Let's start by reading the article titled "Is There a Role for Levosimendan in Hospital Emergency Departments?" written by Sergio Manzano-Fernández, Francisco Marín, Iris P. Garrido Bravo, and Domingo A. Pascual Fígal. The article discusses the use of levosimendan in acute heart failure (AHF) in hospital emergency departments and its therapeutic option for the treatment of such conditions.

The authors of the article, Llorens-Soriano et al., reported their experience with levosimendan and concluded that it is a safe and effective therapeutic option for the treatment of acute heart failure (AHF) in hospital emergency departments. They argue that this drug might benefit from this promising drug, which, pending the results of further studies, should have its use restricted to the indications already approved in consensus guidelines. Additionally, it would seem reasonable to perform an echocardiogram prior to the administration of levosimendan.

Regarding the use of levosimendan in patients with AHF and preserved systolic function, it is therefore surprising that more than 40% of the patients included in the study belonged to this subgroup. The administration of levosimendan is known to produce a reduction in peripheral vascular resistance and an improvement in the parameters of diastolic function. However, at the present time diuretics and vasodilators have been shown to be highly effective in these patients and currently form the treatment of choice in this context.

To date, no scientific evidence is available regarding the use of levosimendan in patients with AHF and preserved systolic function. It is therefore surprising that more than 40% of the patients included in the study belonged to this subgroup. The administration of levosimendan is known to produce a reduction in peripheral vascular resistance and an improvement in the parameters of diastolic function. However, at the present time diuretics and vasodilators have been shown to be highly effective in these patients and currently form the treatment of choice in this context.

In conclusion, we would like to emphasize the need for adequate identification of those patients who might benefit from this promising drug, which, pending the results of further studies, should have its use restricted to the indications already approved in consensus guidelines. Additionally, it would seem reasonable to perform an echocardiogram prior to the administration of this drug and to have better co-ordination between the various hospital services involved in treating these patients.

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Letters to the Editor


Response

To the Editor:

The question posed by the authors is interesting, although at the same time disappointing, because at no point do they suggest an answer. In order to provide an answer, it would have been necessary to be aware of our situation: the patient with acute heart failure (AHF) in Spanish emergency wards presents a different profile to the patient usually seen on the cardiology ward or in the office, and even different to the patients who form the object of the guidelines for AHF. A recent multicenter study carried out in Spain comes to the conclusion that patients with AHF in the emergency ward are older (a population considered by the guidelines to be special), and have a high degree of comorbidity, functional, and social deterioration, and previous diagnoses of chronic heart failure (CHF), as well as presenting functional decompensation or progression even though most of them receive a correct pharmacological treatment. Moreover, as they are patients with CHF, most are unaware of the type and degree of cardiac dysfunction, and when this is known, both systolic and diastolic dysfunction are predominant. Fewer than 3% undergo an echocardiographic study in the emergency wards, and fewer than 10% are admitted to the cardiology ward, which shows that AHF is very important in the emergency wards and that the treatment of these patients is no less important.

The clinical practice guidelines on AHF must be understood to provide advice on the management of these patients, and we should be able to adapt this advice to the circumstances of our environment and not treat it as dogma for the attendance of our patients. Our working protocol coincides with the current recommendations drawn up by experts in cardiology, emergency medicine and intensive medicine for the early stages of AHF, during which levosimendan is administered to patients who remain symptomatic after initial conventional therapy and in the case of shock associated with vasopressors.

There are currently more than 3000 patients who have been included in randomized clinical trials, in whom the efficacy and safety of levosimendan have been demonstrated, without mentioning observational studies and case series. It is the first inodilator to improve diastolic dysfunction and left ventricular filling pressures and increases contractility with little consumption of energy, all of which are ideal effects for the different scenes found with AHF in the emergency department, independently of the type of cardiac dysfunction. Its use in cardiogenic shock is documented in different studies and in the recent recommendations arising from expert agreements.

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