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Editorial

The Korean Society of Heart Failure: Breaking Barriers, Bridging Solutions Together!

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Over the last few years, the Korean Society of Heart Failure (KSHF) has firmly established its position in the field of heart failure (HF) through an educational, scientific program for HF specialists and primary physicians, in collaboration with other international societies, such as the Heart Failure Association of the European Society of Cardiology, Heart Failure Society of America, China Heart Failure Association, and Japanese Heart Failure Society. The KSHF has also become a leading participant in the International Scientific Congress.

Under the leadership of past presidents, including Dong-Ju Choi, the KSHF has refined its strategy in this area over the last couple of years. The KSHF has several core agendas, including 1) enhancing public awareness of HF, 2) promoting multidisciplinary studies of HF disease, 3) encouraging rare intractable genetic disease studies on HF, and 4) facilitating the adoption of new medicine/medical technology.[1] These core agendas are essentially linked to the KSHF's mission to improve the quality of life and longevity of patients with HF. The KSHF successfully built a global network of HF societies to achieve these aims. In line with this perspective, the KSHF has recently updated its guidelines for the management of HF, endorsed by the Korean Society of Cardiology,[2] and released HF statistics in Korea in 2020.[3] The board of directors of the KSHF is dedicated to broadcasting, education, research, collaboration, and engagement with policymakers in the area of HF. This dedication ensures that the physicians are well-rounded and highly skilled clinicians, scientists, and HF specialists.

HF is considered the final common pathway for many cardiovascular diseases. Typically, patients with HF have one or more comorbidities, such as coronary artery disease, high blood pressure, diabetes, chronic kidney disease, and obesity. Given the epidemiological and pathophysiological overlap with many other organ systems, HF demands shared responsibility across various healthcare environments, necessitating a multidisciplinary comprehensive approach to managing patients with HF. Implementing this approach will lead to reduced hospitalizations due to the worsening of HF and improved clinical outcomes and quality of life for patients, ultimately reducing mortality and relieving the economic burden on healthcare services.

By collaborating with allied societies and identifying individuals at risk for HF, early detection can pave the way for sustainable success in managing HF. The KSHF can play a crucial role in fostering new ideas and initiatives while advocating HF as a target for healthcare professionals and researchers. First, the KSHF should identify what physicians need to know and address the essential key points for HF.

There are knowledge gaps and limited epidemiological data regarding the prevalence, mortality, clinical characteristics, and economic burden of HF worldwide, particularly in Asian populations.[4] The clinical characteristics of Asian patients with HF are highly heterogeneous, with marked regional differences in clinical outcomes. This lack of data poses challenges in understanding and effectively managing HF in Asia. Many barriers exist at different levels in the Asian health system. Thus, a better understanding of the clinical differences among Asian patients with HF can help overcome barriers and bridge solutions for preventing and treating HF. There are scarce data regarding Asian standards in HF management, education, and research in cooperation with global standards. Developing consensus statements, such as those in the 1st Asian Pacific Society of Cardiology consensus paper, can improve the prevention and treatment of HF in Asia (**Figures 1** and **2**).[5] Collaborative efforts and the involvement of Asian HF leadership are crucial for advancing research, education, and the standardization of HF management.

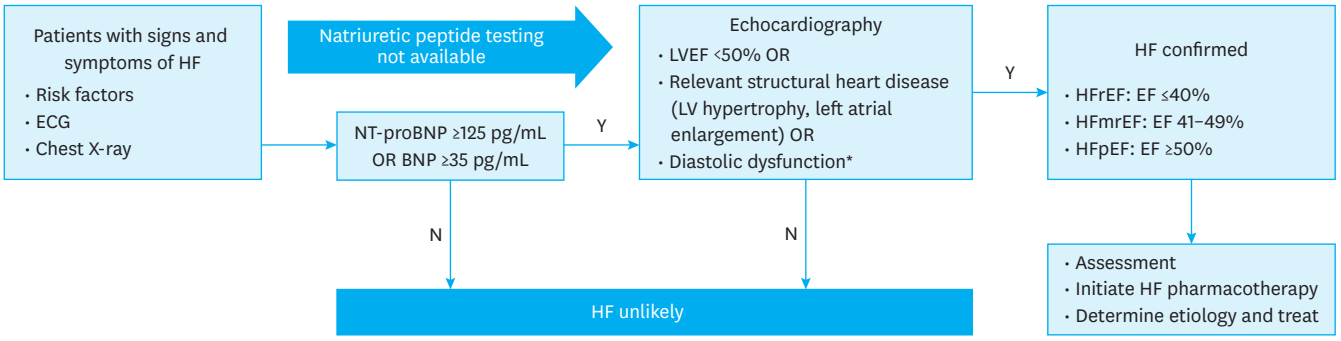

Figure 1. Algorithm for the diagnosis of HF.
ECG = electrocardiography; NT-proBNP = N-terminal pro-B-natriuretic peptide; BNP = B-type natriuretic peptide; LVEF = left ventricular ejection fraction; LV = left ventricular; HF = heart failure; HFrEF = heart failure with reduced ejection fraction; EF = ejection fraction; HFmrEF = heart failure with mildly reduced ejection fraction; HFpEF = heart failure with preserved ejection fraction.
*Elevated LV filling pressure at rest or on exercise.

