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DISEASE OVERVIEW

Heart Failure (Generalist Overview)

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Definition
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Ivabradine in stable coronary artery disease without clinical heart failure.

The New England journal of medicine.
Fox, Kim; Ford, Ian; Steg, Philippe Gabriel... Show all. Published September 18, 2014.

The effect of intermittent atrial tachyarrhythmia on heart failure or death in cardiac resynchronization therapy with defibrillator versus implantable cardioverter-defibrillator patients: a MADIT-CRT substudy (Multicenter Automatic Defibrillator Implantation Trial With Cardiac Resynchronization Therapy).
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MEDLINE
The effect of intermittent atrial tachyarrhythmia on heart failure or death in cardiac resynchronization therapy with defibrillator versus implantable cardioverter-defibrillator patients: a MADIT-CRT substudy (Multicenter Automatic Defibrillator Implantation Trial With Cardioverter-Defibrillator).
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.

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MEDLINE

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MEDLINE

The effect of intermittent atrial tachyarrhythmia on heart failure or death in cardiac resynchronization therapy with defibrillator versus implantable cardioverter-defibrillator patients: a MADIT-CRT substudy (Multicenter Automatic Defibrillator Implantation Trial With Cardioverter-Defibrillator)
Exercise-based rehabilitation for heart failure.

The Cochrane database of systematic reviews.

Taylor, Rod S; Sagar, Viral A; Davies, Ed J. Show all. Published January 1, 2014.

Coenzyme Q10 for heart failure.

The Cochrane database of systematic reviews.

Madmani, Mohammed E; Yusuf Solaiman, Ahmad; Tamr Agha, Khalil... Show all. Published January 1, 2014.
MEDLINE

Exercise-based rehabilitation for heart failure.


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.
Ivabradine in stable coronary artery disease clinical heart failure.

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The effect of intermittent atrial tachyarrhythmia on heart failure or death in cardiac resynchronization therapy with defibrillator versus implantable cardioverter-defibrillator patients: a MADIT-CRT substudy (Multicenter Automatic Defibrillator Implantation Trial With Cardiac Resynchronization Therapy)
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Gabriel... Show all. Published September 18, 2014.
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Ivabradine for asymptomatic coronary artery disease without clinical heart failure.

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The effect of intermittent atrial tachyarrhythmia on heart failure or death in cardiac resynchronization therapy with defibrillator versus implantable cardioverter-defibrillator patients: a MADIT-CRT substudy (Multicenter Automatic Defibrillator Implantation Trial With Cardioverter-Defibrillator).
The Reality of Heart Failure in Latin America

JACC (Journal of the American College of Cardiology).

Bocchi, Edimar Alcides, MD, PhD; Arias, Alexandra, MD; Verdejo, Hugo, MD... Show all.

Patients With Heart Failure Have an Increased Risk of Incident Cancer

JACC (Journal of the American College of Cardiology).

Hasin, Tal. MD; Gerber, Yariv. PhD; McNallan. Sheila M.. MPH... Show all. Published September...
The Reality of Heart Failure in Latin America

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

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...
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CLINICAL TRIAL

Alternative Imaging Modalities in Ischemic Heart Failure (AIMI-HF) Project I-A of Imaging Methods to Assist With Guiding Therapy and the Evaluation of Patients With Heart Failure (IMAGE-HF)

Published August 29, 2014. Conditions: Heart Failure; Coronary Artery Disease; Ischemic Cardiomyopathy; Non-ischemic Cardiomyopathy. Interventions: Other: Advanced cardiac imaging; Other: Standard Cardiac Imaging.

