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Heart failure with mid-range ejection fraction: Two overlapping entities? Reply

Insuficiencia cardíaca con fracción de eyección intermedia: ¿Dos entidades superpuestas? Respuesta

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To the Editor,

We would like to thank Martín-Sánchez *et al.*¹ for their comments on our heart failure (HF) with mid-

range ejection fraction (HFmrEF) review², and we would like to clarify some of the aspects reported. They relate that HFmrEF, more than a transitional state, seems to be the presence of two concurrent

nosological processes, and exemplify the existence of ischemic heart disease in a senile heart. Although we still lack quite a bit of knowledge about patients with HFmrEF and, above all, their physiopathology, characteristics and therapeutics, current evidence upholds that it is a category in itself between reduced (HFrEF) and preserved (HFpEF) ejection fraction³. Several studies still consider that it is a different clinical entity and not a “new transient phenomenon”^{4,5}, with a different prognosis, and evidence that a high number of patients (between 30 and 70%) make a transition towards HFpEF or HFrEF.

As Lam and Solomon⁶ assert, it is important that this entity has finally received some attention, since we can better understand a large number of heart failure patients who have been “neglected” and yet, as Martín-Sánchez *et al*¹ quote, have significant morbidity and mortality. We agree that non-cardiological variables frequently determine short and long-term prognosis^{7,8} and that they are at times common to all three categories, although studies suggest that the associated comorbidity in HFmrEF is, once more, between HFrEF and HFpEF^{9,10}.

Taking this category into consideration is a primary goal to diagnose, treat and identify the severity of HF^{11,12}. However, we must resist the temptation to worry about names or become too rigid in this division¹³. At the end, each phenotype, category or classification of heart failure is and will always be part of the very family of this syndrome.

CONFLICTS OF INTERESTS

None.

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