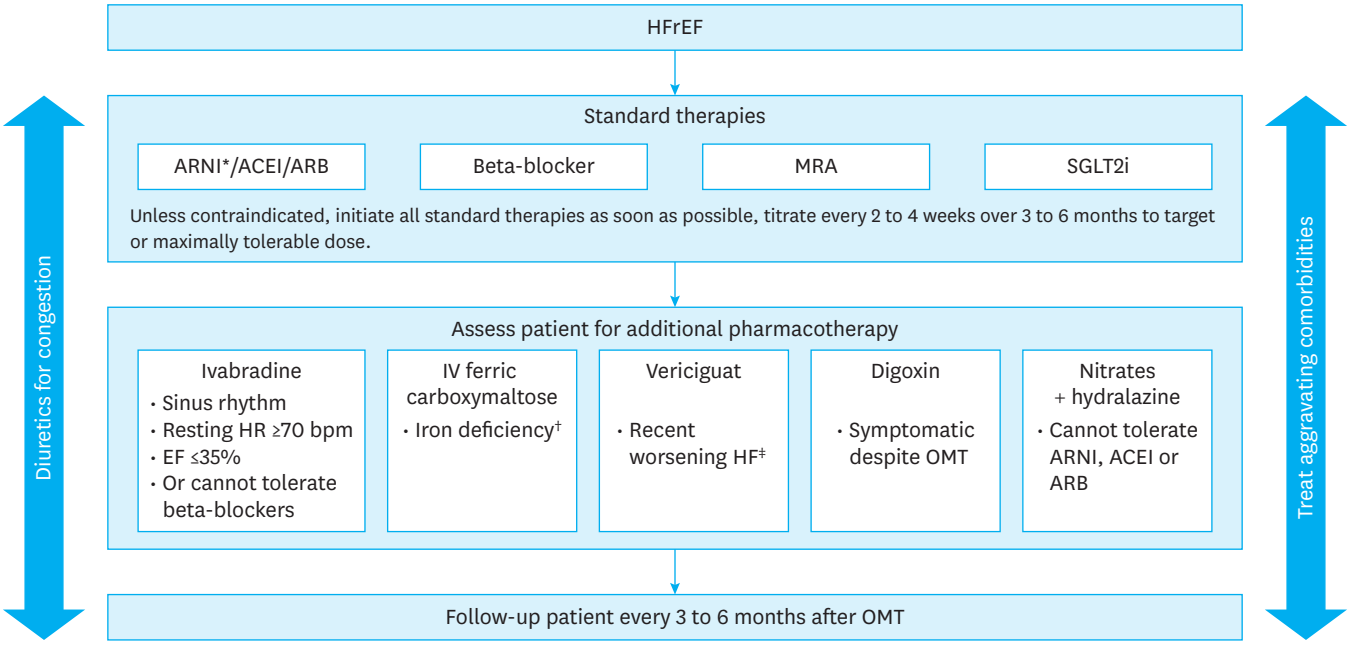

Figure 2. Algorithm for the pharmacotherapy of HFrEF.
HFrEF = heart failure with reduced ejection fraction; ARNI = angiotensin receptor-neprilysin inhibitor; ACEI = angiotensin-converting enzyme inhibitors; ARB = angiotensin receptor blockers; MRA = mineralocorticoid antagonists; SGLT2i = sodium-glucose cotransporter 2 inhibitor; HR = heart rate; EF = ejection fraction; HF = heart failure; OMT = optimal medical therapy.
*ARNI preferred; †Serum ferritin <100 ng/mL or serum ferritin 100–299 ng/mL with transferrin saturation <20%;‡HF admission within 6 months or outpatient IV diuretics within 3 months.

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The KSHF requires future activities that stimulate new scientific exchanges, collaborations, and plans. In addition to social interaction and face-to-face discussions, the roadmap meeting will allow the KSHF board members to listen to each other and discuss several perspectives on HF.

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Conflict of Interest
The author has no financial conflicts of interest.

REFERENCES

1. Kang SM. Key role of the Korean Society of Heart Failure: moving towards a global and individualized approach. Int J Heart Fail 2022;4:136-8.
PUBMED | CROSSREF
2. Cho JY, Cho DH, Youn JC, et al. Korean Society of Heart Failure guidelines for the management of heart failure: definition and diagnosis. Korean Circ J 2023;53:195-216.
PUBMED | CROSSREF
3. Park JJ, Lee CJ, Park SJ, et al. Heart failure statistics in Korea, 2020: a report from the Korean Society of Heart Failure. Int J Heart Fail 2021;3:224-36.
PUBMED | CROSSREF
4. Lam CS, Teng TK, Tay WT, et al. Regional and ethnic differences among patients with heart failure in Asia: the Asian sudden cardiac death in heart failure registry. Eur Heart J 2016;37:3141-53.
PUBMED | CROSSREF
5. Sim D, Lin W, Sindone A, et al. Asian Pacific Society of Cardiology consensus statements on the diagnosis and management of chronic heart failure. JAPSC 2023;2:e10.
CROSSREF