

Integrated Management and Risk Dynamics During the Vulnerable Phase of Heart Failure: Insights from Recent Evidence

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Abstract

Heart failure remains a significant challenge for healthcare systems globally, associated with high hospitalization and mortality rates. Episodes of acute decompensation require immediate evaluation and hospital treatment; however, the greatest risk for adverse events occurs after discharge from the hospital. The first 3 months after discharge, known as the "vulnerable phase," are characterized by a high incidence of rehospitalization and mortality, making it a critical period for therapeutic intervention. This narrative review was based on a structured literature search in the PubMed/MEDLINE databases, focusing on European Society of Cardiology (ESC) guidelines and recently published clinical trials, with the aim of

identifying consensus on the management of the vulnerable phase and analyzing its applicability in our clinical practice.

This article summarizes the latest evidence on the importance of optimizing guideline-directed medical therapy, not only during the acute phase, but also in the period before and immediately after hospital discharge. Beyond the traditional focus on short-term acute stabilization, the pre-discharge phase is a key window for hemodynamic stabilization, decongestion, management of comorbidities, and titration of oral therapy. In parallel, early post-discharge follow-up based on clinical assessment, multidisciplinary coordination, patient education, and laboratory biomarkers improves risk

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stratification. Implementation of this integrated approach shifts the focus from isolated short-term management to strategies that significantly reduce adverse events during this transitional period.

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