

## From Guidelines to Real World: Knowledge as a Solution to Implement the Evidence

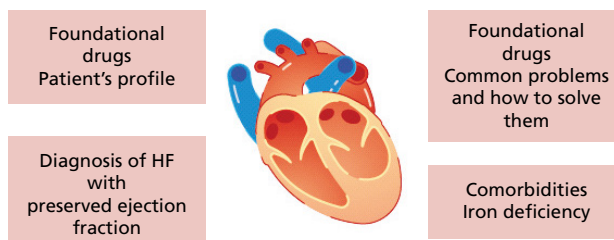
*De las guías al mundo real: el conocimiento como solución para implementar la evidencia*

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The last decade has been, perhaps, one of the most exciting times, considering how heart failure treatment has evolved: we have witnessed the introduction of new drugs that change the clinical course of the disease, and re-evaluated old concepts of multi-step, long-duration schemes for initiating drug therapy, up to the emergence of the concept of foundational drugs for heart failure or quadruple therapy. (1) However, while guidelines are rapidly updated and concepts change, the implementation of this knowledge in the real world seems to move at slow pace. This gap between guidelines and the real world has been demonstrated in registries such as the CHAMP-HF (2) and the European Society of Cardiology Heart Failure Long-Term Registry (3) which found suboptimal use of heart failure therapies.

Identifying the usual clinical practice and the existing gaps in the disease approach is a very valuable solution, because it leads us to the daily healthcare practice setting and allows us to find practical solutions to the problem of implementing therapies; and this is the perfect niche to develop educational strategies to address the problem.

In this sense, the article Attitudes and Clinical Practice in Heart Failure Among Physicians in Argentina, by Burgos et al., is a novel approach that lets us take a new look at an old problem. This study presents a survey conducted on a group of healthcare professionals, mostly cardiologists in Argentina, about their usual practice in managing heart failure patients. This survey presents several highly relevant results: only a quarter of the surveyed population initiates treatment with quadruple therapy and 50% does not achieve the goal of treating their patients with this combination of drugs. Forty-four percent feel uncertain about the diagnosis of heart failure with preserved ejection fraction and only 46% considered relevant to identify and treat anemia and iron deficiency. (4) This information is novel because there are no previous reports on the usual practices of Latin American cardiologists in the



**Fig. 1.** Opportunities in education in heart failure according to Burgos et al. findings

management of heart failure and coincides with the results reported by authors from other regions worldwide, as Erhardt et al., (5) who found that although most cardiologists surveyed in 7 European countries knew the guidelines, less than 25% of them followed their recommendations. In turn, the CORE initiative investigated the clinical practice patterns among physicians in Australia and several European countries and found low recognition of the signs and symptoms of the disease, limited use of diagnostic tests, underuse of recommended agents and sub-therapeutic dosing. (6)

In this sense, the study by Burgos et al. is a starting point for improving the implementation of heart failure guidelines, pointing out 4 key aspects on which we should focus our educational strategies for physicians: 1) identify the clinical profiles of heart failure patients for foundational drugs and their importance; 2) the most common problems that can occur when starting medications, and how to solve them; 3) how to diagnose heart failure with preserved ejection fraction; and 4) the importance of comorbidities in heart failure, in particular iron deficiency. It would also be very interesting to approach the reality of other specialties involved in heart failure treatment in Argentina and other countries of the region, as a second step towards the lessons that this work has generated, and thus conclude that knowledge and education can be

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the answer to how we can move forward from guidelines to their implementation in the real world.

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