alone. Peak VO2 increased with exercise training after 3 months and remained unchanged with usual care alone. Exercise training was also associated with improvements in a physical functioning score (36-Item Short-Form Health Survey), atrial reverse remodelling and improved LV diastolic function. A larger study examining the effects of exercise training in HfPEF is in progress (http://www.controlled-trials.com/ISRCTN86879094).

Conclusion

The accurate diagnosis and optimal pharmacological treatment of HfPEF remain challenging. Progress has been made in the understanding of the pathophysiology of this condition, and there is increasing emphasis on therapeutic strategies aimed at altering specific signalling pathways. It is critical for future clinical trials to ensure a proper characterization of the phenotype of patients to be tested. Several novel approaches appear promising in pre-clinical or early clinical studies, but need to be tested in properly designed clinical trials.

Conflict of interest: M.K. is member of Steering Committee of studies on ivabradine and was member of the executive committee of I-Preserve sponsored by Bristol Myers Squibb. C.L. is funded by a clinical scientist award from the National Medical Research Council of Singapore, receive research grants from Boston Scientific, Medtronic and Vifor Pharma, and serve as a consultant for Bayer and Novartis.

References

The list of references is available in the online version of this paper.