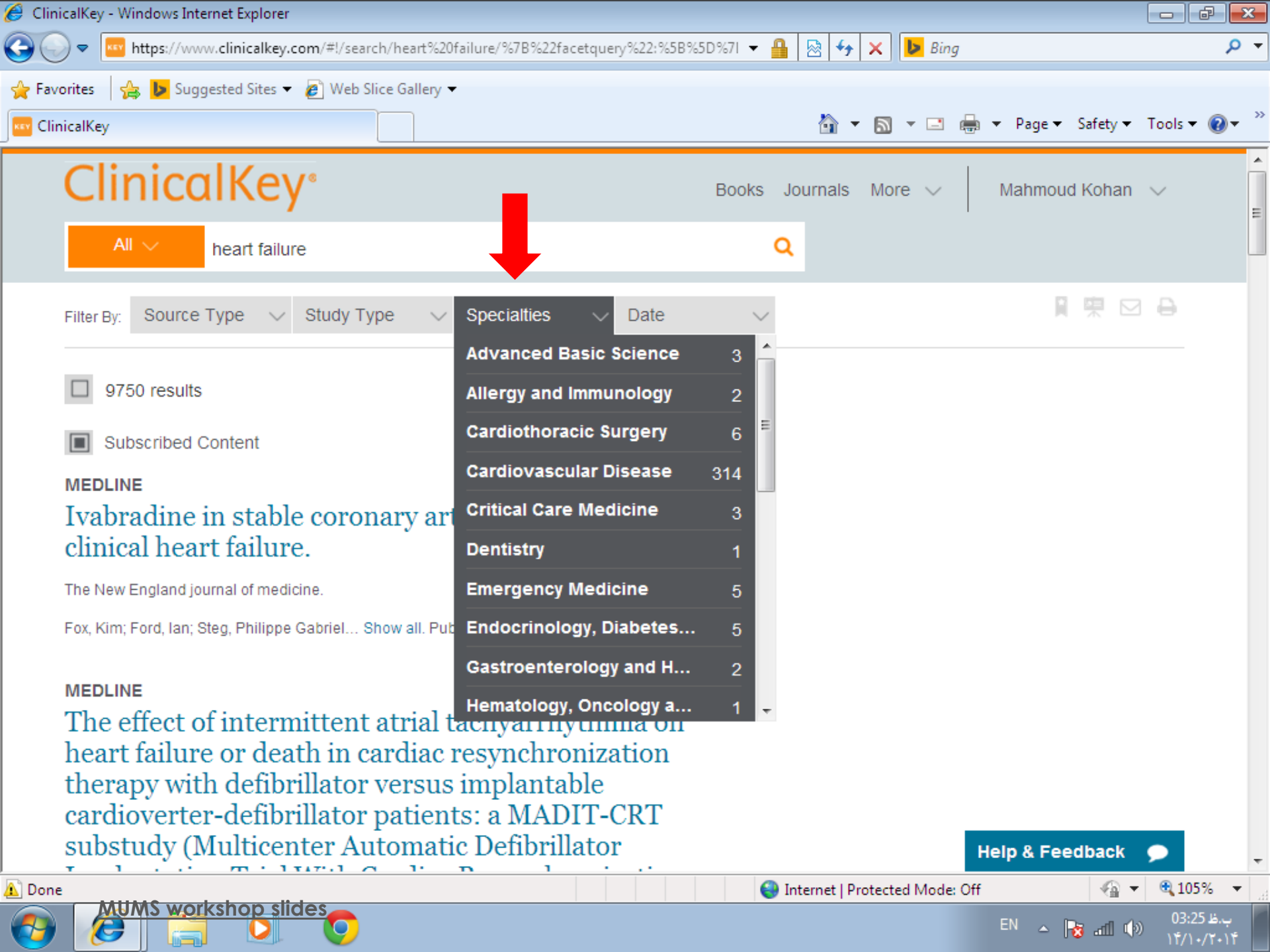
Exercise-based rehabilitation for heart failure.

Taylor RS, Sagar VA, Davies EJ, Briscoe S, Coats AJ, Dalal H, Lough F, Rees K, Singh S. - Cochrane Database Syst Rev - ; 4 (); CD003331

