**ECHOCARDIOGRAPHIC ASSESSMENT OF LEFT VENTRICULAR DIASTOLIC FUNCTION: AN UPDATE**

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Left ventricular (LV) diastolic dysfunction is an important contributor to symptoms of dyspnea and reduced exercise tolerance in patients with HFrEF and in those with HFpEF. Echocardiography can be used to diagnose diastolic dysfunction, to estimate LV filling pressures and to predict clinical events in several patient populations including patients with heart failure, CAD and atrial fibrillation. Assessment is based on 2D and Doppler findings including LV EF, left atrium (LA) maximum volume index, LV wall thickness, presence or absence of valvular heart disease. Importantly, mitral inflow velocities and time intervals, tissue Doppler derived mitral annulus early diastolic velocity (e’) and peak velocity of tricuspid regurgitation (TR) jet can be used in an algorithm that can be applied to patients with depressed EF and patients with normal EF and myocardial disease. In addition, there are novel indices that include LV global longitudinal and circumferential early diastolic strain rate and LA strain. Recent studies have shown not only the diagnostic but also the prognostication potential of these indices in patients presenting with acute MI and in patients with atrial fibrillation. Aside from noninvasive hemodynamic assessment at rest, exercise stress echocardiography can provide unique insights into LV diastolic function. Thus, a diastolic stress test can be considered in patients presenting with dyspnea but who have normal LV filling pressures at rest.