



**biomedicines**



*Special Issue Reprint*

## Acute and Chronic Heart Failure

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The topic “Acute and Chronic Heart Failure: Pathophysiology and New Therapeutic Developments” was chosen because, despite the progress made in recent decades in the prevention and treatment of cardiovascular diseases, they remain the leading cause of death in both developed and developing countries, and heart failure (HF) is, in any case, the endpoint of the majority of cardiac pathologies. HF prevalence is progressively increasing worldwide, with HF with preserved ejection fraction (HFpEF) now exceeding 50% prevalence in HF cases. The published contributions are numerous and all are interesting. I would, however, like to emphasize the fact that a rapidly growing condition worldwide—insulin resistance with associated hyperinsulinemia—that is present in a large proportion of HF patients, particularly in HF patients with preserved or only slightly reduced ejection fraction, is still not treated as an independent risk factor, despite the large body of the literature demonstrating its role in numerous significant metabolic and cardiovascular abnormalities. Patients with insulin resistance, which will later progress to type 2 diabetes, may, over time, develop pathological remodeling of the left ventricle with, initially, diastolic dysfunction and, subsequently, also systolic dysfunction, which will lead to the development of HF.



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