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Treatment of heart failure patients — in search of new solutions to difficult problems

The 2021 Guidelines of European Society of Cardiology (ESC) for the diagnosis and treatment of acute and chronic heart failure (HF) defined three major goals of treatment: (1) reduction in mortality, (2) prevention of recurrent hospitalizations due to worsening HF, and (3) improvement in clinical status, functional capacity, and quality of life. To achieve these goals a new simplified treatment algorithm has been introduced [1]. The cornerstone of management is therapy with angiotensin-converting enzyme inhibitors (ACE-I) or an angiotensin receptor-neprilysin inhibitor (ARNI), beta-blockers (BB), mineralocorticoid receptor antagonists (MRA) and sodium-glucose co-transporter 2 inhibitors (SGLT2-I), unless the drugs are contraindicated or not tolerated (class I of recommendations) [1–4]. Moreover, importance of multidisciplinary team management, education, self-care, lifestyle advice, exercise training, follow-up, and monitoring to improve therapeutic effectiveness has been highlighted [1, 3]. Adequate patient education and lifestyle advice are pivotal for successful treatment of HF allowing the patients to understand what is beneficial, to embrace the concept of self-monitoring, to accept therapeutic plans and improve adherence to treatment [1, 5–9]. Education to improve self-care should be tailored to each individual patient and based on scientific evidence or expert opinion [1, 10–13]. The guidelines encourage application of either home-based and/or clinic-based programmes leaving space for the use of already known as well as new tools and methods to improve clinical outcomes of HF patients.

In the current issue of *Medical Research Journal* Kolasa et al. [14] present the rationale and design of a randomized trial of the original mindfulness-based heart training for patients with heart failure (MIND-HF trial). The study is aimed to examine the feasibility and acceptability of online-delivered Mindfulness Based Heart Training (MBHT) in comparison to psychoeducational intervention in HF patients. The efficacy, safety and adherence to these interventions will also be assessed. This novel, exciting idea of using MBHT in patients with HF deserves attention, although the relatively small study population and short follow-up period limit the relevance of the expected results. The researchers should be congratulated on the idea, but also suggested at this stage of the study to consider increasing the number of patients to be enrolled and extending the follow-up period [14].

Previously, our research group proposed the use of original diagnostic tools to assess readiness for hospital discharge, adherence to therapeutic recommendations and functioning in chronic disease in patients with HF [15–22].

In conclusion, it also seems worth considering to combine efforts in a large multicenter study using both new therapeutic and diagnostic tools in patients with heart failure.

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