

# Acute heart failure: Lessons learned from Spain

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### Take home messages

- Emergency departments are probably the closest place to the universe of AHF in the entire healthcare system.
- Prehospital EMS has the potential for early starting of AHF treatment that could eventually lead to improvement in outcomes
- Current ESC guidelines do not cover some important aspects inherent to emergency health care of AHF patients
- Morphine has to be used cautiously, and maybe will be substituted by benzodiazepines in the near future
- Use of furosemide in continuous infusion or at high doses does not add benefits in terms of symptoms relief or survival
- Precocity in treatment administration could impact in outcomes
- Mixed treatments (furosemide/bronchodilators/corticosteroids) seem not impact on outcomes
- Beta-blockers and RAS inhibitors (and probably sacubitril/valsartan) has to be maintained in the ED unless a clear and specific cause contraindicates it.
- Risk stratification is a good tool in helping emergency physicians in decision-making process and it could probably improve both, patient outcomes and health care system efficiency.