

PREFACE

Heart failure is a complex clinical syndrome manifested by dyspnea, fatigue, fluid retention, and decreased exercise tolerance. Heart failure may result from disorders of the pericardium, the myocardium, the endocardium, valvular structures, and the great vessels of the heart or from rhythm disturbances. Nearly 5 million Americans have heart failure today, an incidence approaching 10 per 1000 population after the age of 65 years. Heart failure is the reason for at least 20% of all hospital admissions in persons above age 65; hospitalizations for heart failure have increased by 159%. The prevalence of patients with heart failure has grown markedly as a result of the aging population and the number of patients who have survived heart attacks, heart valve surgery, and other cardiac procedures as a result of improvements in adjunctive medical therapies and surgical techniques. Thus, almost any practicing clinician will encounter a patient with the heart failure syndrome on a regular basis.

Heart Failure: A Clinician's Guide to Ambulatory Diagnosis and Treatment reviews all aspects of heart failure diagnosis and management, with a particular emphasis on office-based/ambulatory care. The volume discusses diagnostic and therapeutic options for clinicians in evaluating patients with dyspnea, fatigue, or edema. The recommendations contained herein are specific and directed at targeted symptoms. The many diagnostic-imaging modalities discussed focus on the practical utility of the tests. *Heart Failure: A Clinician's Guide to Ambulatory Diagnosis and Treatment* reviews the state-of-the-art pharmacologic, device, and surgical options for heart failure management, with care algorithms that are usually supervised by a nurse or nurse specialist.

Heart Failure: A Clinician's Guide to Ambulatory Diagnosis and Treatment is intended for generalists and internists, nurse practitioners, physician assistants, and general cardiologists who practice in the community setting. The epidemic of heart failure that faces our country necessitates a coordinated effort at prevention and optimal treatment of the disease. Unfortunately, all of the solutions to this enormous problem have yet to be elucidated, but additional efforts to educate and inform our busy clinicians will be important to keep up to date with the evolutions in heart failure care available today. We hope *Heart Failure: A Clinician's Guide to Ambulatory Diagnosis and Treatment* will serve as a platform for a systematic approach to the care of patients with heart failure for all clinicians.

We are very grateful for the excellent contributions from our authors, all of whom practice or trained at the University of Pennsylvania Health System. This work represents our approach to the plague of heart failure, a northeastern United States approach certainly, but a concerted and devoted one nevertheless.

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