



# Diastolic Function

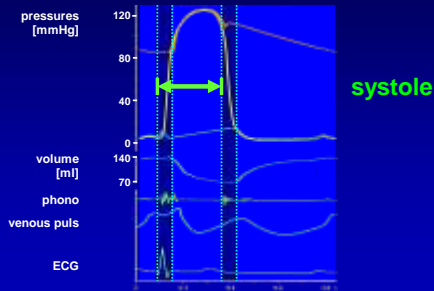
Jens-Uwe Voigt  
Dpt. of Cardiovascular Diseases  
Cath. University Leuven  
Belgium

## Diastolic Function

### What is that?

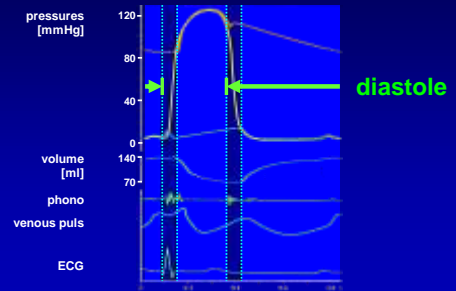
JU Voigt, University Leuven, Belgium

### Defining Systole



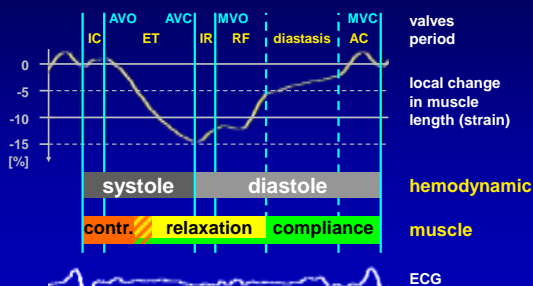
JU Voigt, University Leuven, Belgium

### Defining Diastole



JU Voigt, University Leuven, Belgium

### Defining Diastole

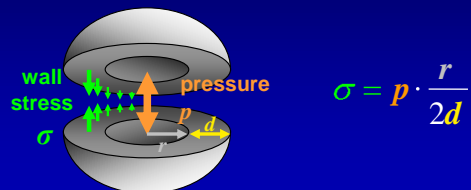


JU Voigt, University Leuven, Belgium

Brutsaert 1985

### Wall Stress vs. Cavity Pressure

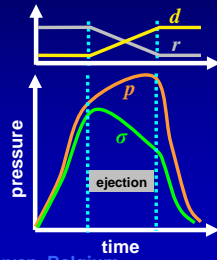
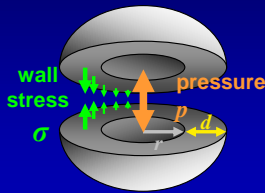
law of Laplace



JU Voigt, University Leuven, Belgium

## Wall Stress vs. Cavity Pressure

law of Laplace



JU Voigt, University Leuven, Belgium

## Diastolic Function

complex interaction of:

- compliance
- relaxation
- loading
- energy supply

... allowing adequate filling of the ventricle

JU Voigt, University Leuven, Belgium

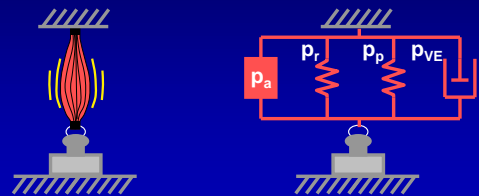
## Diastole

### Determinants of Diastolic Function

JU Voigt, University Leuven, Belgium

## Diastole

Model of LV Myocardium



JU Voigt, University Leuven, Belgium

## Diastole

Model of LV Myocardium

active elements

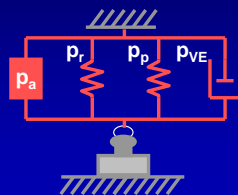
$p_a$  - actin / myosin

passive elements

$p_r$  - elasticity  
chamber restoring forces  
torsion

$p_p$  - EDPVR  
unstressed volume equilibrium

$p_{VE}$  - viscoelasticity  
flow / heart rate dependent



JU Voigt, University Leuven, Belgium

## Diastole

Model of LV Myocardium

active elements

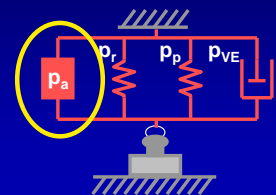
$p_a$  - actin / myosin

passive elements

$p_r$  - elasticity  
chamber restoring forces  
torsion

$p_p$  - EDPVR  
unstressed volume equilibrium

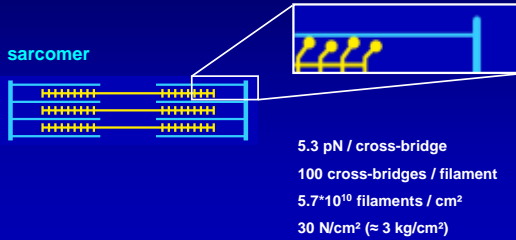
$p_{VE}$  - viscoelasticity  
flow / heart rate dependent



JU Voigt, University Leuven, Belgium

## Diastolic Function

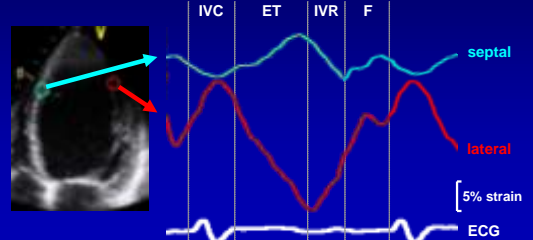
active: detachment of actin - myosin - bridges



JU Voigt, University Leuven, Belgium

## Diastolic Function

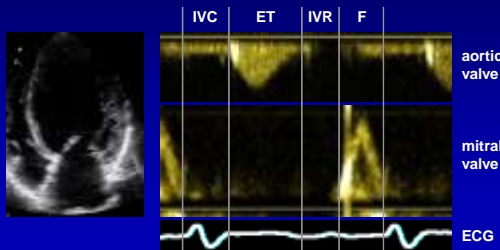
asynchronous activation / inactivation



JU Voigt, University Leuven, Belgium

## Diastolic Function

asynchronous activation / inactivation



JU Voigt, University Leuven, Belgium

## Diastole

Model of LV Myocardium

active elements

$p_a$  - actin / myosin

passive elements

$p_r$  - elasticity

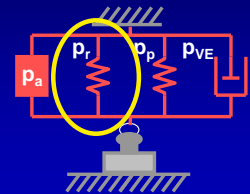
chamber restoring forces  
torsion

$p_p$  - EDPVR

unstressed volume equilibrium

$p_{VE}$  - viscoelasticity

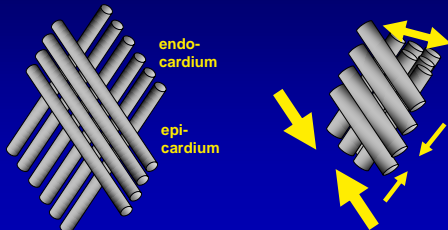
flow / heart rate dependent



JU Voigt, University Leuven, Belgium

## Myocardial Fibre Architecture

fibre / cross fibre shortening



JU Voigt, University Leuven, Belgium adapted from: Rademakers et al., Circ '94

## Relaxation

passive: restoring forces

- cross fibre shortening

- structural level

- collagen between fibres

and muscle layers

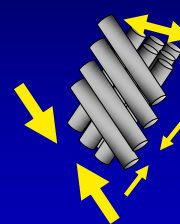
- titin in myocytes

- external modulation

- erectile function of coronary

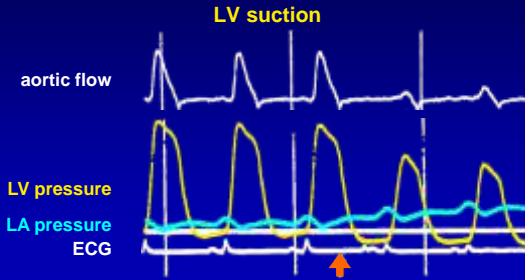
perfusion (?)

