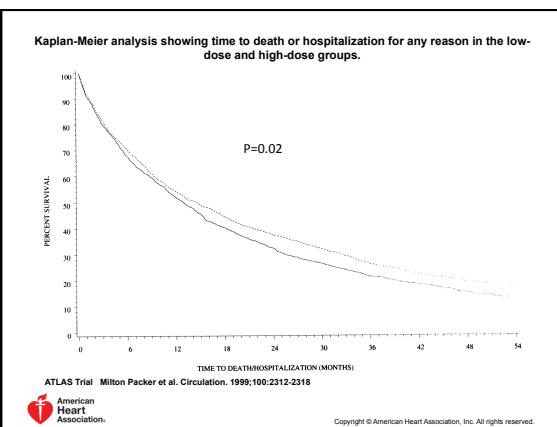
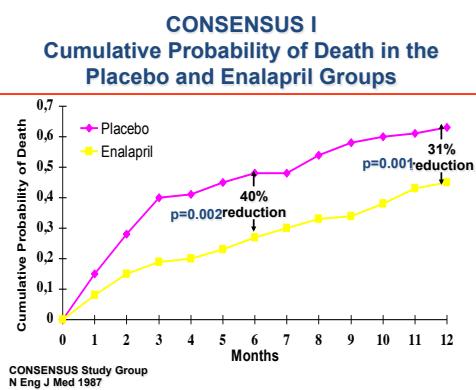


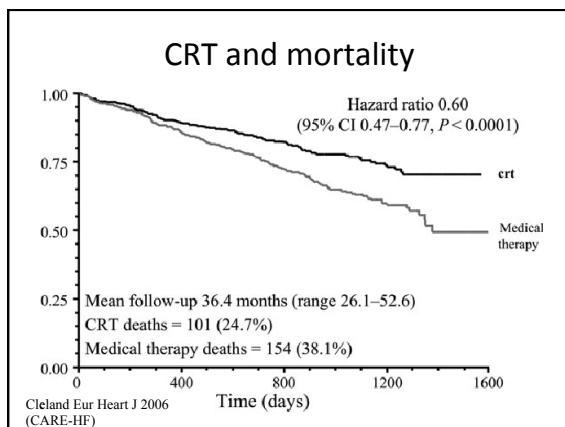
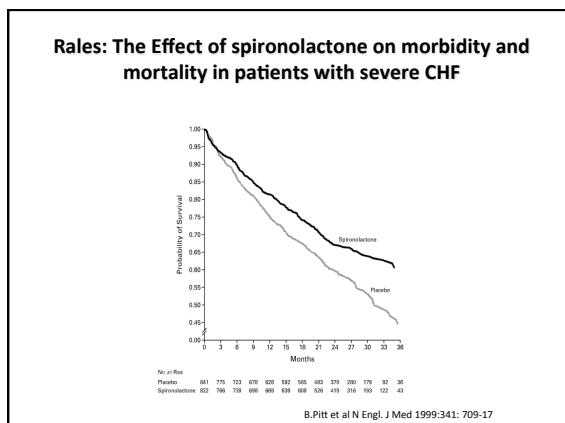
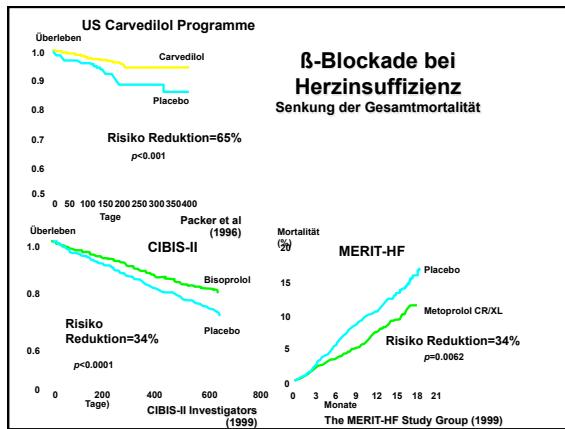
Richard Pacher Memorial Lecture:

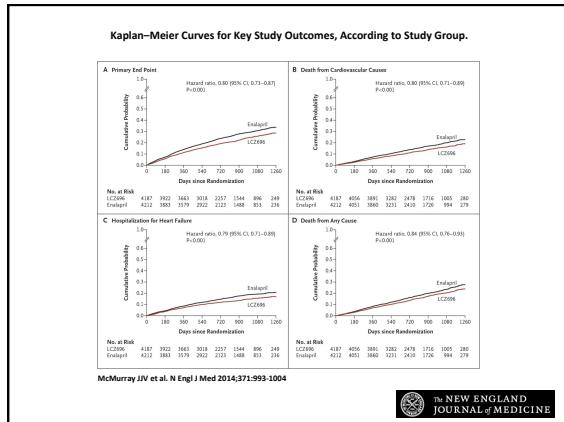
die pivotale Herzinsuffizienzstudien der letzten 30 Jahre- ihre Auswirkungen auf unsere Praxis auf der Intensivstation eine subjektive Zusammenstellung



Martin Hülsmann



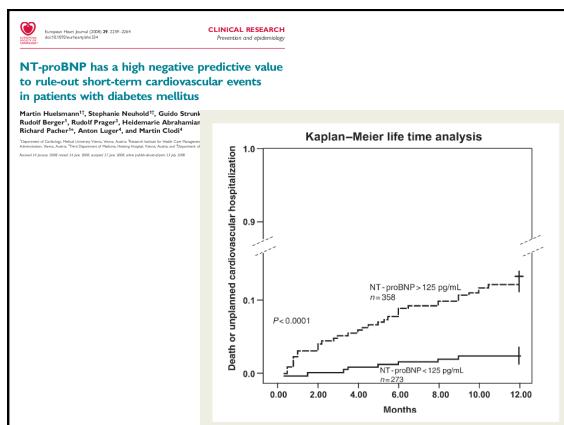


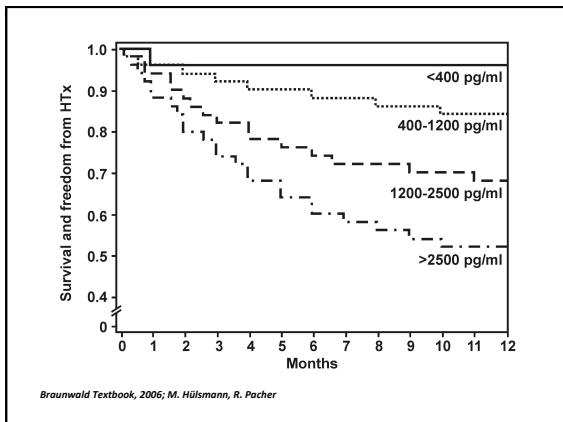
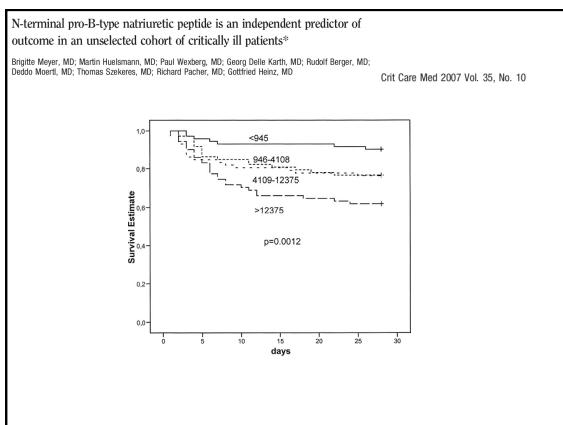
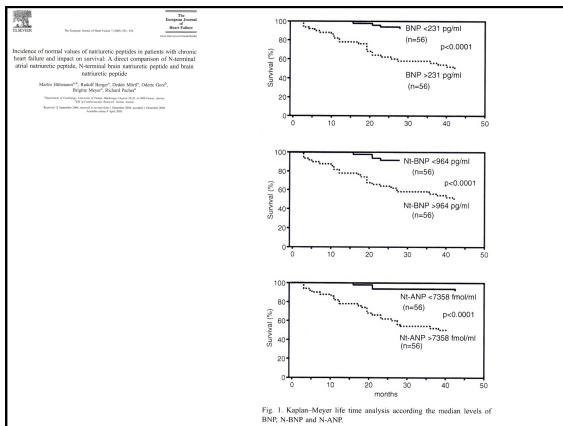


