

INTRODUCTION

Heart failure: best practice and how to deliver it

In his Denolin lecture, Professor Eugene Braunwald said:

“In 1950 our understanding of heart failure and our ability to manage it was little changed from what it had been at the end of the 19th century. Hypertension and rheumatic valvular heart disease were the most common causes of heart failure. The responsible mechanism was considered to be exhaustion of the overloaded ventricle, as had been suggested by William Osler. The principal goal of therapy was to alleviate symptoms and to reduce excessive accumulation of sodium and water. Treatment was similar for all patients: bed rest and very strict dietary sodium restriction. Medical students were told tongue in cheek, a very low sodium diet will not prolong patients’ life but it will most certainly make it seem longer. Administration of digitalis near toxicity was routine and the only diuretics available were organic mercurials given by painful intramuscular injection.”

The conference upon which this proceedings is based provided an excellent update on the modern management of heart failure.

It is particularly gratifying that delegates to the meeting included not only cardiologists but also other physicians and nurses, reflecting the fact that cardiology, like other specialties, should be delivered in teams.

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▲ Braunwald E. The Denolin lecture. Congestive heart failure: a half century perspective. *Eur Heart J* 2001;22:825–36.