

Syrian HF Awareness Days 2025

04-10 May 2025

The Syrian national campaign was a national initiative under the umbrella of the Syrian National Heart Failure Working Group. The aim of this campaign was to increase awareness of heart failure in Syria by targeting patients, healthcare workers, and the general population. This was the first time in 15 years that we were able to conduct such an effective campaign to raise awareness about heart failure in Syria, following years of war.

Awareness Campaign Organizers

Assoc. Prof. Amr Abdin and Dr. Asim Katbeh, on behalf of the Syrian Cardiovascular Association and the Syrian National Heart Failure Working Group, led this campaign.

It was conducted in collaboration with the Syrian EP National Working Group and supported by numerous physicians from both Germany and Syria. All organizers are acknowledged below. Additionally, the campaign received support from several other institutions and organizations.



1. Educational workshops were conducted for over 200 healthcare workers across the three largest hospitals in Damascus. These workshops provided intensive training on the importance of early diagnosis of heart failure, as well as proper methods for its diagnosis and treatment. A key focus was also placed on the importance of collaboration and networking among all healthcare professionals in the fight against this disease.



2. Many free device implantations were performed, including— for the first time—Left Bundle Branch Pacing (LBBP) and Cardiac Resynchronization Therapy (CRT) in public hospitals in Syria. These procedures were conducted in a teaching format, with Syrian physicians performing the implants under the supervision of physicians from Germany. This was a key initiative, as device therapy for heart failure remains significantly underutilized in Syria due to high costs and a lack of local expertise.



3. A large public event was held in the biggest shopping malls in Damascus. At each of these events, over 300 people participated. For every individual, a checklist was completed, which included questions about symptoms of heart failure. Blood pressure was measured in all participants, and cardiac auscultation was performed to identify previously undiagnosed abnormalities in the general population. For example, more than 30% of participants were identified with typical symptoms of heart failure or blood pressure disorders and were guided toward appropriate follow-up care.



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Age: _____

Shortness of breath: Yes / No

NYHA Class (if known): I / II / III / IV

Leg swelling (edema): Yes / No

Fatigue or reduced exercise tolerance: Yes / No

Nighttime urination (nocturia): Yes / No

Cardiac chest pain (angina or pressure): Yes / No

BMI: _____ kg/m²

Pulse: _____ bpm

Rhythm: Regular / Irregular

Blood Pressure: _____ / _____ mmHg

Random Blood Glucose: _____ mg/dL

Cardiac Auscultation: Normal / Abnormal








Visiting a cardiologist is recommended: Yes / No

4. During this week, large posters were distributed in the malls to raise awareness. They highlighted the main risk factors and symptoms of heart failure, and informed the public about when they should visit their doctor.

تعرف على مرض قصور القلب

هل تعلم : يؤثر فشل القلب على أكثر من 60 مليون شخص في جميع أنحاء العالم

عوامل الخطورة التي قد تؤدي إلى قصور القلب

أمراض الصمامات

العوامل الوراثية


داء السكري

البدانة







التدخين

ارتفاع التوتر الشرياني

أمراض القلب التكليلية



أعراض قصور القلب

التبول أثناء الليل

زيادة بالوزن

الشعور بالإرهاق

اضطرابات نظم القلب

تورم في القدمين

ضيق التنفس

إذا لاحظت أيًا من هذه الأعراض ، فيرجى طلب المشورة الطبية

في حالة الأعراض الحادة ، اطلب المساعدة فورًا على الرقم 110 هذا سيقفل من العواقب الدائمة

كلما كان التشخيص مبكرًا ، كانت نتائجك أفضل

#HeartFailureAwarenessWeek

heartfailurematters.org : للمزيد من المعلومات

5. #SocialMediaCampaign: This week, we shared informative posts for #HeartFailureAwarenessDays, focusing on the prevalence, risk factors, and treatment of heart failure. Our goal was to spread knowledge and engage the public in the fight against heart failure. We also created several educational videos in Arabic to raise awareness and further involve the community in combating this disease.



6. **Media Outreach:** We participated in several TV interviews to raise awareness and reach as many people as possible.

All videos are attached to the email.

7. As acute myocardial infarction is a major cause of heart failure in Syria, and to underscore the importance of proper treatment for these patients, we are proud to announce the launch of the Syrian National STEMI Registry! This initiative aims to collect valuable data and advocate for improved STEMI care across the country by informing healthcare policies and engaging policymakers.