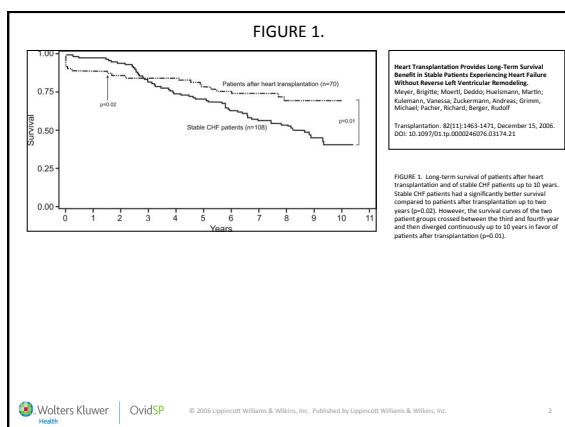
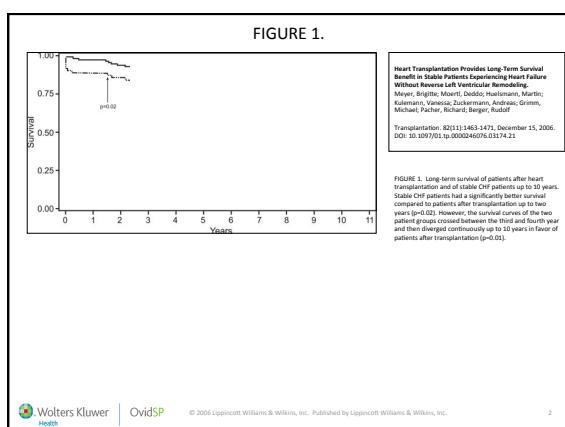
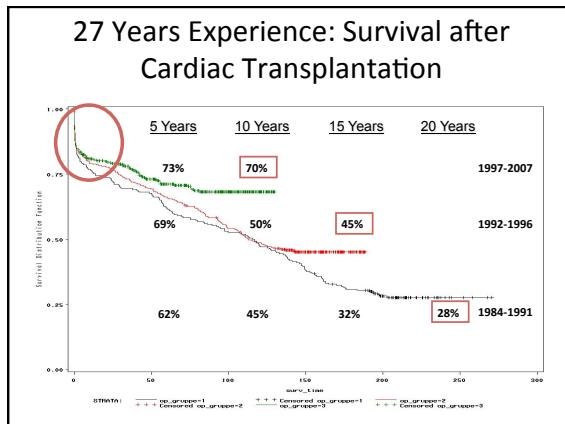
Recommendations regarding oral evidence-based disease-modifying therapies in patients with acute heart failure