Abstract

Previous systematic reviews and meta-analyses consistently show the positive effect of exercise-based rehabilitation for heart failure (HF) on exercise capacity; however, the direction and magnitude of effects on health-related quality of life, mortality and hospital admissions in HF remain less certain. This is an update of a Cochrane systematic review previously published in 2010.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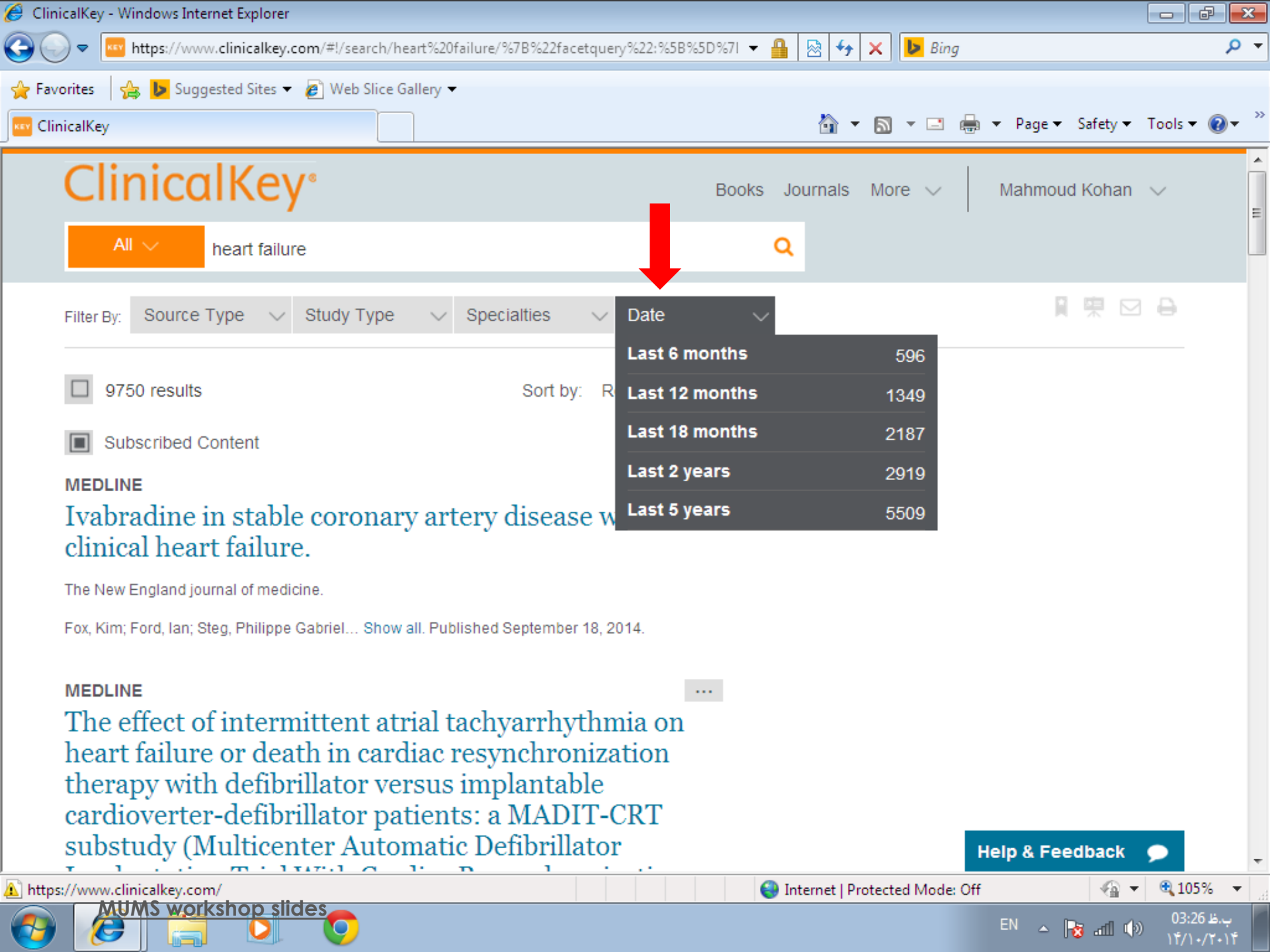
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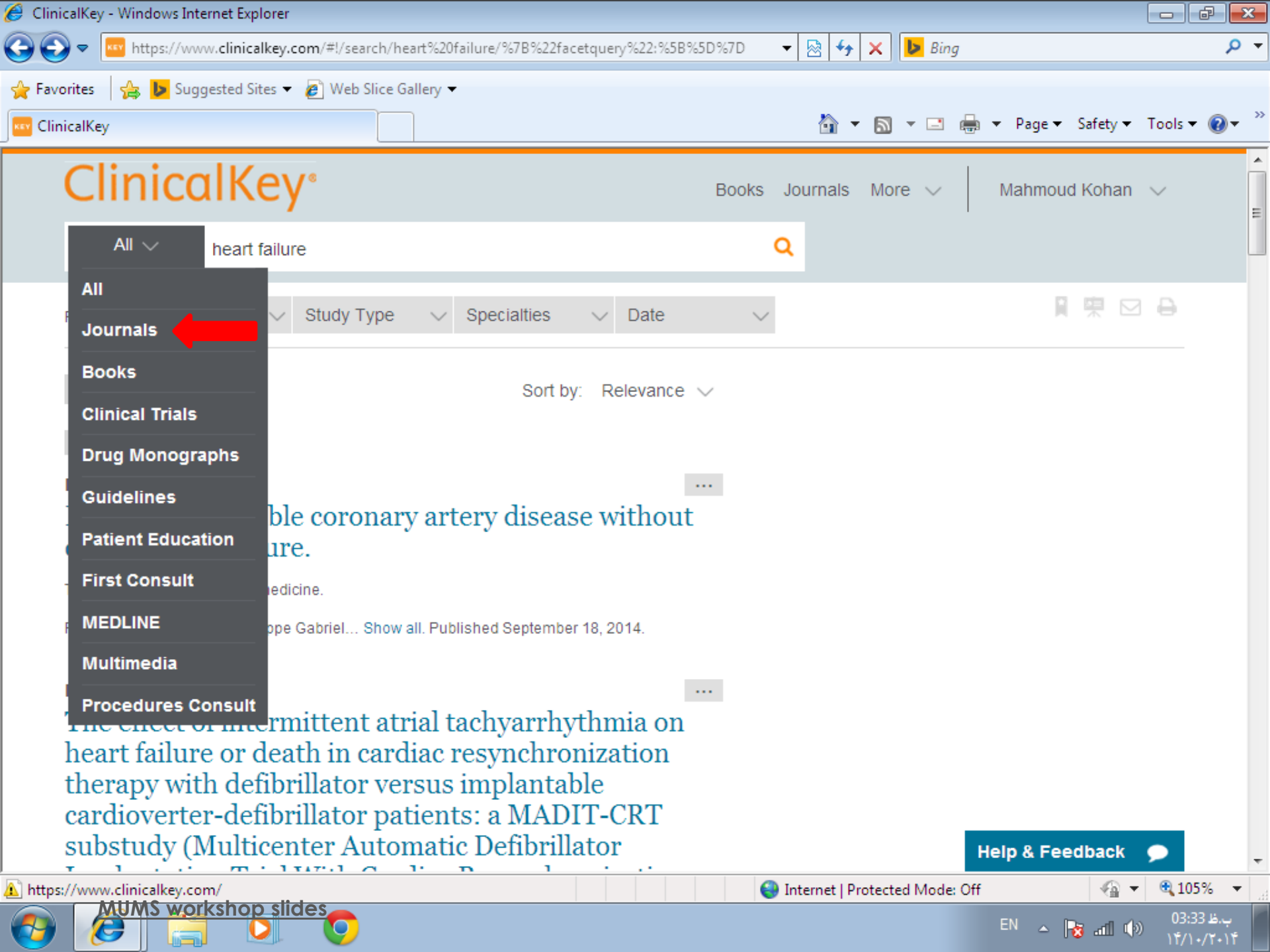
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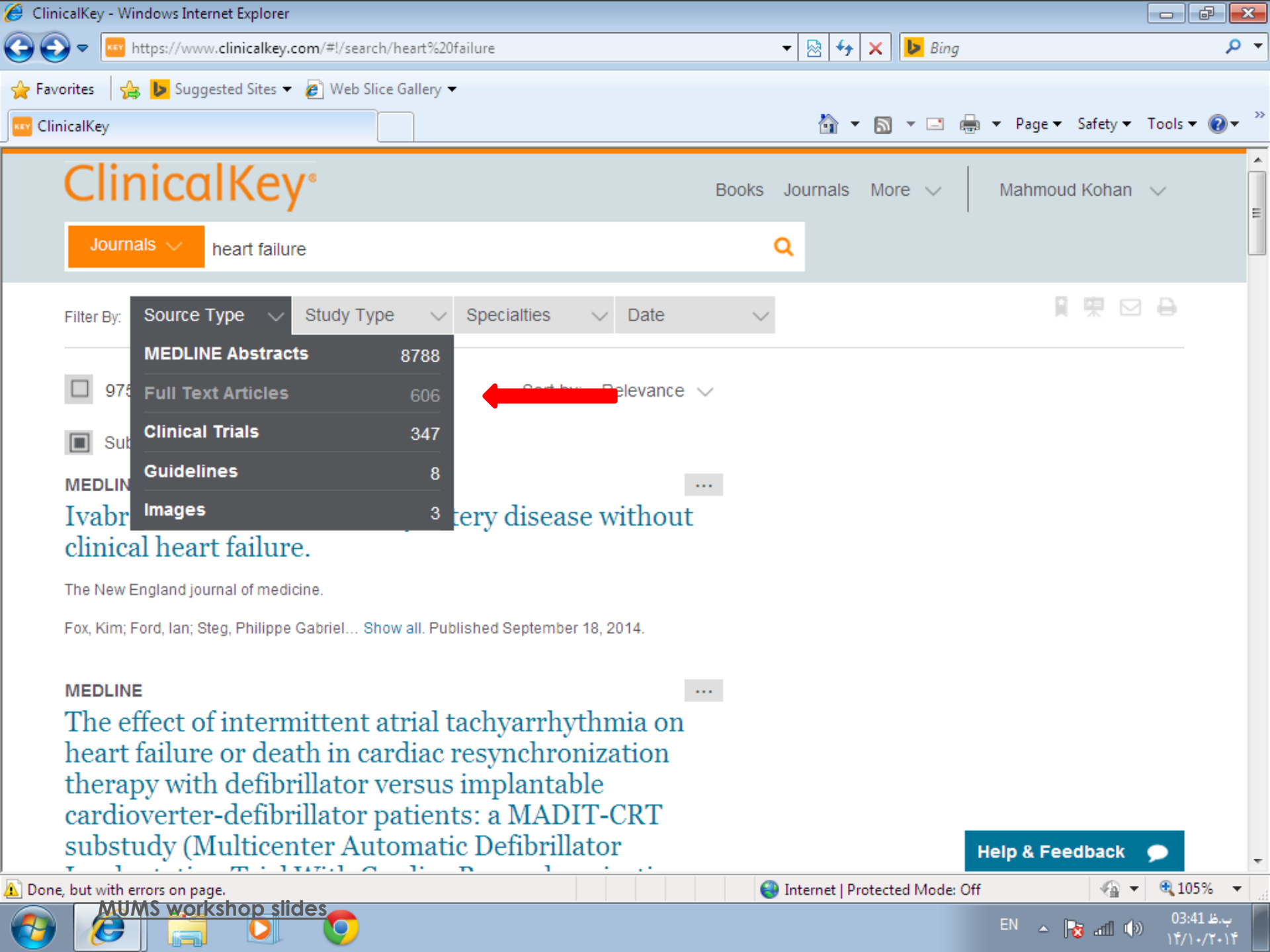
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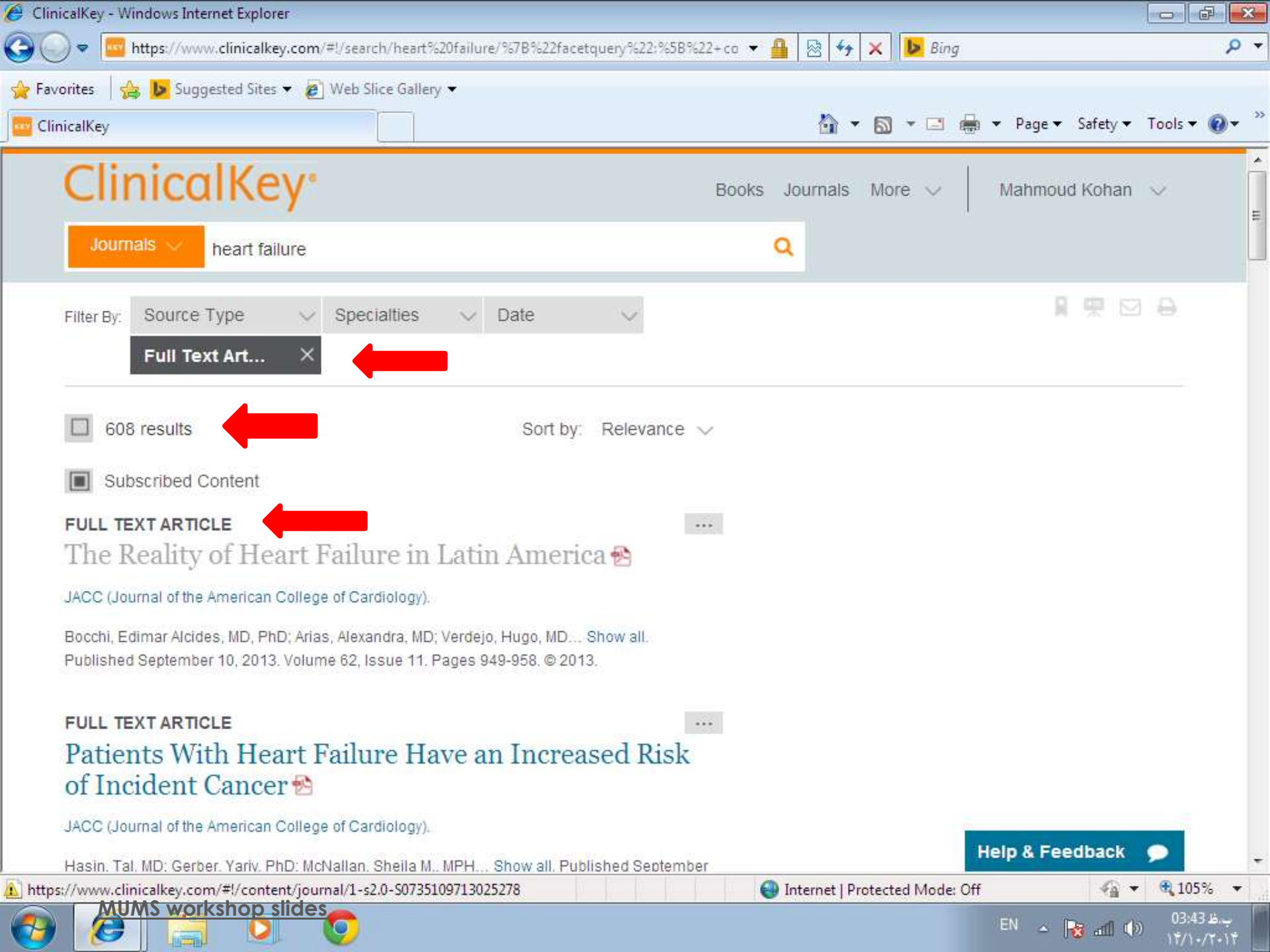
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Systematic Review Methodology

Risk Factors for HF in LA

Decompensated HF

Systolic HF in LA

HF Due to Neglected Diseases in LA

HF With Preserved Ejection Fraction

Limitations

Clinical Implication and

FULL TEXT ARTICLE

The Reality of Heart Failure in Latin America

Edimar Alcides Bocchi MD, PhD, Alexandra Arias, Hugo Verdejo MD, Mirta Diez, Efraín Gómez MD and Pablo Castro

The Reality of Heart Failure in Latin America, 2013-09-10Z, Volume 62, Issue 11, Pages 949-958,

Heart failure (HF) data in Latin America (LA) were reviewed to guide health service planning in the prevention and treatment of HF. The HF epidemiology and the adequacy of relevant health service provision related to HF in LA are not well delineated. A systematic search of the electronic databases and the World Health Organization website was undertaken for HF in LA. LA countries have reduced gross income and lower total expenditure on health per capita. LA is a heterogeneous region with HF risk

JACC (Journal of the American College of Cardiology)

Volume 62, Issue 11

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STATE-OF-THE-ART PAPER

The Reality of Heart Failure in Latin America

Edimar Alcides Bocchi, MD, PhD,* Alexandra Arias, MD,† Hugo Verdejo, MD,† Mirta Diez, MD,§ Efraín Gómez, MD,‖ Pablo Castro, MD,† for the Interamerican Society of Cardiology
São Paulo, Brazil; Mexico City, Mexico; Santiago, Chile; Buenos Aires, Argentina; and Bogotá, Colombia

Heart failure (HF) data in Latin America (LA) were reviewed to guide health service planning in the prevention and treatment of HF. The HF epidemiology and the adequacy of relevant health service provision related to HF in LA are not well delineated. A systematic search of the electronic databases and the World Health Organization website was undertaken for HF in LA. LA countries have reduced gross income and lower total expenditure on health per capita. LA is a heterogeneous region with HF risk factors of developed and nondeveloped countries, including lower risk of raised blood glucose levels, obesity, tobacco, and aging, whereas systemic hypertension (SH), rheumatic fever, and Chagas' disease (CD) are higher in LA. Main etiologies of HF in LA are idiopathic dilated cardiomyopathy (from 1.3% to 37%), CD (from 1.3% to 21%), ischemic (from 68% to 17%), SH (from 14% to 70%), valvular (from 3% to 22%), and alcohol related (from 1.1% to 8%). The prognosis of CD HF is worse than for other etiologies. Chronic HF is the cause of death in 6.3% of cases. Decompensated HF is the main cause of cardiovascular hospitalization. The prevalence of systolic HF varies from 0.4% to 6.9%. LA is under the awful paradox of having the HF risk factors and HF epidemiology of developed countries with the added factors of SH, CD, and rheumatic fever. Overall, in the scenario of lower total expenditure on health per capita and lower gross national income per capita, new strategies are essential for prevention and treatment of HF in LA. (J Am Coll Cardiol 2013;62:949–58) © 2013 by the American College of Cardiology Foundation

The knowledge of risk factors of heart failure (HF) in Latin America (LA) is essential because apart from the prevalence of risk factors comparable to developed countries in certain areas, the epidemiology of HF can also be influenced by risk factors that are more frequent in LA. In fact, a review about HF in LA is of immediate interest. Also, the review of new LA HF data, including HF risk factors obtained from the World Health Organization (WHO), recent registry data from LA countries and institutions, epidemiological studies, analyses of LA HF populations selected for recent HF trials, LA expenditure in health and gross income, and new advances in the cumulative knowledge of neglected diseases in LA, could have a strong impact on planning future health policies for HF in LA. Therefore, the objective of this review is to offer an HF LA update as a valuable resource for researchers, clinicians, healthcare policymakers, media professionals, and many others who seek the best available data on HF.

