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COMPARING SENSITIVITY OF NON-INVASIVE MARKERS OF VOLUME RESPONSE TO INTRAVENOUS FUROSEMIDE IN PATIENTS WITH ACUTE PULMONARY OEDEMA.

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Introduction:

Intravenous furosemide (ivF) remains the first line treatment for pulmonary oedema (1) yet individual patient response to ivF is variable (2, 3). **There is a need for an accurate, non-invasive means to define volume response to ivF**, so that the role of alternative or additional treatments can be addressed.

Methods:

We studied patients presenting with florid pulmonary oedema treated with bolus ivF (50-100 mg). **We compared echocardiographic and Bodystat Quadscan 4000[®] bioimpedance (BIA) volume estimates at 0, 0.5, 1, 2 and 3 hours from baseline.**

Results:

31 patients (n=31; 18 male; 13 female; age 71.6 ± 11.9 , range 30-86; body surface area 1.86 ± 0.22 m², range 1.37-2.30; 23 sinus rhythm, 8 atrial fibrillation; 13 ischaemia, 2 arrhythmia, 4 valvular heart disease, 3 lung disease, 3 renal disease, 2 non-ischaemic cardiomyopathy, 3 hypertension, 1 infection) were studied.

Early transmitral deceleration time (MV DecT), peak early transmitral velocity following valsalva manoeuvre (v MVPeakE), peak early transtricuspid velocity (TV Peak E), inferior vena cava diameter corrected for body surface area in expiration (IVCei) and in inspiration (IVCii), **whole body impedance at frequencies 5-200 KHz ($\Omega_{5\text{KHz}}$, $\Omega_{50\text{KHz}}$, $\Omega_{100\text{KHz}}$, $\Omega_{200\text{KHz}}$) were the most sensitive parameters to define volume response to ivF** in typical patients with pulmonary oedema (Table 1).

Parameter	n	Baseline	Maximal response	Maximal change (% baseline)	Maximal response time (h)	
MV DecT (ms)	30	204±72	244±92	23.9±33.5	3	<i>P=0.029</i>
v MVPeakE(m/s)	27	1.09±0.29	0.97±0.26	9.5±19.3	2	<i>P=0.025</i>
TV PeakE(m/s)	27	0.77±0.22	0.67±0.21	11.9±13.5	1	<i>p=0.010</i>
IVCei (cm/m ²)	28	1.23±0.33	1.14±0.31	4.8±21.6	3	<i>P=0.024</i>
IVCii (cm/m ²)	27	1.08±0.30	0.97±0.27	7.3±26.5	3	<i>P=0.005</i>
d $\Omega_{5\text{KHz}}$ (Ω)	31	497±147	518±160	4.1±6.3	3	<i>p=0.000</i>
d $\Omega_{50\text{KHz}}$ (Ω)	31	451±131	466±140	3.6±7.3	3	<i>p=0.005</i>
d $\Omega_{100\text{KHz}}$ (Ω)	31	431±126	447±132	4.3±9.7	3	<i>p=0.008</i>
d $\Omega_{200\text{KHz}}$ (Ω)	31	412±124	426±125	5.0±15.3	3	<i>p=0.047</i>

Table 1. Echocardiographic and BIA markers of volume response to ivF.

Conclusion:

Given the complexity of presentation with pulmonary oedema, the above measurements of volume response could be applied to optimise response to treatment.

References:

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- (1) Gupta S. et al. European Heart Journal 2005; 26: 644-49.