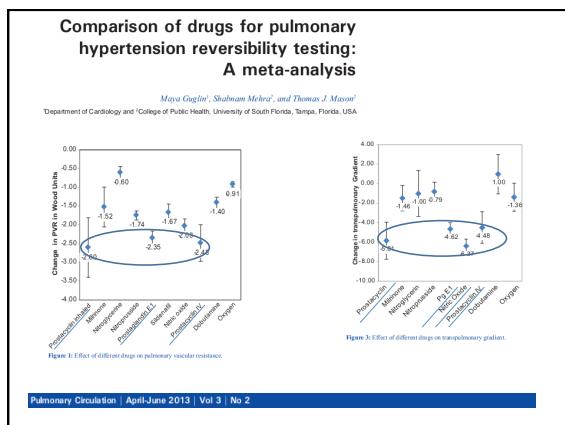
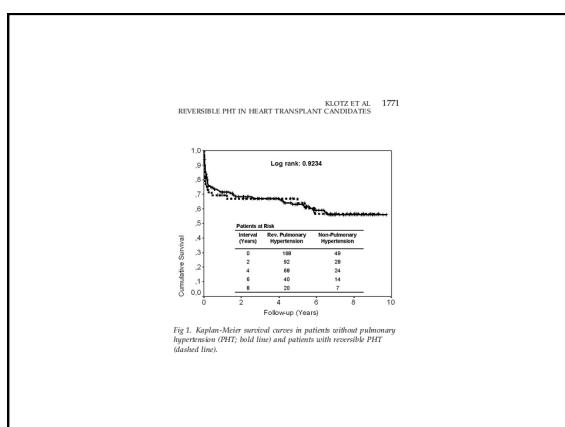
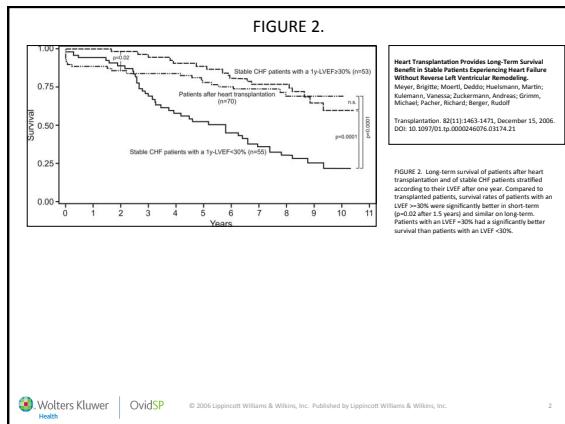
Recommendations	Class ^a	Level ^b
In case of worsening of chronic HFrEF, every attempt should be made to continue evidence-based, disease-modifying therapies, in the absence of haemodynamic instability or contraindications.	I	C
In the case of de novo HFrEF, every attempt should be made to initiate these therapies after haemodynamic stabilization.	I	C

AHF = acute heart failure; HFrEF = heart failure with reduced ejection fraction.
^aClass of recommendation.
^bLevel of evidence.









Bridging to Heart Transplantation: Prostaglandin E₁ Versus Prostacyclin Versus Dobutamine

Brighte Sonck, MD,^a Barbara Sturm, MD,^a Bernhard Frey, MD,^a
Martin Hülsmann, MD,^a Anja Bojic, MD,^b Rudolf Berger, MD,^a
Suzanne Rödler, MD,^c Gottfried Locker, MD,^c Michael Grimm, MD,^a
Günther Laufer, MD,^a and Richard Pacher, MD^a

The Journal of Heart and Lung Transplantation
Volume 18, Number 4 1999;18:358–366.

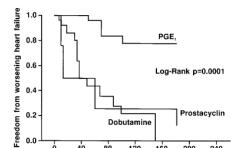
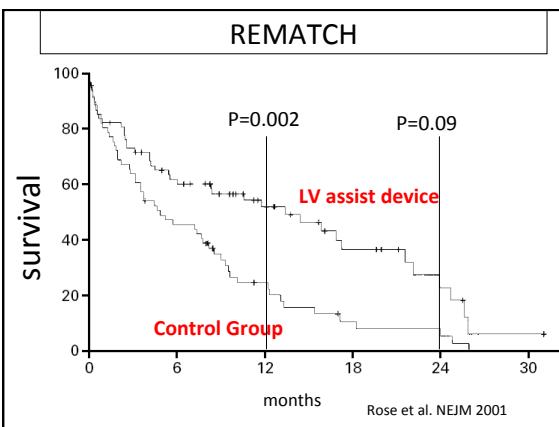
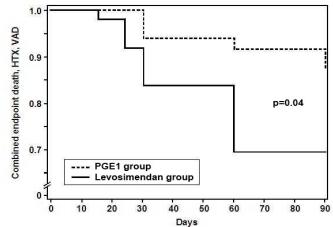