Systematic Review Methodology

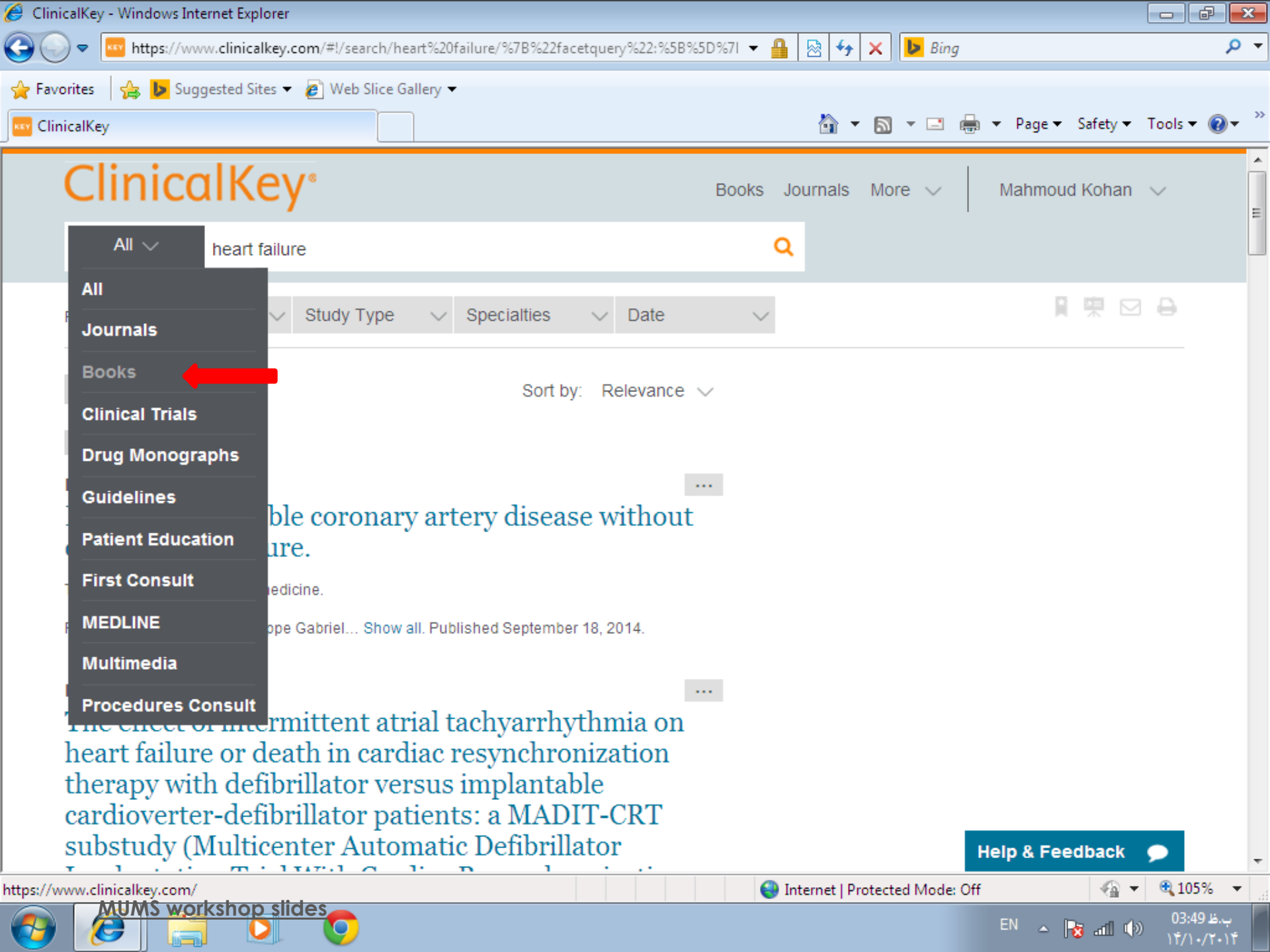
The online MEDLINE PubMed database (National Center for Biotechnology Information, U.S. National Library of Medicine, Bethesda, Maryland) and other electronic bibliographic databases (e.g., ClinicalTrials.gov, Cochrane Library, Elsevier/ScienceDirect, SciELO, LILACS) were searched for data literature from LA in September and October 2012. The search strategy used the MeSH terms "heart failure," "chronic heart failure," "decompensated heart failure," "acute heart failure," "Chagas' disease," "chagasic heart failure," "diastolic heart failure," and "systolic heart failure." All titles and abstracts of the articles were evaluated. After exclusion based on the title and abstract, full articles were evaluated, and articles meeting the inclusion criteria were identified. Relevant articles with information about epidemiology were examined and then reviewed. Data from the WHO were also obtained.

Risk Factors for HF in LA

Socioeconomic deprivation is a powerful independent predictor of HF development and adverse outcomes (1). The reduced gross income per capita of LA countries (US$8,555) in comparison with Canada (US$38,170) and the United

From the *Heart Institute (InCor) of São Paulo University Medical School, São Paulo, Brazil; †Instituto Nacional de Cardiología Ignacio Chávez-México, Mexico City, Mexico; ‡Escuela de Medicina, Pontificia Universidad Católica de Chile, Santiago, Chile; §Instituto Cardiovascular de Buenos Aires, Buenos Aires, Argentina; and the ‖Cardiología Clínica, Fundación Clínica Shaio, Bogotá, Colombia. Dr. Bocchi has received research funding from Roche and Servier; consulting fees from Boehringer and Servier; and educational grant, lectures, and registration fees from Boehringer, Roche, Merck, and Servier; and served on a steering committee for Servier. Dr. Guzmán has received speaker fees from AstraZeneca, Boehringer Ingelheim, Bristol-Myers Squibb, and Sanofi-aventis. All other authors have reported that they have no relationships relevant to the contents of this paper to disclose.

Manuscript received April 21, 2013; revised manuscript received June 7, 2013, accepted June 11, 2013.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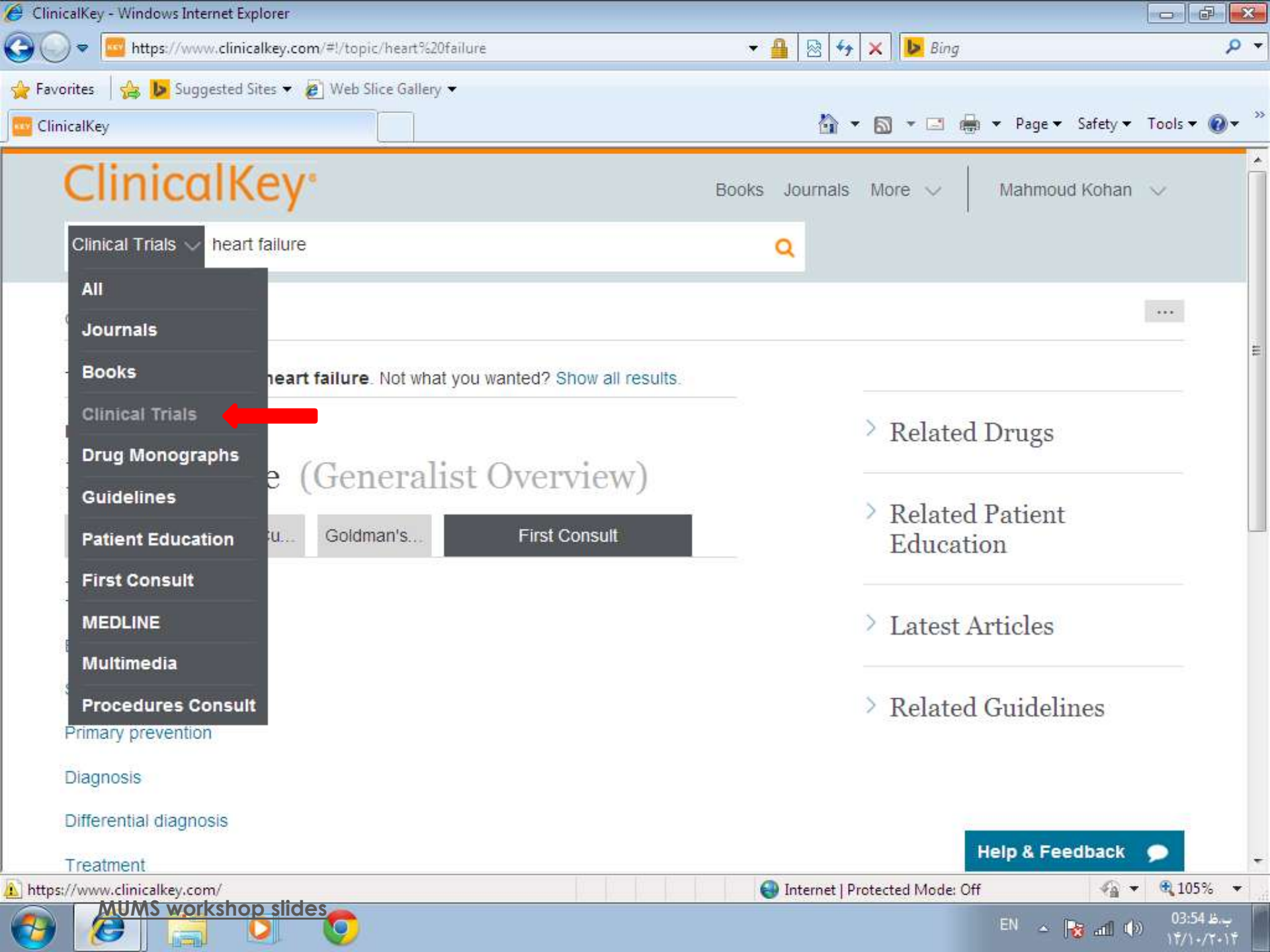
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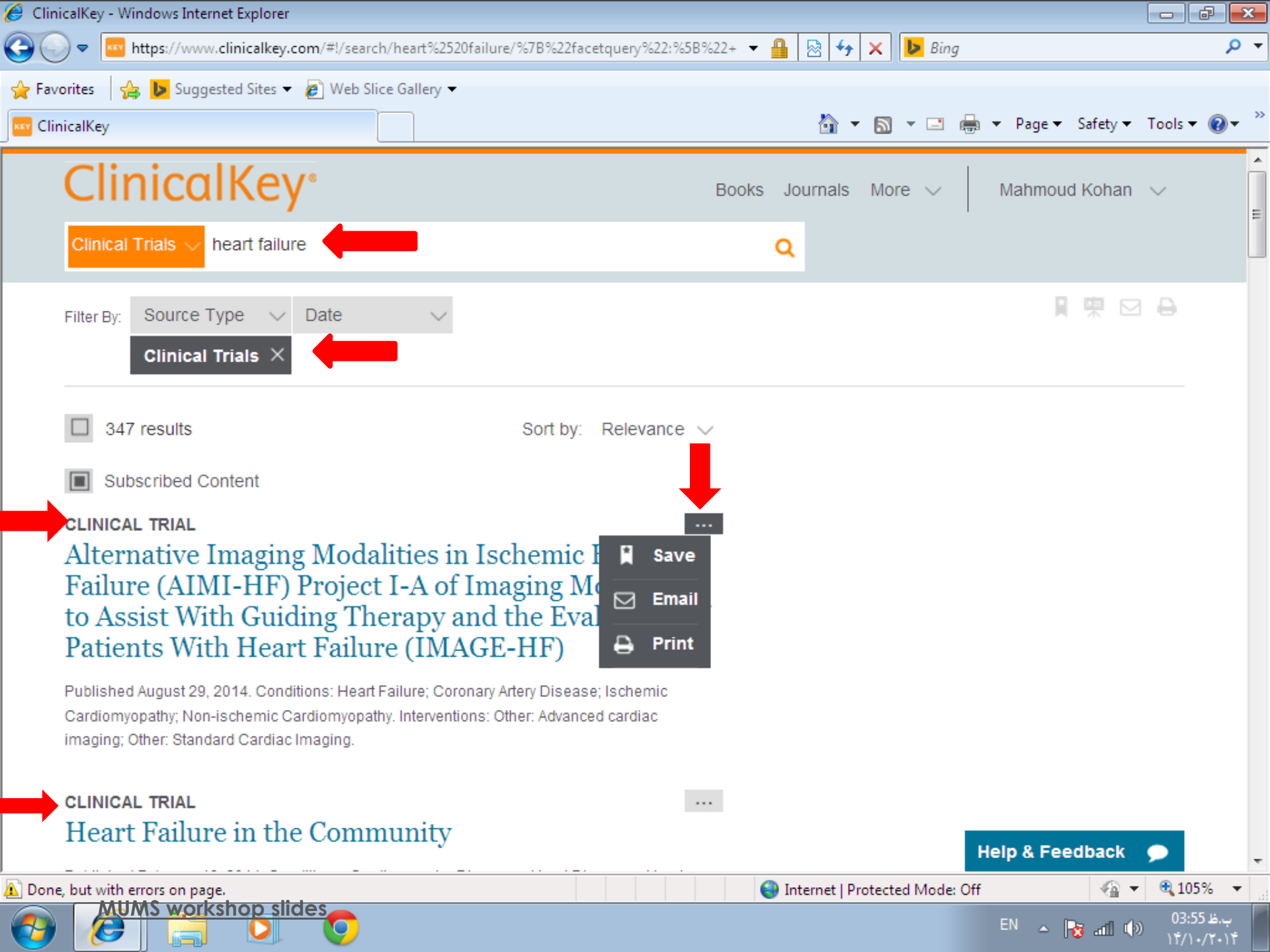
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Alternative Imaging Modalities in Ischemic
Failure (AIMI-HF) Project I-A of Imaging M
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Published August 29, 2014. Conditions: Heart Failure; Coronary Artery Disease; Ischemic Cardiomyopathy; Non-ischemic Cardiomyopathy. Interventions: Other: Advanced cardiac imaging; Other: Standard Cardiac Imaging.
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Purpose
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Contacts and Locations
More Information