- filling pressure (pathologic)



JU Voigt, University Leuven, Belgium

## Diastolic Haemodynamics



JU Voigt, University Leuven, Belgium

## Diastole

### Model of LV Myocardium

#### active elements

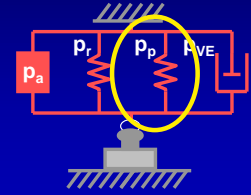
$p_a$  - actin / myosin

#### passive elements

$p_r$  - elasticity  
chamber restoring forces  
torque

$p_p$  - EDPVR  
unstressed volume equilibrium

$p_{VE}$  viscoelasticity  
flow / heart rate dependent



JU Voigt, University Leuven, Belgium

## Definitions

#### Compliance

$$C = \frac{\Delta \text{volume}}{\Delta \text{pressure}}$$

#### Stiffness

$$E = \frac{\text{stress}}{\text{strain}}$$

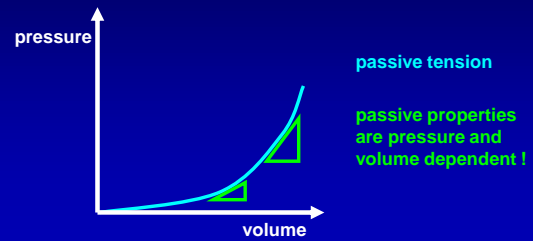
synonyms:

