

British Society for Heart Failure 16th Annual Meeting

Venue: London, UK.

Date: 28-29 November 2013

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The 16th Annual Meeting of the British Society for Heart Failure (BSH) attracted a record 700 delegates in London. The two-day programme, entitled 'Making sense of acute heart failure' (AHF), covered a range of aspects including clinical management, service delivery, research and basic sciences.

Acute heart failure

Professor John McMurray set proceedings underway with a keynote lecture defining AHF which he explained is associated with 10% in-hospital mortality and up to 30% at one year [1]. However, little has changed in the management of AHF for over 40 years. Professor John Cleland reviewed the causes of hospitalisation in AHF while Professor Theresa McDonagh presented details of the recently published National Heart Failure Audit [1]. Now in its sixth year of publication, the audit has recorded >177,000 hospital admissions for AHF. This year's findings demonstrate a reduction in hospital mortality since the last audit (9.4% vs. 11.1%, 15% RRR) and repeats findings from previous years showing better outcomes in patients admitted to cardiology wards and wider use of prognostic drugs by heart failure (HF) specialists. This led neatly to examples of AHF service delivery and anecdotal experience in London suggesting echo-based screening for HF may be more practical than using natriuretic peptides, which can be very non-specific. Dr Suzanna Hardman described the AHF unit in her institution which is associated with significantly lower in-hospital mortality compared to the national average (5.8% vs. 11.6%) [2].

Managing specific challenges in AHF were also discussed. Dr Martin Thomas reviewed diuretic resistance and recommended optimisation of HF medications, sodium and fluid restriction,

multi-site nephron blockade, inotropes and in selected cases, ultrafiltration. Dr Dominic Kelly reviewed the complicated arena of arrhythmias in AHF, giving a clear message to "treat the HF and the rest will follow" while Dr John Baxter gave an entertaining presentation pressing the need for active pursuit of our patients with HF who are admitted for unrelated reasons.

Heart failure with preserved ejection fraction

In a keynote lecture, Professor Walter Paulus eloquently described the multi-faceted insults that promote HF with preserved ejection fraction (HFPEF) including obesity, diabetes, inactivity, smoking and salt loading. These insults result in endothelial dysfunction and interstitial fibrosis leading to a reduction in compliance [3]. Despite better understanding of HFPEF at a cellular level, Professor Alan Fraser explained that echocardiographic diagnosis is not well validated and Professor Martin Cowie described the range of neutral therapeutic trials in the literature, including the recently presented TOPCAT study of Spironolactone.

Prizes

Professor Sian Harding received the Philip Poole-Wilson memorial medal for her work on cardiac β -receptors, presenting an elegant description of regional adrenaline toxicity in Takotsubo cardiomyopathy [4]. Other prizes included Emma Simmons as the 1000th BSH member, Dr Jane Cannon as the first BSH Research Fellow and Dr Pierpaolo Pellicori who received the Young Investigator Award.

Conclusion

The 16th Annual Meeting of the BSH proved to be a highly enlightening, successful and enjoyable conference.



The BSH organisers and presenters (Credit: Roy Gardner).

Whilst focusing on AHF, the meeting delivered a broad range of topics, many of which were directly applicable to everyday clinical practice. The speakers included internationally renowned experts and further BSH meetings are eagerly awaited.

Acknowledgment

The BSH gratefully acknowledges support from Abott Vascular, Edwards Lifesciences, HeartWare, Medtronic, Novartis, Pfizer, Servier Laboratories and Thoratec.

References

1. National Heart Failure Audit 2012/13 Annual Report. <http://www.ucl.ac.uk/nicor/audits/heartfailure/additionalfiles/pdfs/annualreports/NHFA13medium.pdf> Last accessed Feb 2014.
2. National Heart Failure Audit 2011/12 Annual Report. <http://www.ucl.ac.uk/nicor/audits/heartfailure/additionalfiles/pdfs/annualreports/annual12.pdf> Last accessed Feb 2014.
3. Paulus WJ, Tschoepe C. A novel paradigm for heart failure with preserved ejection fraction: comorbidities drive myocardial dysfunction and remodelling through coronary microvascular endothelial inflammation. *J Am Coll Cardiol* 2013;**62**:263-71.
4. Paur H, Wright PT, Sikkil MB, et al. High levels of circulating epinephrine trigger apical cardiodepression in a 2-adrenergic receptor/Gi-dependent manner: a new model of Takotsubo cardiomyopathy. *Circulation* 2012;**126**:697-706.

Further information

The 17th Annual Meeting will take place on 27-28 November 2014. Visit www.bsh.org.uk or follow Twitter @BSHeartFailure for further information.