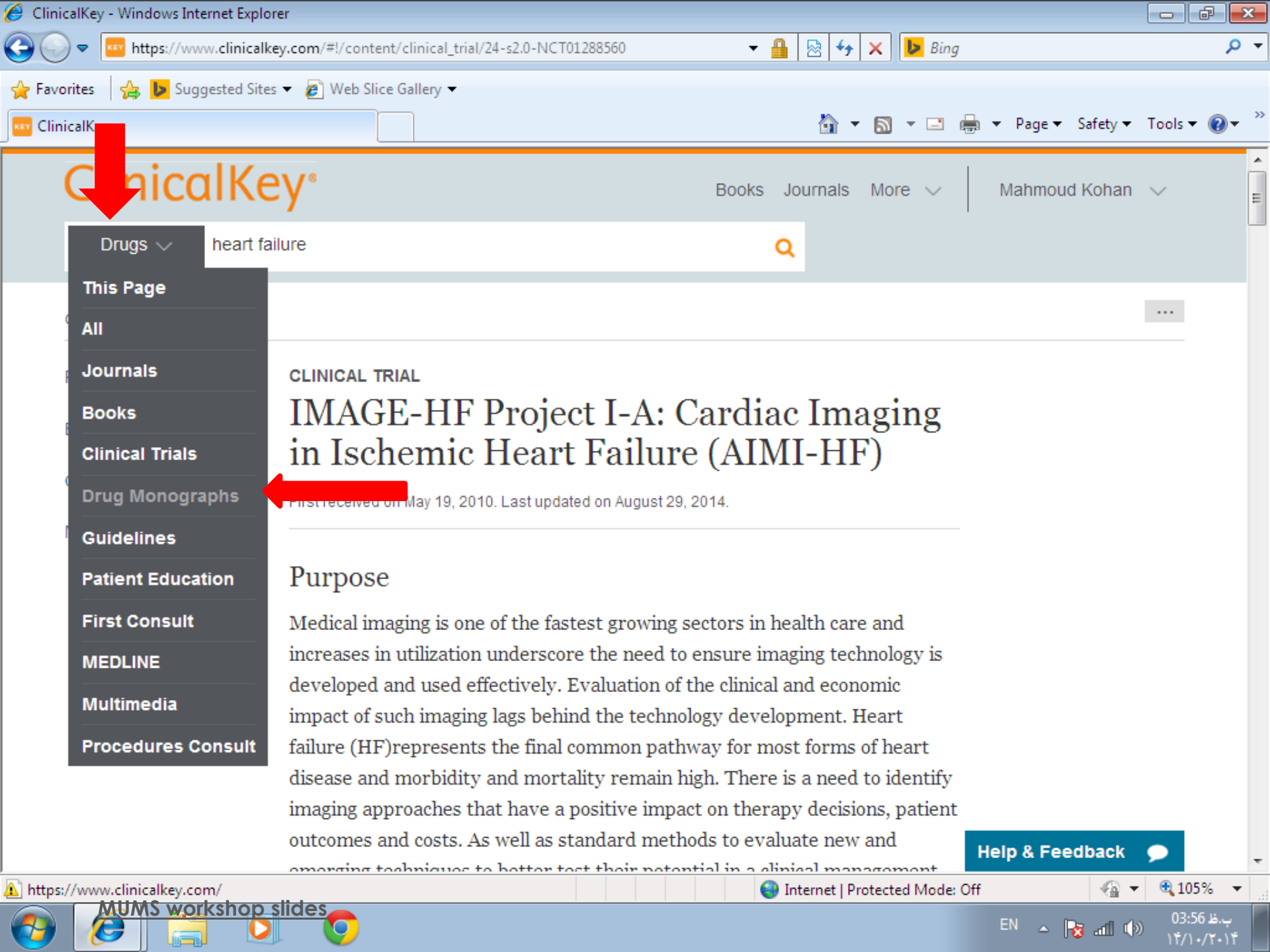
CLINICAL TRIAL

IMAGE-HF Project I-A: Cardiac Imaging in Ischemic Heart Failure (AIMI-HF)

First received on May 19, 2010. Last updated on August 29, 2014.

Purpose

Medical imaging is one of the fastest growing sectors in health care and increases in utilization underscore the need to ensure imaging technology is developed and used effectively. Evaluation of the clinical and economic impact of such imaging lags behind the technology development. Heart failure (HF)represents the final common pathway for most forms of heart disease and morbidity and mortality remain high. There is a need to identify imaging approaches that have a positive impact on therapy decisions, patient outcomes and costs. As well as standard methods to evaluate new and emerging techniques to better test their potential in a clinical management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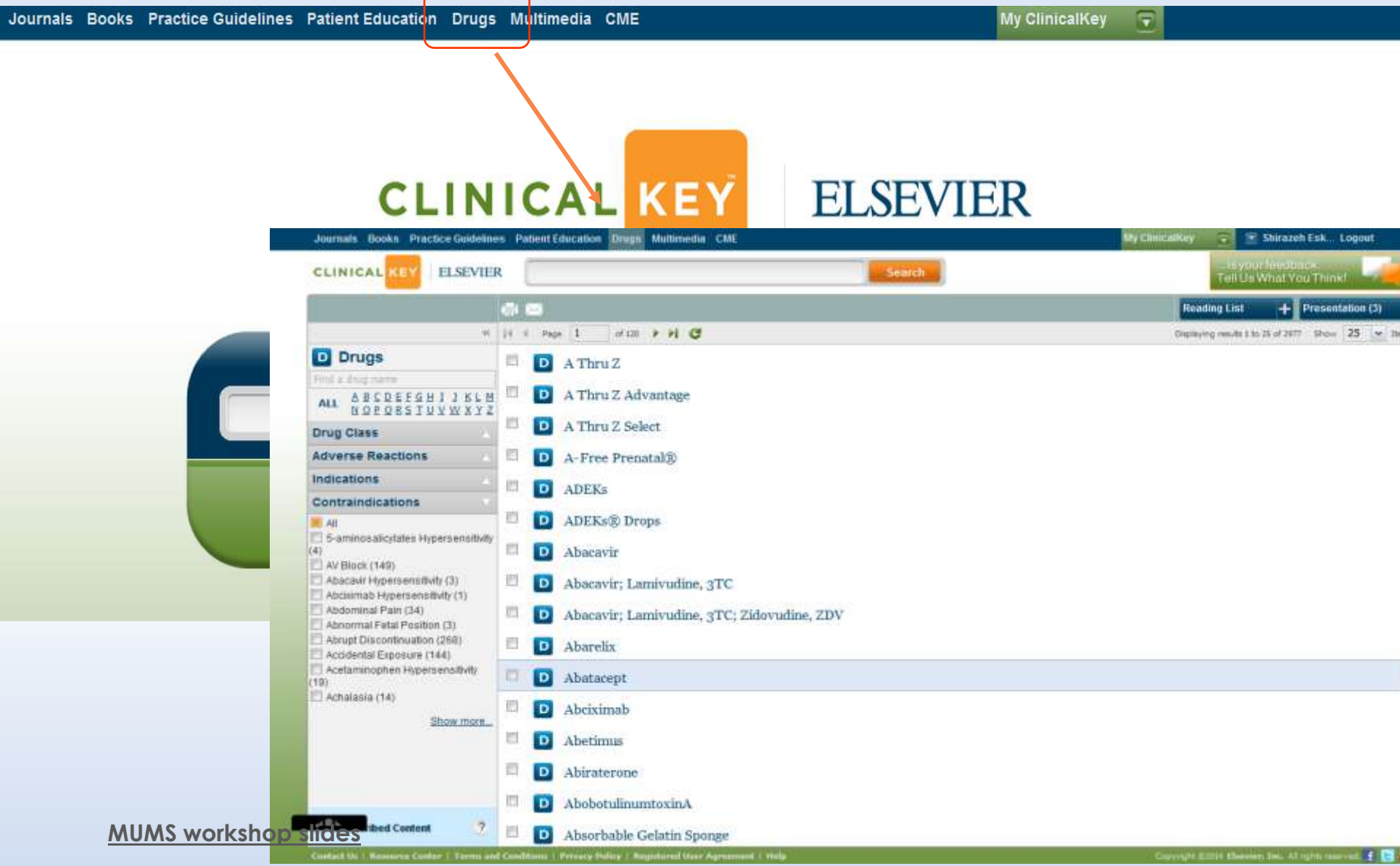