CLINICAL TRIAL

Heart Failure in the Community
**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 setting.
CLINICAL TRIAL

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

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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Arsenic Trioxide

Classification: Anti-metabolite Agents

Description: Arsenic trioxide (As$_2$O$_3$) is an inorganic metal. Arsenic has been used for centuries as a component of medicinal preparations. Commonly, arsenic was used to treat syphilis before the introduction of penicillin; arsenical melarsoprol is used in the treatment of the meningococcal stage of African trypanosomiasis. The medical effects of systemic arsenic (as Fowler's solution) in the treatment of myelogenous leukemia have been described in medical texts of the 19th and early 20th centuries. Arsenic trioxide has been shown to be an effective differentiating agent and inducer of apoptosis, or programmed cell death. Similar to all-trans-retinoic acid (tretinoin, ATRA), arsenic trioxide has shown to have specific activity in acute promyelocytic leukemia (APL), although the exact mechanisms differ. Arsenic trioxide can produce complete remissions in patients who have relapsed with APL following treatment with ATRA and chemotherapy. Arsenic trioxide has received FDA orphan drug designations for the treatment of APL, chronic and acute myeloid leukemias, multiple myeloma, and myelodysplastic syndromes. Clinical studies are evaluating the role of arsenic trioxide in the treatment of hormone-refractory prostate cancer, renal cell carcinoma, cervical cancer, non-Hodgkin’s lymphoma, Hodgkin’s disease, acute lymphocytic and myelogenous leukemias, and lymphoproliferative disorders. The combination of tretinoin, chemotherapy, and arsenic trioxide for the treatment of APL is being evaluated in a phase III study. The FDA approved arsenic trioxide for relapsed or refractory APL in September 2000.

Mechanism of Action: The mechanism of action of arsenic trioxide is not completely understood, but may be dependent to some degree on the dose administered and tumor type. Observations of arsenic trioxide in vitro have not completely correlated with in vivo results. Acute promyelocytic leukemia is caused by a genetic lesion that disrupts the alpha retinoic acid receptor (RAR-alpha). The fusion protein that is formed, PML-RAR-alpha, inhibits apoptotic pathways and blocks myeloid differentiation. Arsenic trioxide degrades the PML-RAR-alpha fusion protein; however, arsenic trioxide causes a different pattern of proteolysis than all-trans-retinoic acid (ATRA). By degrading the PML-RAR-alpha protein, arsenic trioxide therapy allows myeloid differentiation to continue and apoptosis to occur. Unlike ATRA, arsenic trioxide does not down regulate wild-type RAR-alpha. Effects of arsenic trioxide are concentration dependent. Induction of terminal differentiation occurs at relatively low concentrations (0.1–0.5 µM) and apoptosis occurs at higher concentrations (0.5–2 µM). Other suggested actions include downregulation of Bcl-2, modification of the glutathione redox system, caspase activation, modification of mitochondrial permeability transition pore, and inhibition of angiogenesis via decreases in vascular endothelial growth factor (VEGF) expression.
Guideline:
Heart Failure in Adults
Institute for Clinical Systems Improvement. Published November 26, 2013.

Guideline:
Implantable Cardioverter Defibrillators and Cardiac Resynchronisation Therapy for Arrhythmias and Heart Failure
National Institute for Health and Care Excellence NICE. Published October 6, 2014.
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
The effect of intermittent atrial tachyarrhythmia on heart failure or death in cardiac resynchronization therapy with defibrillator versus implantable cardioverter-defibrillator patients: a MADIT-CRT substudy (Multicenter Automatic Defibrillator Implantation Trial With Cardio-Right atrial pacing).
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Indigenous Client

Agreed goals via PHN, CDR, PKR

Study Case Manager

Indigenous Social Worker

Cardiologist

Primary Care Physician/Other Referring Specialty/Allied Health

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 fri, 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 (AUS-CDS) Prospective Observational Cohort Study to Determine if an Established Chronic Disease Care Model can be used to Deliver Better Heart Failure Care Among Remote Indigenous Australians. Proof of Concept—Study Rationale and Protocol. Venkatesan P, RAPP, Heart, Lung and Circulation, Volume 22, Issue 11, 850-859

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