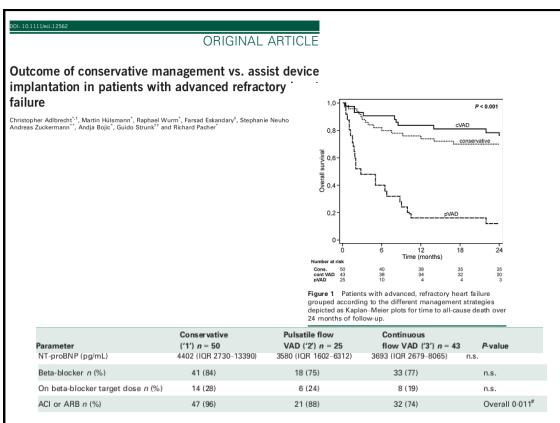
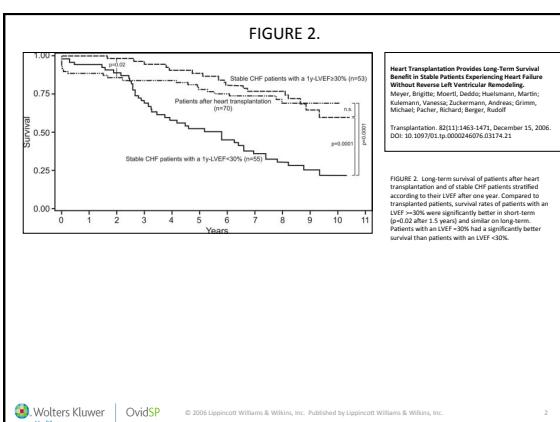
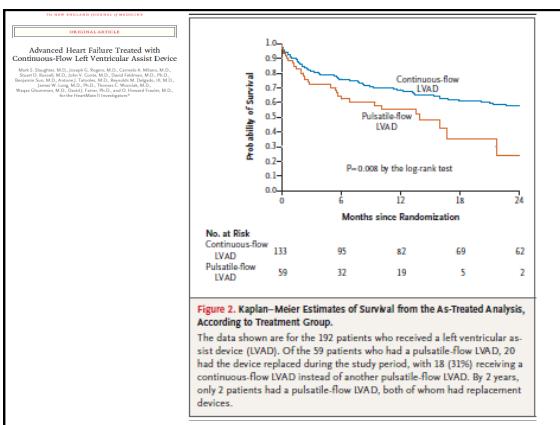
FIGURE 1 Kaplan-Meier analysis showing cumulative rates of eventfree survival (freedom from worsening heart failure) in the 3 study groups.

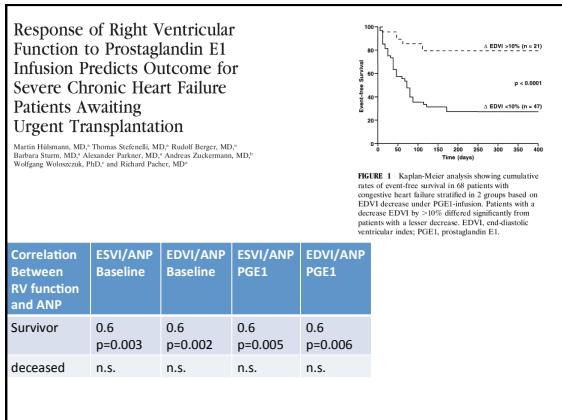
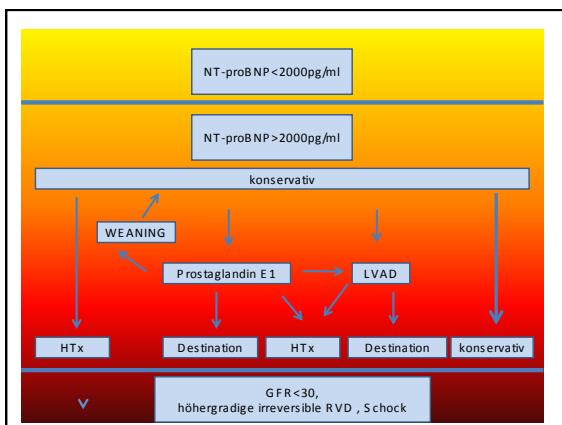
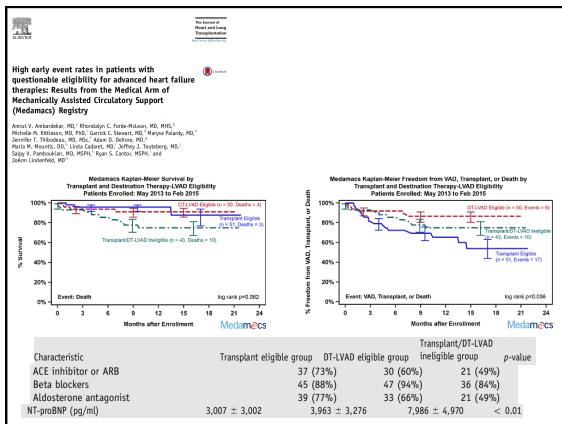