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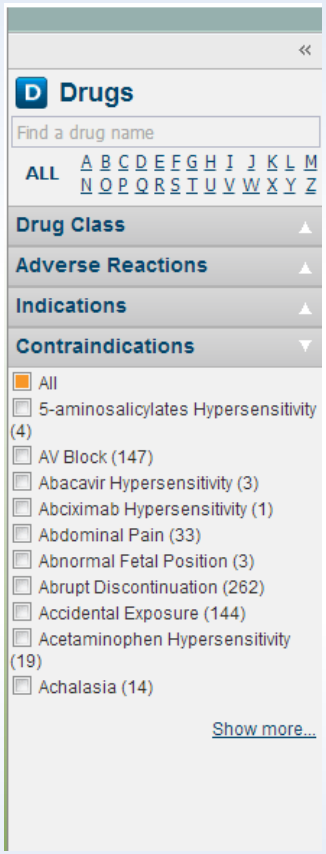

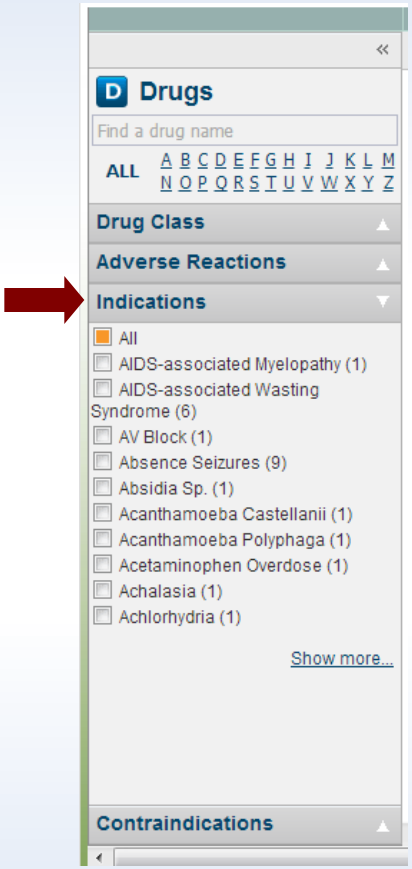

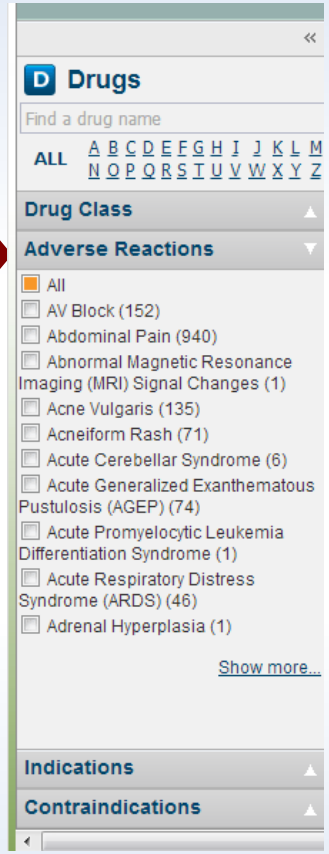

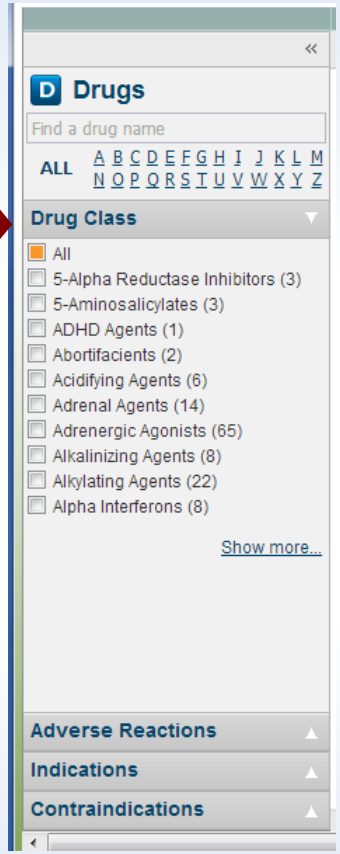

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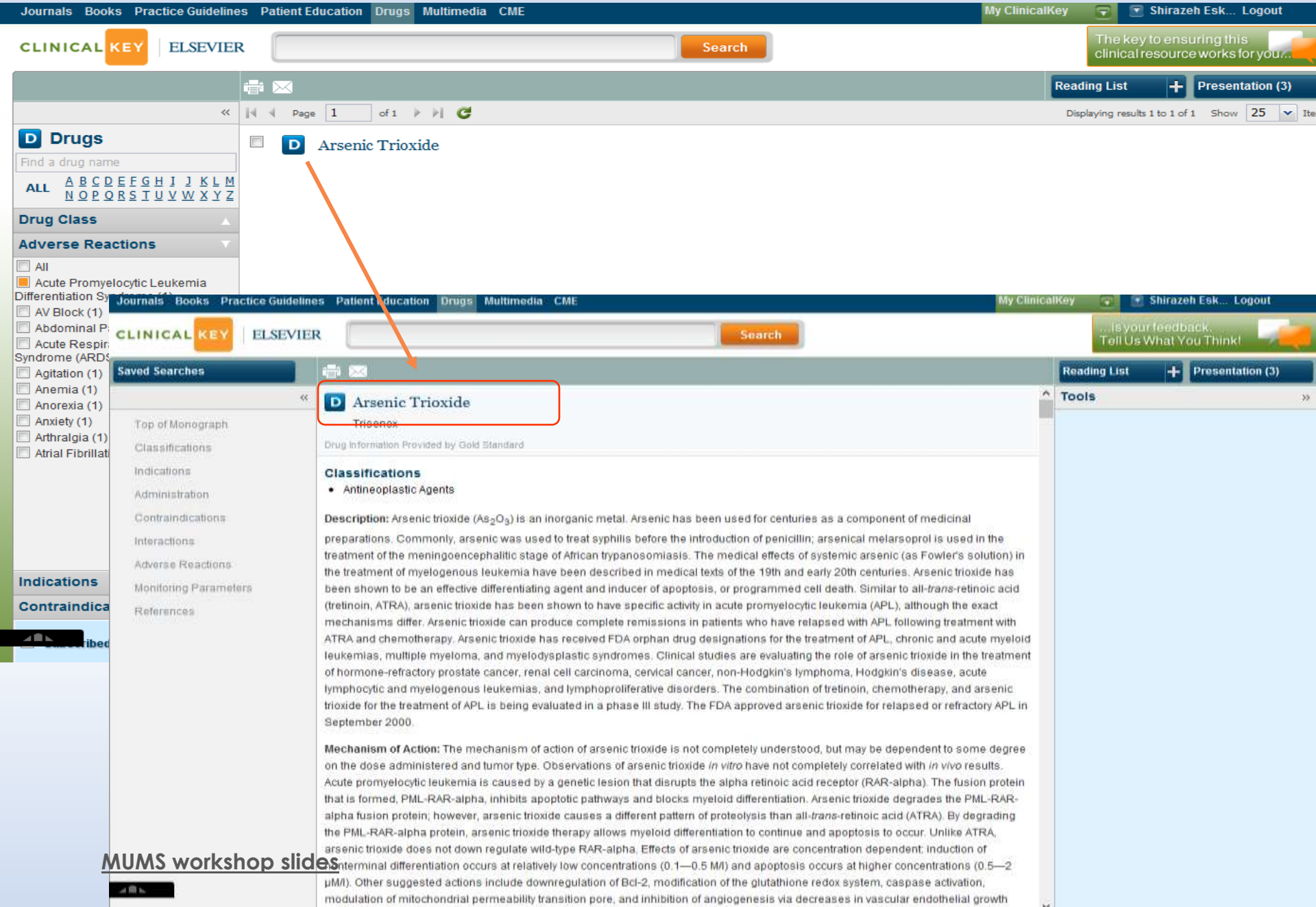

