**PREVENTION OF LV DIASTOLIC DYSFUNCTION AND ATRIOMEGALY IN THE AGING POPULATION**

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Prevalence of diastolic congestive heart failure (DCHF) and atriomegaly have become increasingly common with aging US population. Above the age of 65, LV diastolic dysfunction accounts for 50% of patients with heart failure. Since, no specific treatment is available for DCHF, there has been growing morbidity and mortality in this population. Pathophysiology of DCHF is poorly understood. Excess and altered interstitial collagen have been implicated in some of these patients. Associated risk factors for DCHF include aging, genetic predisposition, longstanding hypertension, obesity, inactivity, increased serum insulin and creatinine levels. It has been reported that increased peripheral vascular stiffening might contribute to the pathophysiology of DCHF. In the elderly population with DCHF, the common echocardiographic findings include, LVDD, atriomegaly and pulmonary hypertension. Prevention of LVDD and DCHF may be possible with early interventional steps to control obesity-deconditioning, hypertension, diabetes, inactivity and sleep apnea. Management of patients with DCHF is often complicated and unsatisfactory. Symptomatic therapy with diuretics, rate control with betablockers and calcium channel blockers have been recommended. Long term treatment with ACE inhibitors and/or angiotensin receptor blockers and aldosterone antagonists appear to have some modest benefit in these patients.