

## 心衰竭治療的需求與重要性回顧

### (Review of unmet needs in the treatment of heart failure)

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Heart failure (HF) is one of the leading causes of hospitalization in adults in Taiwan. Traditionally, HF therapy was primarily targeted at relieving symptoms of congestion or increasing cardiac contractility. Current therapy strategies have been designed to counter, additionally, the progression of HF and to improve 'meaningful' survival.

Over the past 20 years, there have been considerable advances in the pharmacological management of HF. Anti-heart failure medications, including beta-blockers, ACEIs (angiotensin-converting enzyme inhibitors), ARBs (angiotensin receptor blockers), aldosterone antagonists, and the newly approved ivabradine and ARNIs (angiotensin receptor/neprilysin inhibitors), improve the chances of survival in HF patients. However, even though recent guidelines are based on the overwhelming evidence for treatment benefits in HF, reliable data from the developed Western countries have revealed significant underperformance of hospital physicians in HF diagnosis and management, with evidence of underuse and under-dosing of evidence-based therapies.

This is especially true in Taiwan. In the HF with reduced ejection fraction registry of the Taiwan Society of Cardiology (TSOC-HFrEF registry), which was the first database to include a large sample of hospitalized patients with decompensated HF from different regions in Taiwan. Although the in-hospital mortality affected 2.4% of all patients included is acceptable, at discharge, the prescription rates of beta-blockers, ACEIs, ARBs, and aldosterone antagonists were 27.5%, 34.6%, 59.6%, and 49.0% respectively, which were significantly lower than those of the Western developed countries. At the one-year follow-up mark, there had been no significant changes regarding the prescription rates of those 4 major categories of anti-failure medications, and the low rates of prescription of drugs based on evidence resulted in high mortality and readmission rates at one year. Therefore, there is a major unmet need for better therapies for HF in Taiwan, suggesting that searching for a better therapy for HF is urgently necessary. In the future, overcoming the possible

underlying obstacles facilitating underperformance of HF treatment in Taiwan, including unfamiliarity with the impact of HF and exaggerated concerns over treatment risks and side-effects, etc. remains of paramount importance.