Young's modulus  
modulus of elasticity  
elastic modulus

JU Voigt, University Leuven, Belgium

## The Ventricle

### pressure - volume - relation



JU Voigt, University Leuven, Belgium

## Diastolic Function

### How to Assess it?

JU Voigt, University Leuven, Belgium

## Diastolic Function

#### traditional indices:

mitral inflow

pulmonary vein inflow

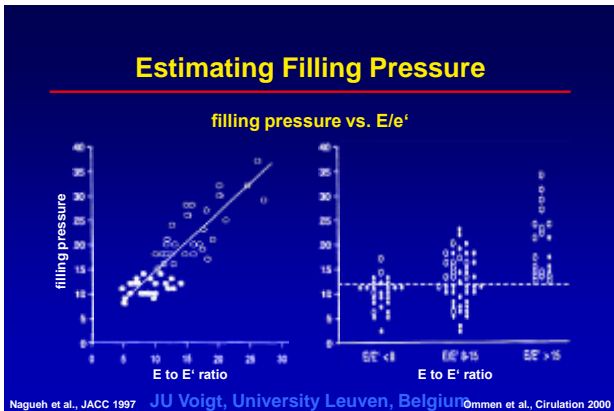
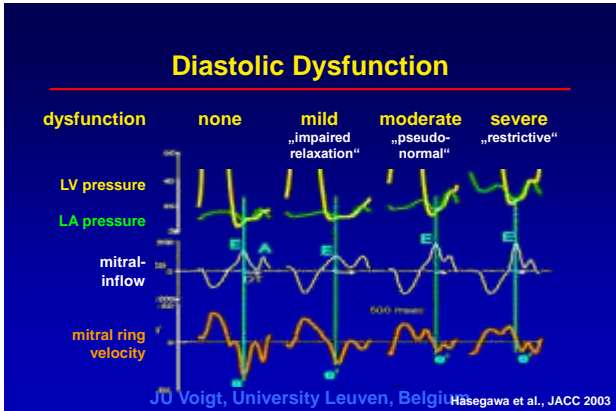
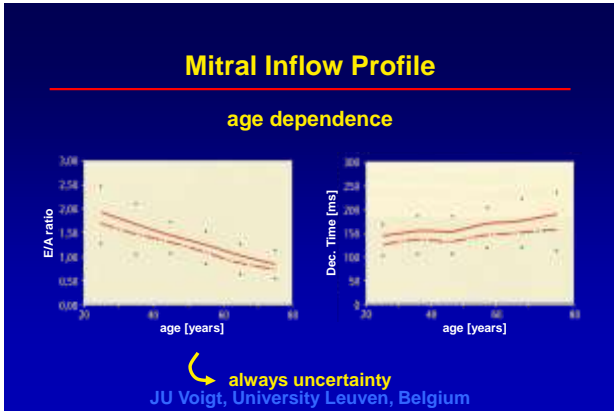
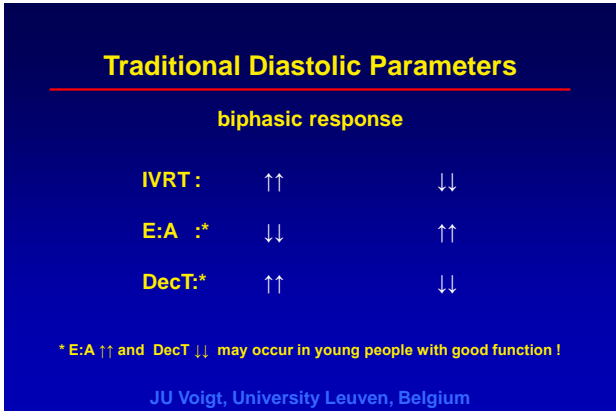
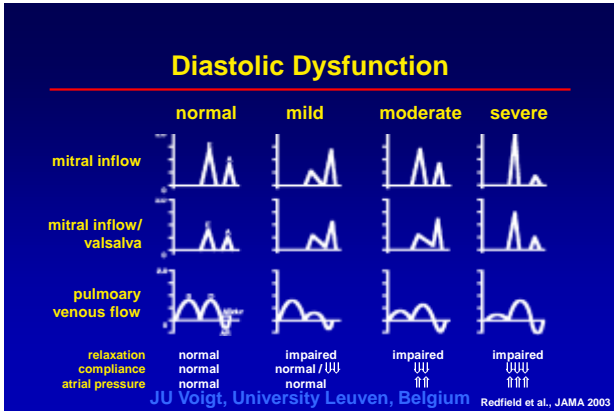
morphology

- LV wall motion / EF

- LV size / wall thickness

- LA size

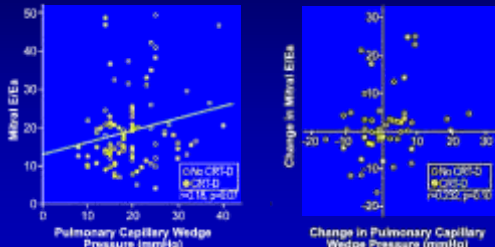
JU Voigt, University Leuven, Belgium



## E/e' and Diastolic Function

E/e' vs. filling pressure

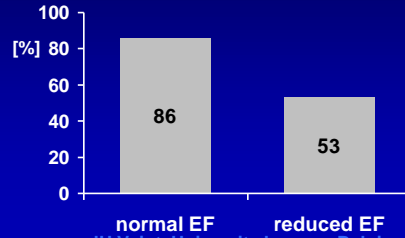
$\Delta E/e'$  vs.  $\Delta$  filling pressure



JU Voigt, University Leuven, Belgium Mullens, Circulation 2009

## E/e' and Systolic LV Function

correct detection of PCWP > 18mmHg

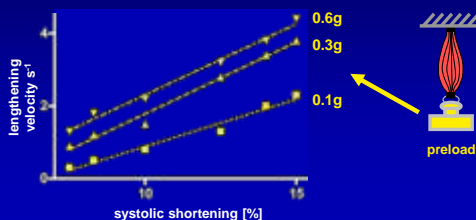


normal EF reduced EF

JU Voigt, University Leuven, Belgium Tschöpe et al., Circ 2009

## Diast. Lengthening Velocity

Depends on systolic function and preload !



