

CLINICAL DEFINITIONS, EPIDEMIOLOGY, AND PHENOTYPES

■ DEFINITIONS

Heart failure (HF) is a common final pathway for most chronic cardiovascular diseases including hypertension, coronary artery disease, and valvular heart disease. The American College of Cardiology Foundation/American Heart Association (ACCF/AHA) and Heart Failure Society of America (HFSA) guidelines define HF as a complex clinical syndrome that results from any structural or functional impairment of ventricular filling or ejection of blood leading to cardinal manifestations of dyspnea, fatigue, and fluid retention. The European Society of Cardiology's (ESC) definition emphasizes typical symptoms (e.g., breathlessness, ankle swelling, and fatigue) and signs (e.g., elevated jugular venous pressure, pulmonary crackles, and peripheral edema) caused by a structural and/or functional cardiac abnormality, resulting in a reduced cardiac output and/or elevated intracardiac pressures at rest or during stress. Because some patients present without signs or symptoms of volume overload, the term *heart failure* is preferred over the older term *congestive heart failure*. *Cardiomyopathy* and *left ventricular dysfunction* are more general terms that describe disorders of myocardial structure and/or function, which may lead to HF. In pathophysiologic terms, HF has been defined as a syndrome characterized by elevated cardiac filling pressure and/or inadequate peripheral oxygen delivery, at rest or during stress, caused by cardiac dysfunction.

Chronic heart failure describes patients with longstanding (e.g., months to years) symptoms and/or signs of HF typically treated with