Levosimendan and prostaglandin E1 for up titration of beta-blockade in patients with refractory, advanced chronic heart failure

Rudolf Berger^a, Diddo Moertl^a, Martin Hülsmann^a, Anja Bojic^a, Roorbeh Almadi^a,
Isabell Hosenpflug^a, Richard Pacher^a

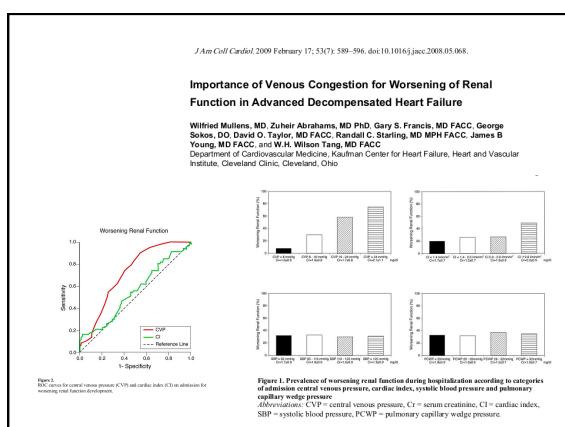


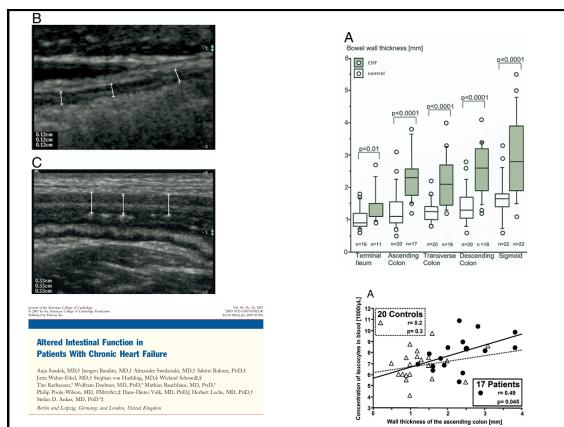
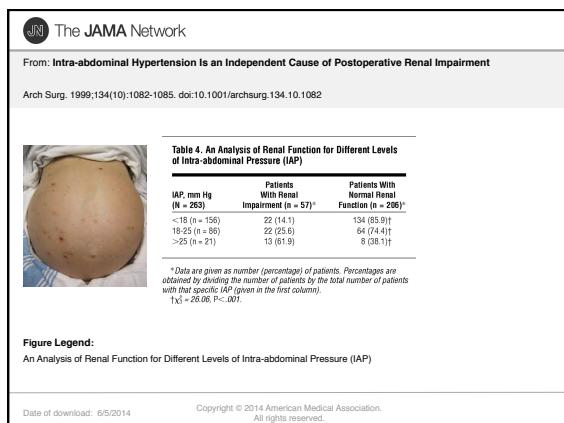
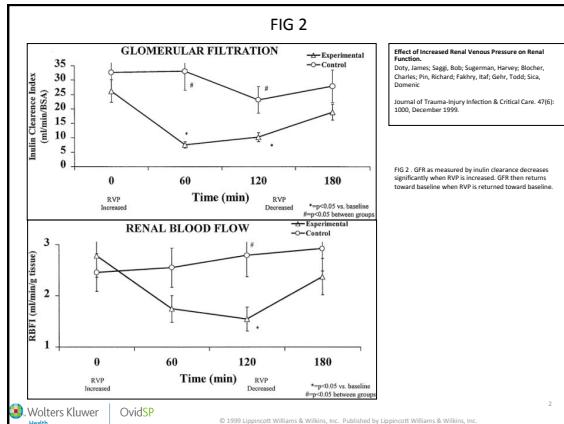