JU Voigt, University Leuven, Belgium Goethals et al., Am J Physiol 1982

## E/e' and Diastolic Dysfunction

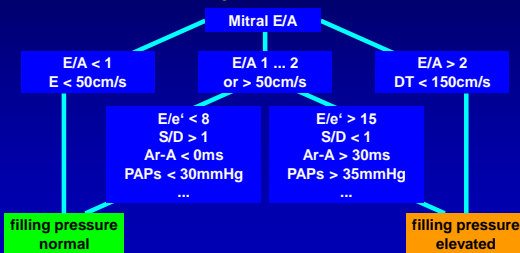
E/e' is unreliable in:

- normal healthy people
- overfilling
- mitral stenosis / ~insufficiency
- hypertrophic cardiomyopathy
- bad LV function / CAD
- bundle branch blocks / CRT
- constrictive pericarditis

JU Voigt, University Leuven, Belgium

## Estimation of Filling Pressures

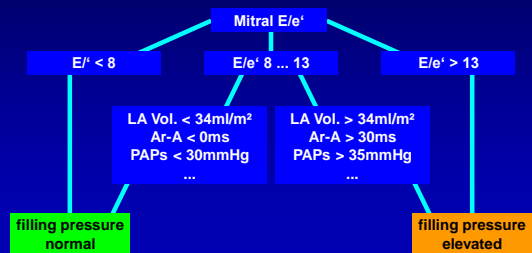
... with impaired LV function



EAE / ASE Recommendations (Nagueh et al., Eur J Echocardiogr 2009)

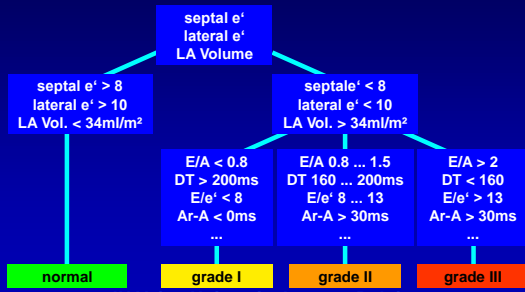
## Estimation of Filling Pressures

... with normal LV function



EAE / ASE Recommendations (Nagueh et al., Eur J Echocardiogr 2009)

## Assessment of Diastolic Function



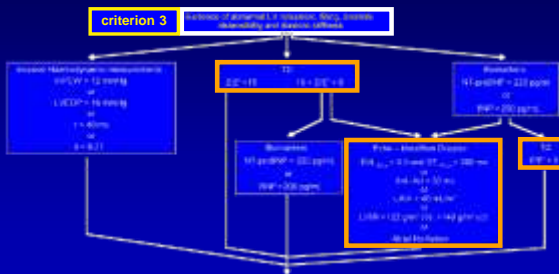
EAE / ASE Recommendations (Nagueh et al., Eur J Echocardiogr 2009)

## Diastolic Function

# Why measuring it?

JU Voigt, University Leuven, Belgium

## Diastolic Function and Diagnosis



EAE / EAHF criteria for diagnosing „HFNEF“  
Voigt, University Leuven, Belgium  
Eur Heart J 2007; 28, 2539-50

## Summary

Diastolic function of the LV is complex and multifactorially determined.

No Doppler-echocardiographic parameter alone allows a reliable diagnosis of elevated filling pressures in all cases.

The assessment of diastolic dysfunction is often difficult and rarely influences clinical decision making.

Diastolic function assessment should always consider all available echocardiographic parameters and clinical information.

JU Voigt, University Leuven, Belgium

See You at  
**Euroecho2012**  
& other imaging modalities  
Athens - Greece  
5-8 December