

Misinterpretation of indeterminate diastolic dysfunction: awareness and insights from a nationwide survey among Brazilian cardiologists

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Introduction: Cardiac diastolic dysfunction is highly prevalent and is associated with significant morbidity and mortality. The latest American Society of Echocardiography and European Association of Cardiovascular Imaging (ASE/EACVI) guidelines have simplified the definition of diastolic dysfunction and introduced the classification of indeterminate diastolic dysfunction (IDF). Despite these advancements, IDF remains poorly understood in clinical practice, with variable prevalence rates.

Purpose: This study aims to assess the understanding of IDF among non-echocardiographer cardiologists across Brazil, eight years after the guideline update.

Methods: A nationwide online survey was conducted among non-echocardiography readers cardiologists, distributed via mobile messaging platforms. A brief questionnaire, using anonymous responses, assessed awareness and interpretation of IDF.

Results: A total of 570 cardiologists participated from all regions of Brazil, with good representation across Southeast (29.65%), Central-West (23.80%), Northeast (18.77%), South (16.14%), and North (11.58%). Most participants (64.21%) had over ten years of clinical experience. While 71% correctly identified degrees 2 or 3 as indicative of elevated filling pressures, only 34.21% accurately understood the criteria for reporting IDF. Misconceptions attributing IFD included presence of pathologies that interfere with accurate assessment (49.12%) or technical limitations of echocardiography machines (3.33%) or lack of knowledge among echocardiographers (4.91%). Additionally, 46.7% encountered IDF rarely in reports, 33.51% believed it influenced patient management, and 43.51% felt that the examination could have been better executed.

Conclusion: Despite widespread knowledge of diastolic dysfunction grading, misinterpretation of DIF persists among Brazilian non-echocardiographer cardiologists. Enhanced education and perhaps clearer guidelines are necessary to improve clinical echocardiographic collaboration and accurate diagnosis.

What prompts the echocardiographer to include "indeterminate diastolic function" or "indeterminate diastolic dysfunction" in the report?