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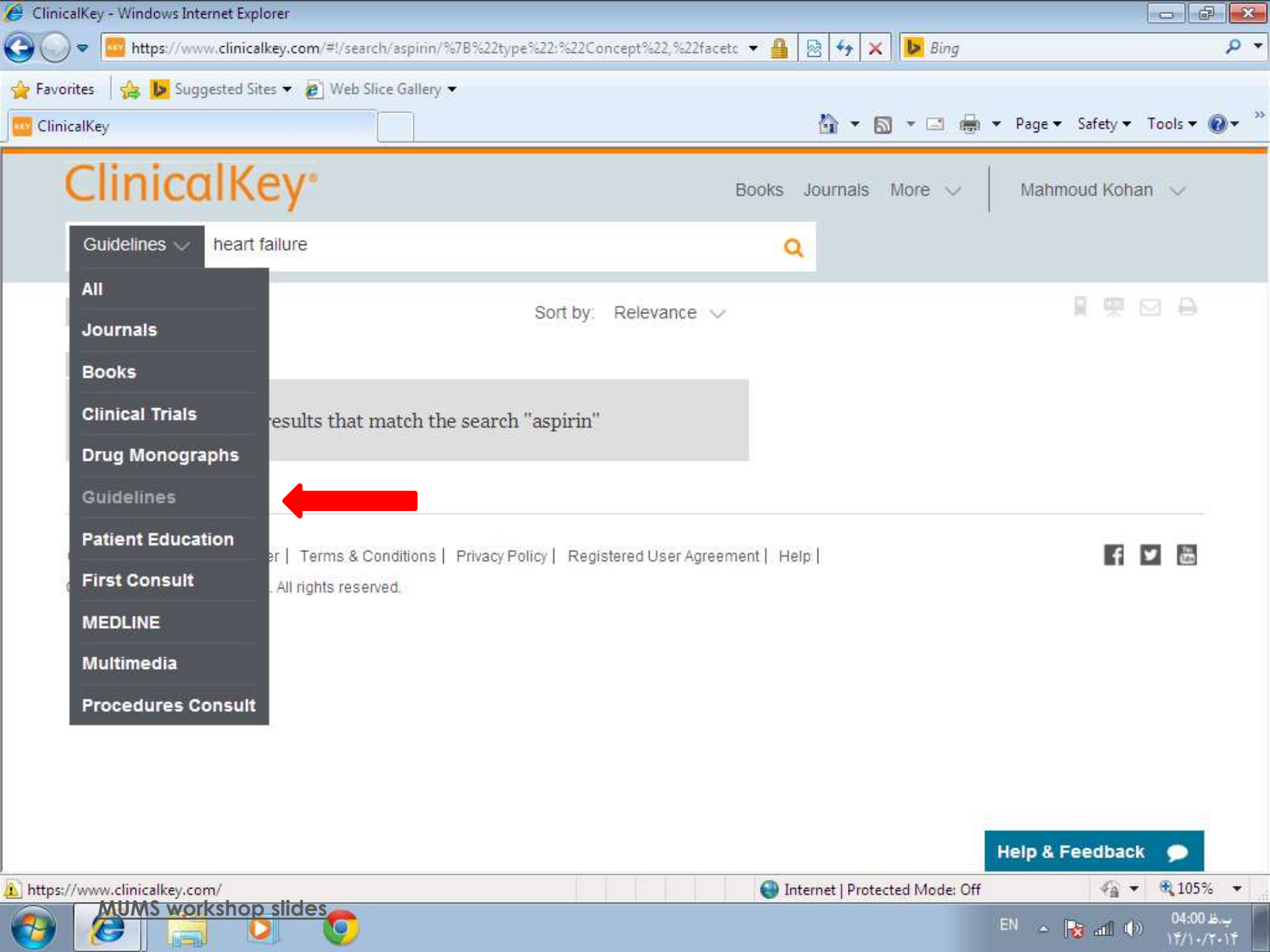
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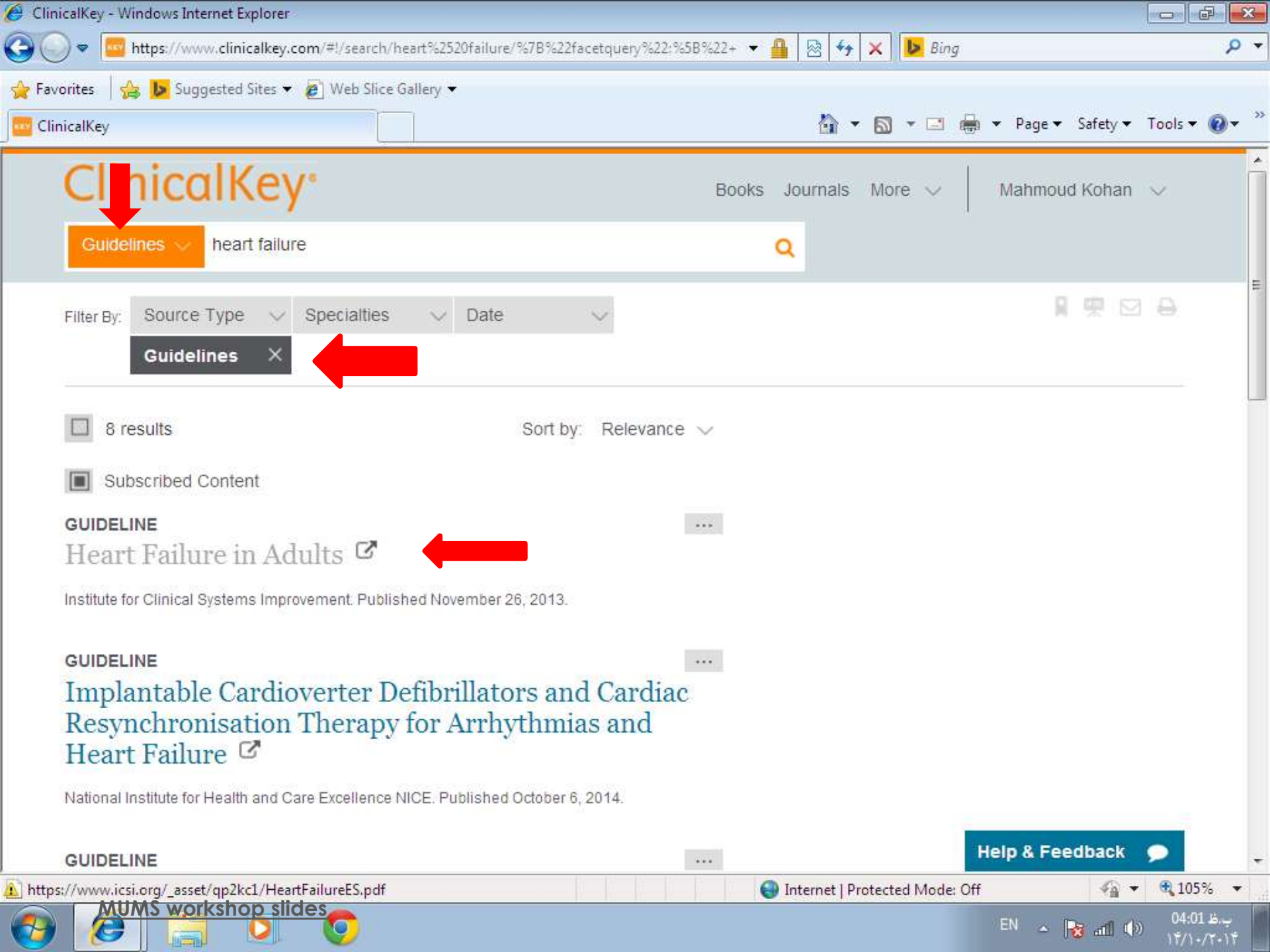
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Executive Summary – July 2013

Heart Failure in Adults Guideline

Scope and Target Population:

The scope and target population of this document focuses on the adult patient age 18 years and older with suspected heart failure. This includes the diagnosis and outpatient management of the patient. Consideration will also be made to reducing all-cause readmission rates to the hospital for patients who had been previously hospitalized with an exacerbation of heart failure.

Aims:

1. Decrease the readmission rate for patients 18 years and older with heart failure diagnosis, within 30 days of discharge following hospitalization for heart failure.
2. Increase the rate of heart failure patients 18 years and older who receive optimum evidence-based pharmacologic treatment with heart failure.
3. Improve the use of diagnostic testing in order to identify and then appropriately treat adult patients with heart failure.
4. Increase the rate of heart failure patients age 18 years or older who have comprehensive patient education and follow-up care.

Clinical Highlights:

- Evaluate patients presenting with heart failure for exacerbating and underlying causes, including coronary artery disease, hypertension, valvular disease and other