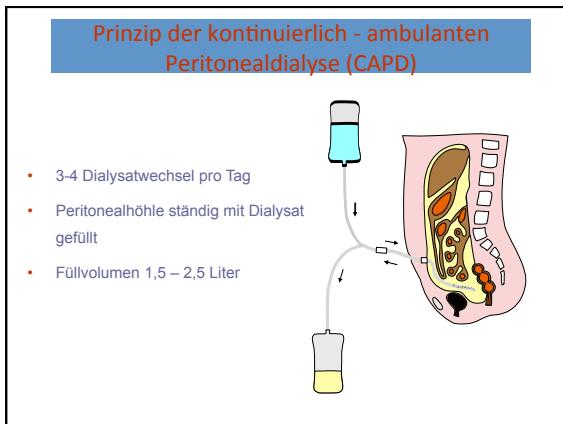
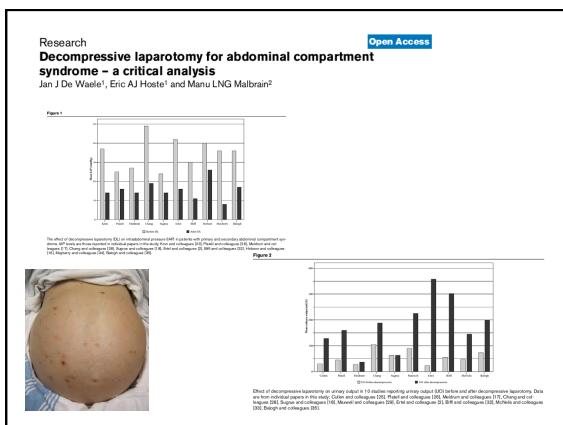
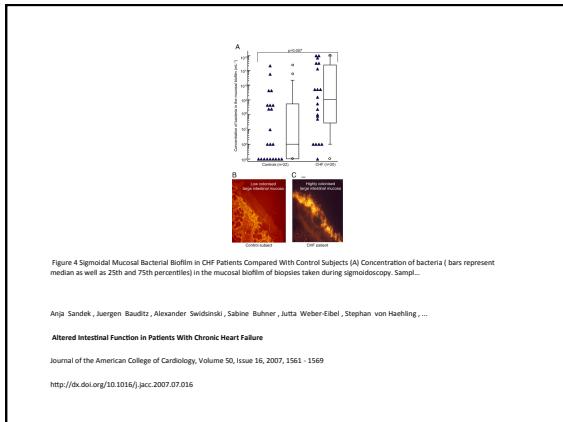


Korrelation Mit RBF	Korrelation	P-Wert
CI		n.s.
SVRI		n.s.
RR		n.s.
PAP	-0.65	<0.01
PCwP	-0.69	<0.01
ZVD	-0.47	<0.05
RVEF	0.49	<0.05

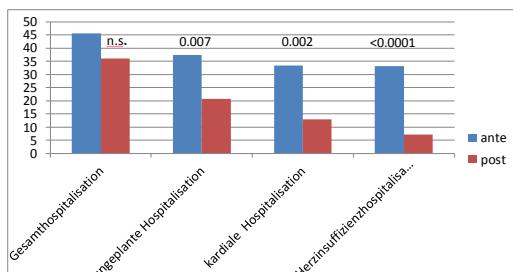
Kos T, Pacher R, Wimmer A, Bojic A, Hulsmann M. Wien Klin Wochenschr. 1998 Feb 13;110(3):89-95.







Hospitalisationen vor und nach PD



Vielen Dank Richard