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FOREWORD FROM THE SUPPLEMENT EDITOR

Heat failure accounts for substantial morbidity, mortality and healthcare expenditure. Improved access to diagnostics and increased awareness have allowed earlier diagnosis and management to improve outcomes. This issue includes a concise overview of the recently published Australian heart failure guidelines and provides practical advice on how clinicians should 'work up' patients with suspected heart failure.

Tips on how clinicians should optimise management are provided, with an emphasis on heart failure with a reduced left ventricular ejection fraction, where a number of pharmacological, medical device and other nonpharmacological approaches have been shown to improve survival and reduce hospitalisation. The importance of considering comorbidities in all patients with heart failure is emphasised, as these may contribute to poor outcomes and further complicate heart failure management.

Advance care planning with shared decision-making involving the patient, their family, the general practitioner, specialist heart failure team and palliative care services should be considered early in the disease trajectory to improve quality of life and decrease the need for unnecessary hospitalisation.

A section describing what is on the horizon includes novel approaches to monitoring heart failure and emerging therapies that are undergoing further evaluation.

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