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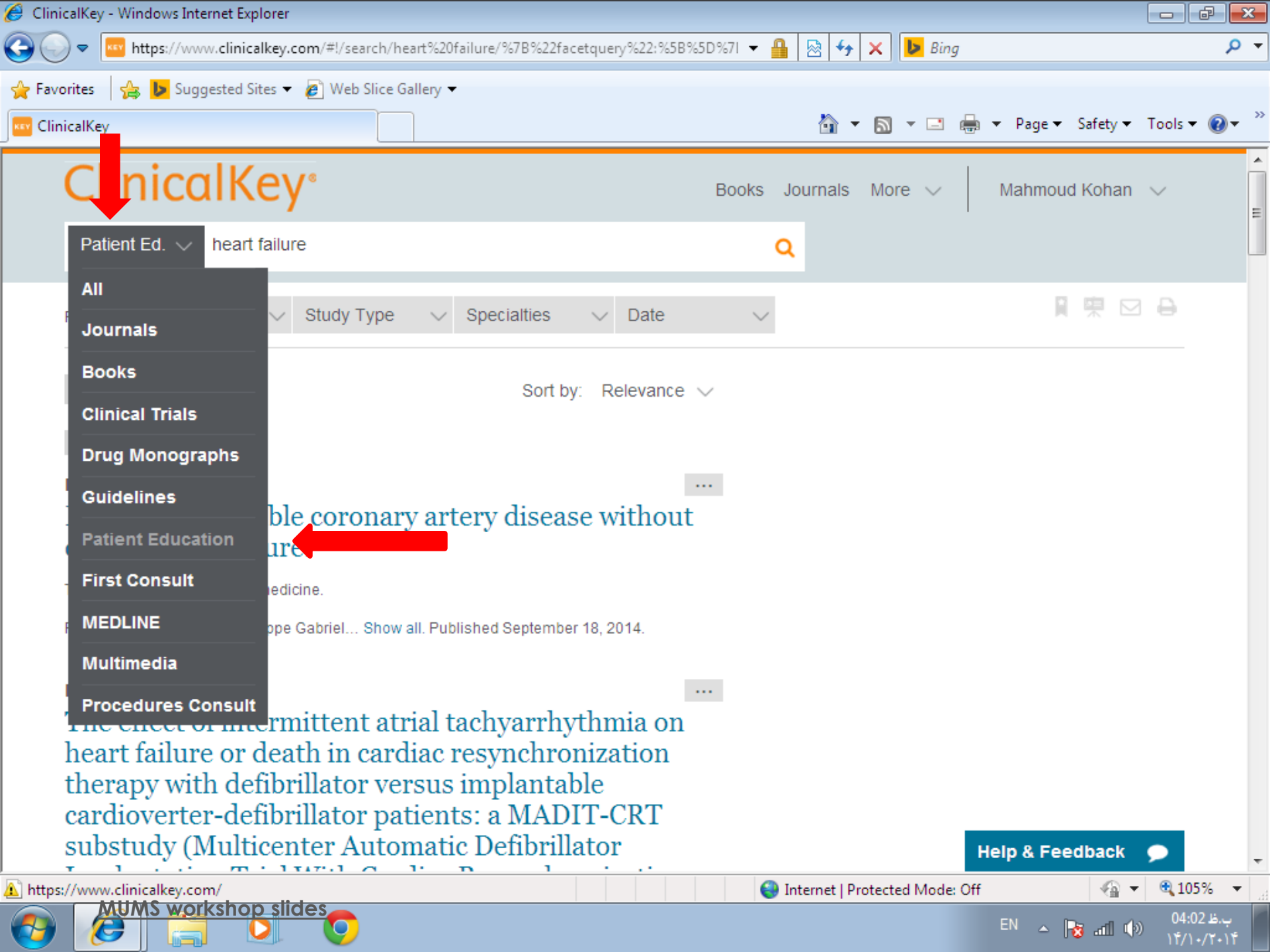
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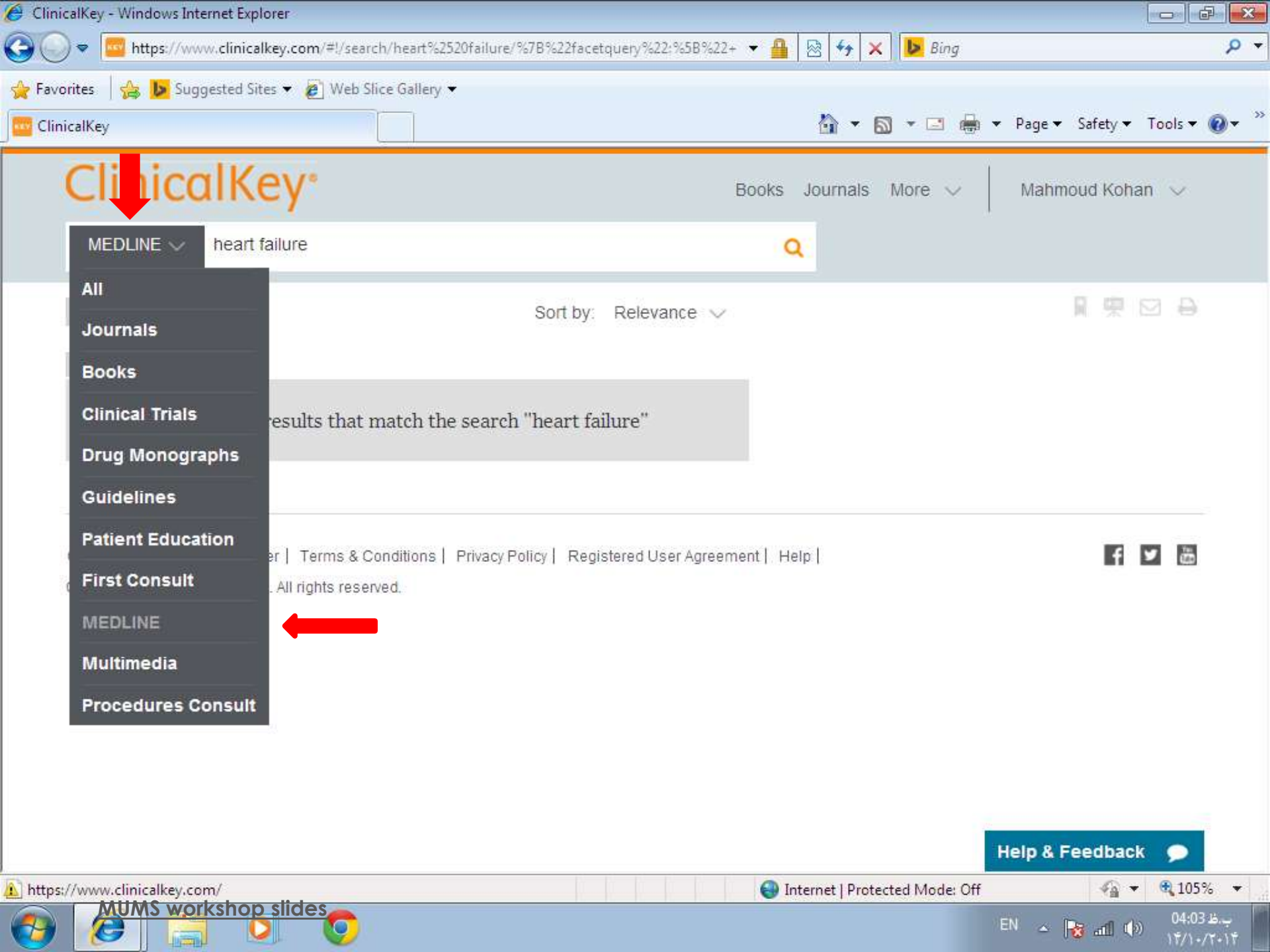
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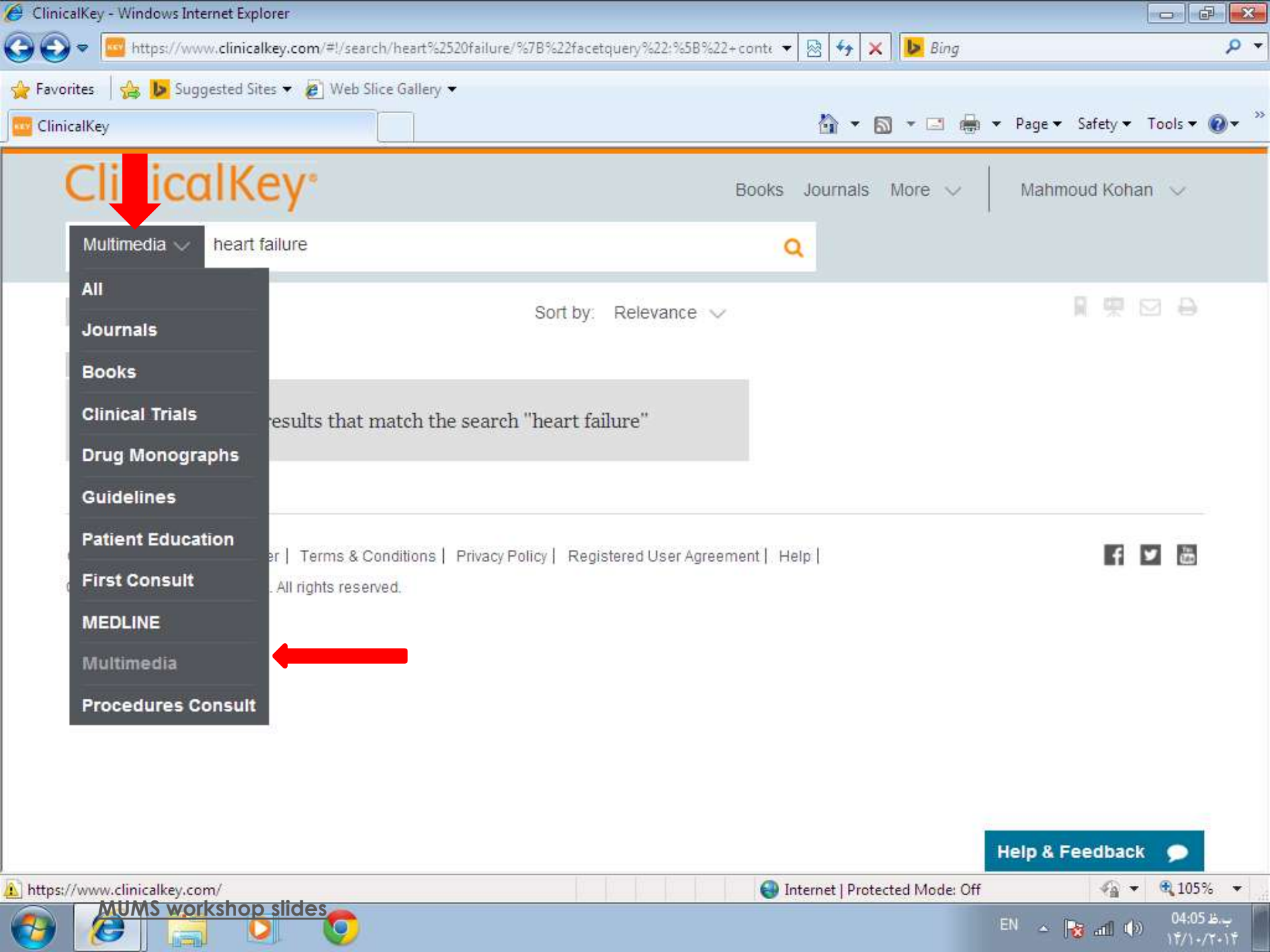
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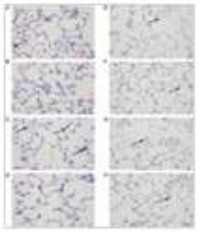
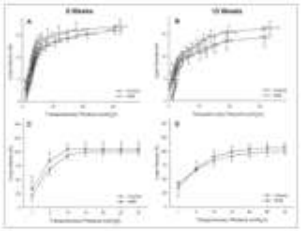

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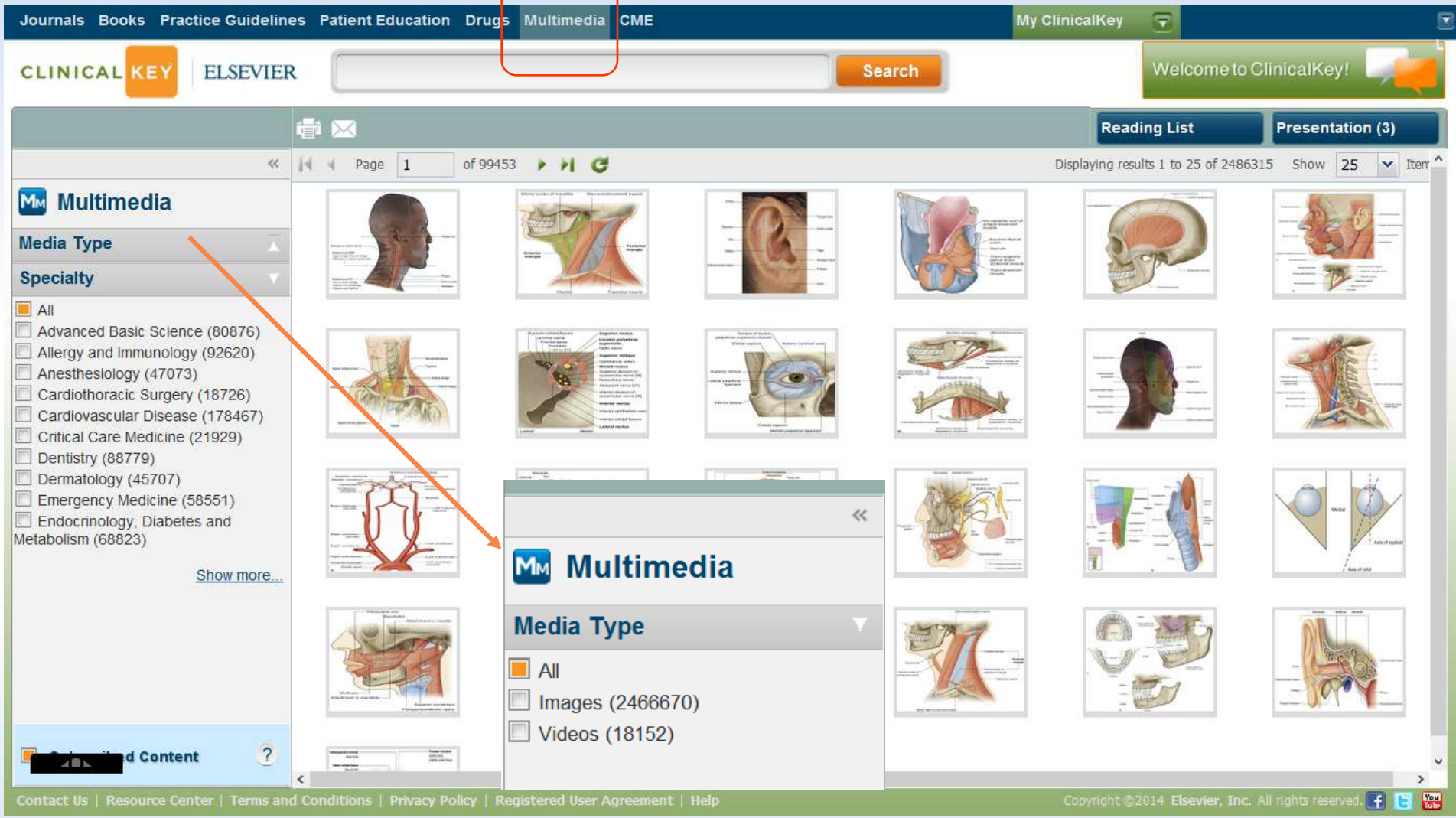

