**THE ROLE OF LEFT ATRIAL STRAIN IN HEART FAILURE**

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Left atrial dysfunction, a hallmark of heart failure with preserved ejection fraction (HFpEF) and often present in heart failure with reduced ejection fraction (HFrEF), has been historically measured with volumetric (echocardiographic, cardiac computed tomography, and cardiac magnetic resonance [CMR]) and Doppler methods and more recently with echocardiographic deformational imaging (longitudinal strain and strain rate) and feature tracking (FT)-CMR strain. Left atrial strain and strain rate represent novel, non-invasive, and reproducible methods for quantifying LA function that have been most frequently measured with speckle-tracking echocardiography, and to a lesser extent, with FT-CMR. In both HFpEF and HFrEF, LA strain may more accurately estimate cardiac filling pressures; and predict functional status, peak VO2, and mortality when compared to conventional non-invasive assessments. However, the vast majority of studies have been on stable, compensated HF patients; results of ongoing studies should provide data regarding LA strain in patients with acute decompensated HF. Despite considerable data demonstrating the utility of LA function, for a number of reasons, risk stratification strategies incorporating these parameters are not currently exploited in clinical practice. Technological improvements in spatial and temporal resolution, automation and other attempts to reduce variability, and standardization among platforms and vendors will enhance the utility of atrial functional analysis