Syrian STEMI registry	
<p>Patients' medical history</p> <p>Pat.ID:</p> <p>Age (year):</p> <p>Gender (1: male, 2: female):</p> <p>Height cm: Weight kg:</p> <p>Hypertension (0 no, 1: Yes):</p> <p>Smoking (0: no, 1: current, 2: Former):</p> <p>Hypercholesterolemia (0: no, 1: yes):</p> <p>DM (0: no, 1: yes):</p> <p>AF (0: no, 1: yes):</p> <p>Prior MI (0: no, 1: yes):</p> <p>Prior HF (0: no, 1: yes):</p> <p>Prior PCI (0: no, 1: yes):</p> <p>Prior CABG (0: no, 1: yes):</p> <p>Prior fibrinolysis (0: no, 1: yes):</p> <p>PVD (0: no, 1: yes):</p> <p>COPD (0: no, 1: yes):</p> <p>Stroke or TIA (0: no, 1: yes):</p> <p>Chronic kidney disease (0: no, 1: yes):</p> <p>Blood values:</p> <p>Hemoglobin:</p> <p>Creatinine:</p> <p>Trop:</p> <p>CK:</p> <p>Platelets:</p> <p>INR:</p> <p>PTT:</p> <p>Na⁺:</p>	<p>K⁺:</p> <p>TSH:</p> <p>CRP:</p> <p>Glucose:</p> <p>At presentation:</p> <p>Heart rate (bpm):</p> <p>BP (mmHg):</p> <p>Time from onset of symptoms to first medical contact (min):</p> <p>Time from onset of symptoms to arrival at the hospital (min):</p> <p>Cardiac arrest between onset of symptoms and arrival at the hospital (0: no, 1: yes):</p> <p>Pre-hospital aspirin (0: no, 1: yes):</p> <p>Pre-hospital heparin (0: no, 1: yes):</p> <p>Ongoing chest pain (0: no, 1: yes):</p> <p>VT or VF at arrival to hospital (0: no, 1: yes):</p> <p>mechanical complication of MI (0: no, 1: yes):</p> <p>Acute heart failure (0: no, 1: yes):</p> <p>Rhythm (Sinus: 1, AF: 2, Paced: 3):</p> <p>ST elevation (Leads 7):</p> <p>LBBB (0: no, 1: yes):</p> <p>Therapy at admission:</p> <p>Aspirin (0: no, 1: yes):</p> <p>UFH (0: no, 1: yes):</p> <p>LMWH (0: no, 1: yes):</p> <p>Streptokinase (0: no, 1: yes):</p> <p>Time from presentation to fibrinolysis (min):</p> <p>Primary PCI (0: no, 1: yes):</p> <p>Time from presentation to wire or balloon (min):</p> <p>Successful Fibrinolytic Therapy (0: no, 1: yes):</p> <p>Rescue PCI (0: no, 1: yes):</p> <p>Coronary angiogram during hospitalization (0: no, 1: yes):</p> <p>Planned coronary angiogram (days):</p> <p>At discharge:</p> <p>LVEF (%):</p> <p>Aspirin (0: no, 1: yes):</p> <p>Plavix (0: no, 1: yes):</p> <p>Prasugrel (0: no, 1: yes):</p> <p>Ticagrelor (0: no, 1: yes):</p> <p>MRA (0: no, 1: yes):</p> <p>Anticoagulation (NOAC: 1, VKA: 2):</p> <p>ACEI (0: no, 1: yes):</p> <p>ARBs (0: no, 1: yes):</p> <p>ARNI (0: no, 1: yes):</p> <p>Statin (0: no, 1: yes):</p> <p>Drug: dose:</p> <p>B-Blocker (0: no, 1: yes):</p> <p>Ezetimibe (0: no, 1: yes):</p> <p>PPi (0: no, 1: yes):</p> <p>SGLT2i (0: no, 1: yes):</p> <p>Antidiabetics (0: no, 1: yes):</p> <p>Drug:</p> <p>Outcomes:</p> <p>Did the patient survive hospital stay (0: no, 1: yes):</p> <p>Cause of death (1: CV, 2: non-CV):</p> <p>non-CV cause?:</p> <p>Strokes/TIAs (0: no, 1: yes):</p> <p>Intracranial hemorrhage (0: no, 1: yes):</p> <p>Major nonintracranial bleeding (0: no, 1: yes):</p> <p>After how many days was discharged:</p> <p>At 30 days:</p> <p>Death (0: no, 1: yes):</p> <p>Cause of death (1: CV, 2: non-CV):</p> <p>non-CV cause?:</p> <p>PCI performed during these 30 days (0: no, 1: yes):</p> <p>Date:</p> <p>Mobile No:</p>

Acknowledgment: Many thanks to all the physicians and medical staff who turned this campaign into reality and carried it out so effectively. Their dedication has greatly contributed to raising awareness of heart failure in Syria and advancing the fight against this serious condition:

- Dr. Yassin Bani Marjeh (Chair of the Syrian Cardiovascular Association)
- Dr. Nouredin Sawan (Chair of the Syrian EP Working Group)
- Dr. Ahmad Rasheed Al Saadi
- Dr. Mohamad Farfarawi
- Dr. Mohmad Al Ghazi
- Dr. Majd Nasar
- Dr. Barakt Shahin
- Dr. Alhasan Almasri
- Dr. Hussam Al Ghorani
- Dr. Obayda Azizy
- Dr. Mahdi Al Ammar
- Dr. Loay Jdeed
- Dr. Roula Elwan
- Dr. Tarek Bekfani
- Dr. Rahaf Ghanoume
- Dr. Anas Alkhaled
- Bashir Mouttwalli
- Alaa Olabi
- Mahmoud Ekayem