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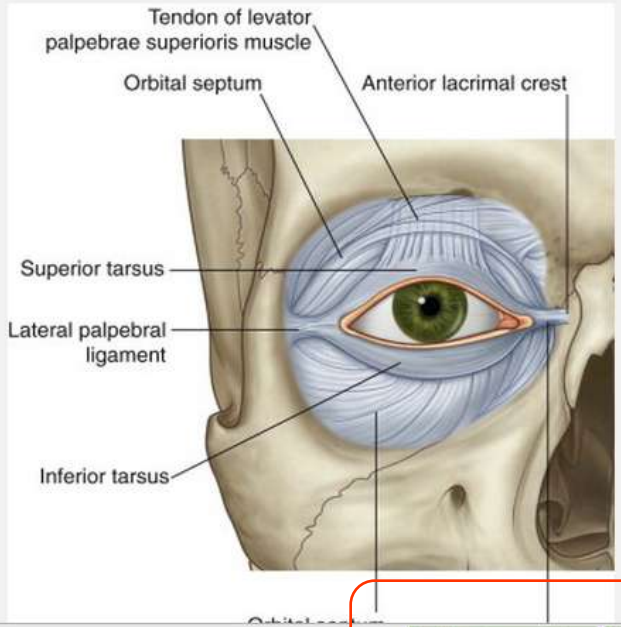

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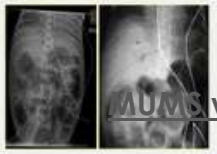

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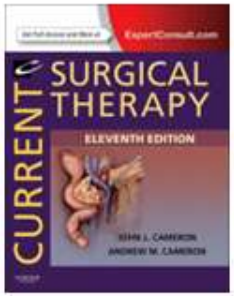

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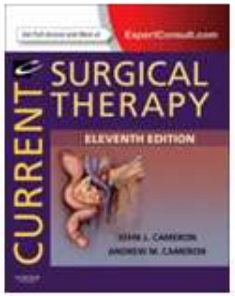

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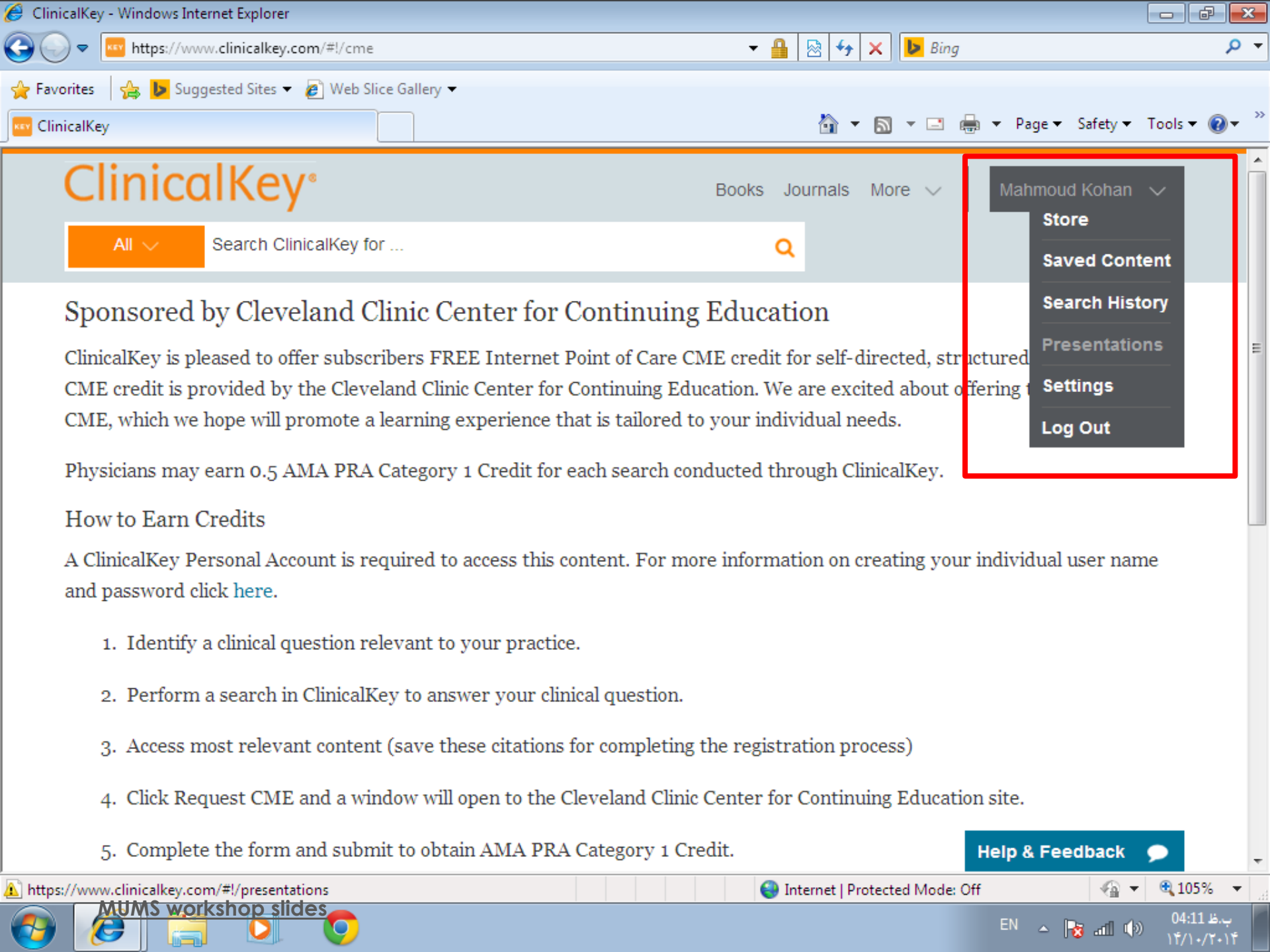
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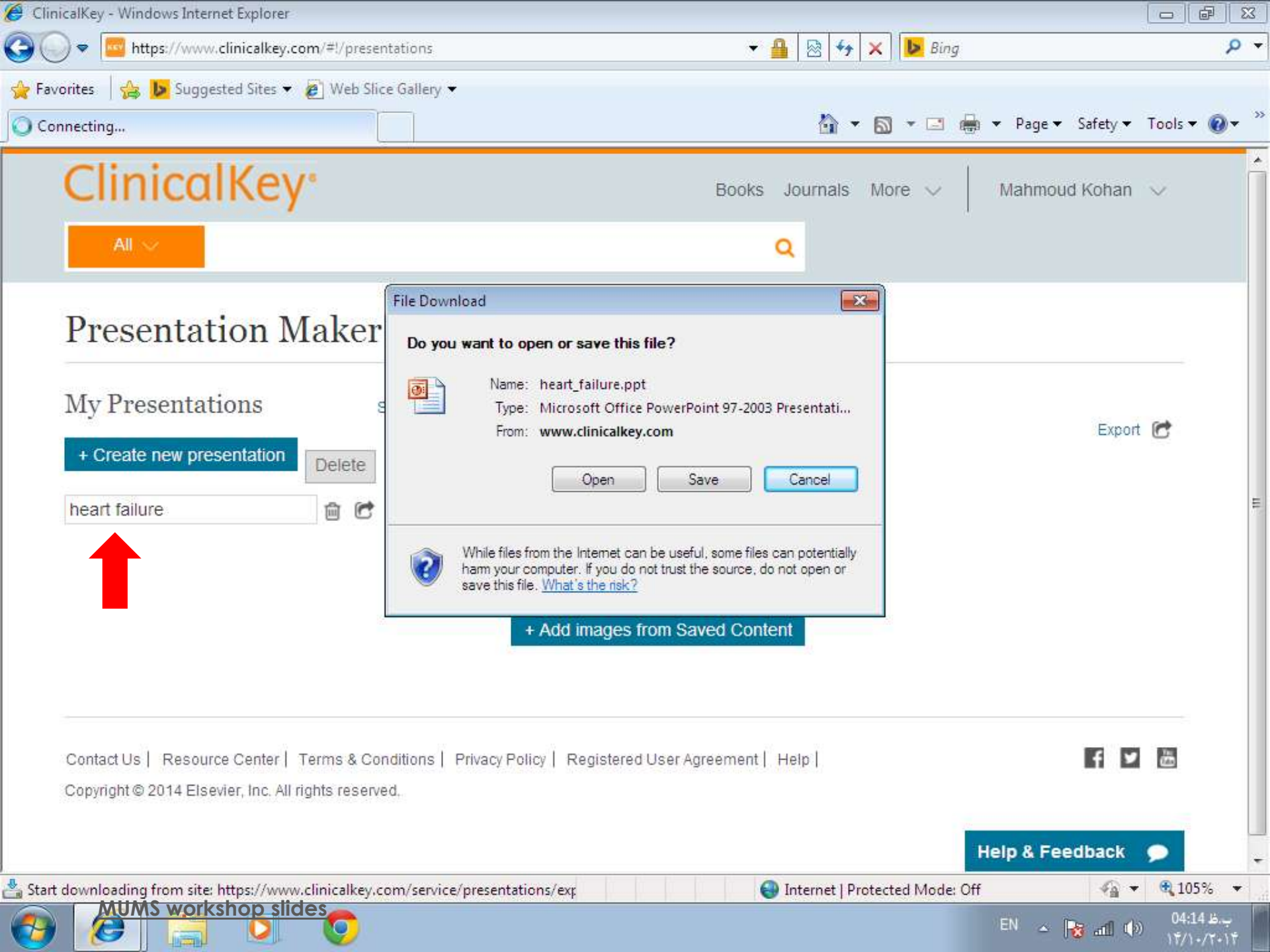
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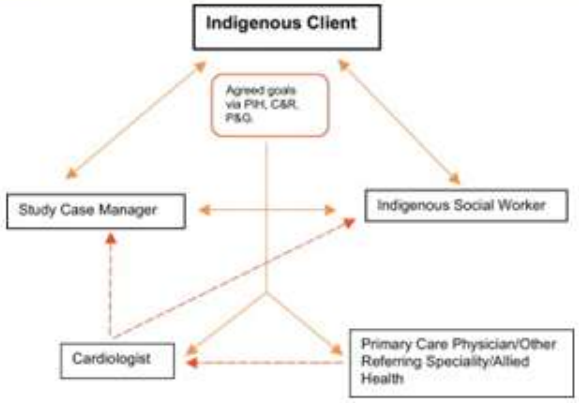

Project management team. Upon diagnosis of heart failure, referral is made to indigenous social worker and study case manager (Red dotted arrow). Cultural and language issues are raised. Creating a patient focused CDSMP becomes the main goal. A suitable time is organised to complete the Flinders Model. The loop restarts and the patient now becomes the focus and leads the management team (Orange continuous arrow). The physician provides best available evidenced care. Issues raised via CDSMP are the basis for determining allied health and other measures that appear as barriers to this care. All communications and investigations concerning the patients will be provided to the case manager, and filed, who acts as the patients advocate in the CDSMP. (Concept from Ref [40]). (For interpretation of the references to colour in this figure legend, the reader is referred to the web version of the article)

AuStralian Indigenous Chronic Disease Optimisation Study (AUSI-CDS) Prospective Observational Cohort Study to Determine If an Established Chronic Disease Health Care Model can be Used to Deliver Better Heart Failure Care Among Remote Indigenous Australians: Proof of Concept—Study Rationale and Protocol
Iyngkaran, P., FRACP, Heart, Lung and Circulation, Volume 22, Issue 11, 930-939

Thank you!