

7th Advances in Heart Failure 2024

10 e 11 de Outubro

FACULDADE DE MEDICINA DA UNIVERSIDADE DO PORTO

ORGANIZAÇÃO

U. PORTO

FM
UP

PATROCÍNIO CIENTÍFICO



Sociedade Portuguesa de
CARDIOLOGIA

PCO

NO
GET
DONE
EVENTS.



**7th Advances
in Heart
Failure 2024**

10 e 11 de Outubro

FACULDADE DE MEDICINA DA UNIVERSIDADE DO PORTO

Fração de Ejeção

Origem do conceito e razão da sua utilização na IC

José Silva Cardoso

Left Ventricular (LV) Ejection Fraction (EF) Definition

$$\text{(LV Ejection Volume / End-diastolic LV Volume) x 100}$$

LVEF

Concept origin

- The development of left ventriculography and indicator dilution techniques in the **early 1960s** enabled the **determination** of LVEF

LVEF Evaluation

First Published Paper - 1962

Determination of Fraction of Left Ventricular Volume Ejected per Beat and of Ventricular End-Diastolic and Residual Volumes

Experimental and Clinical Observations with a Precordial Dilution Technic

By ROLAND FOLSE, M.D., AND EUGENE BRAUNWALD, M.D.

Folse RF , Braunwald E. Circulation. 1962

LVEF

Significance

- Reflects both cardiac function and remodelling
- Is a valuable **diagnostic** and **prognostic tool**

LVEF

Determinants

- **LV contractility**
- **Preload**
- **Afterload**

LVEF

Is different from Cardiac Output

- In compensated HFrEF, despite **LVEF is reduced**, both systolic and diastolic LV volumes are increased, allowing for **preserved** stroke volume and **cardiac output**.

LVEF

Limitations as a marker of HF

- **In HFpEF, although LVEF is normal, LV dysfunction may be identified by markers of LV deformation**

LVEF

Other Limitations

It does not account for **speed of LV contraction**, a sensitive marker of LV dysfunction

- *This is addressed by **strain rate***

It does not account for **intra-ventricular synchrony**

It does not reflect **twist and untwist** features, relevant for systole and diastole

LVEF

Other Considerations

HF pharmacological and non-pharmacological (devices) decision making based on EF, usually neglects that **EF measurement was not standardized in RCTs.**

LVEF

Other Considerations

A major limitation of EF is that **it is sometimes a source of disproportionate focus**, to the exclusion of other features.

LVEF

Other Considerations

The limitations of EF measurement accuracy can be of a physiological, technical and clinical nature.

LVEF

Other Considerations

Clinical decisions made on the basis of EF need to be contextualized by the hemodynamic setting.

LVEF

Other Considerations

LV hypertrophy, shape, synchrony, and filling pressure are prognostically important LV parameters that risk being neglected with too much focus on EF.

LVEF

Other Considerations

In circumstances in which the **EF is challenging to measure** with echocardiography, **other systolic indices** are potentially important

(These include **dP/dt**, the myocardial performance index, and **GLS**).

LVEF

Other Considerations

A focus on EF **also risks the exclusion of a number of cardiac function parameters** that provide useful physiological and prognostic information.

(RV) size and function, quantification of atrial size, and diastolic filling patterns.

LVEF

Other Considerations

The **classification** of patients with symptomatic HF into **HFrEF** and **HFpEF** also has important therapeutic implications.

The **95% confidence intervals (CIs)** of repeated measures of EF are >0.10, so it is inevitable that a substantial number of patients move into and out of this group on subsequent echocardiograms, without implying any change of underlying pathology.

