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When the Heart Can't Relax

Heart failure with preserved ejection fraction (HFpEF), where the heart squeezes normally but fills poorly, and how it's treated.

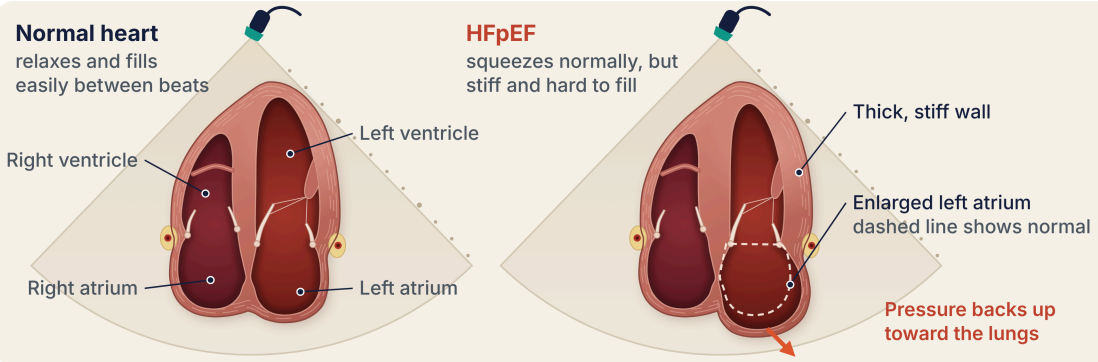
≥50%
ejection fraction in HFpEF, a normal or near-normal squeeze

18–21%
fewer heart failure hospital stays and heart deaths, counted together, on an SGLT2

<130/80
blood pressure target, in mmHg, for most patients

WHAT IT MEANS

A heart that squeezes but can't relax



Ejection fraction

The share of blood the left ventricle pumps out with each beat. In HFpEF it is 50% or higher, a normal or near-normal squeeze.

Shown as on the echo screen, with the tip of the heart at the top

Your left ventricle squeezes to push blood out and relaxes to let blood in. In HFpEF the squeeze stays normal, but the muscle grows stiff, often after years of high blood pressure, as tiny collagen fibers build up between its cells. The stiff chamber fills poorly, and pressure backs up into the lungs, causing shortness of breath, especially during activity.

WHO GETS IT

What stiffens the heart

High blood pressure
Present in about 90% of Dr. Rasch's HFpEF patients. Years of high pressure thicken and stiffen the muscle.

Age, and being a woman
The heart naturally stiffens with age. Women are affected more often than men, possibly because of hormone changes after menopause.

Weight and diabetes
Extra weight and diabetes both drive inflammation throughout the body. Diabetes also affects the small blood vessels that feed the heart muscle.

AFib and sleep apnea
An irregular rhythm makes the heart harder to fill. Repeated drops in oxygen during sleep strain the heart.

Real heart failure

A normal ejection fraction doesn't mean your heart is fine. HFpEF can be just as serious as other kinds of heart failure, and brushing it off can lead you to ignore symptoms or skip treatment you need.

HOW IT'S TREATED

Treat the stiff heart and what feeds it

CORE TREATMENT

SGLT2 inhibitor	Dapagliflozin or empagliflozin, with or without diabetes. In two large trials, heart failure hospital stays and heart deaths counted together fell 18% and 21%, almost all from fewer hospital stays. Heart deaths alone did not fall significantly. May not suit severe kidney disease or past ketoacidosis.
Water pill (diuretic)	Clears fluid that backs up into the lungs and legs. If your breathing or leg swelling gets worse, the dose may need to change quickly. Taking off too much fluid can make you feel worse, so a little swelling may be acceptable.
GLP-1 medicine	With obesity, semaglutide or tirzepatide eases symptoms, improves walking distance and lowers weight, though the effect on heart failure events is unsettled.
Aldosterone blocker	Finerenone (Kerendia) is FDA-approved when the ejection fraction is 40% or higher. It cut worsening heart failure events but can raise potassium, so blood work is checked.
Blood pressure control	A top-level guideline recommendation (Class 1). The usual target is below 130/80 mmHg, using an ACE inhibitor, an ARB or a calcium channel blocker. Pressure that drops too low can make you feel worse, especially if you're older.

TREAT WHAT FEEDS IT

AFib	Getting the rhythm back to normal can ease HFpEF symptoms. A blood thinner to prevent stroke is weighed against your bleeding risk.
Diabetes and weight	SGLT2 and GLP-1 medicines help the heart beyond blood sugar. If you're frail or have lost muscle, lose weight slowly.
Sleep apnea	CPAP or another treatment often brings a noticeable improvement in heart failure symptoms.
Exercise	Cardiac rehab staff and physical therapists can build an exercise program around your heart's limits that progresses gradually and safely.

READING YOUR ECHO REPORT

Diastolic dysfunction	Means the muscle doesn't relax normally between beats. It's common with age, high blood pressure and diabetes, and many people with it feel fine and never develop heart failure.
HFpEF	Diagnosed when those heart changes cause symptoms such as shortness of breath or swelling. On the echo, an E/e' ratio of 15 or higher usually means high pressure inside the heart, and an enlarged left atrium also points toward HFpEF.
BNP blood test	Can help, though levels may read low with extra weight and high with kidney problems or AFib.
If it's still unclear	A treadmill test that also measures breathing (cardiopulmonary exercise test), or occasionally a right heart catheterization to measure pressures inside the heart.

DAILY SELF-CARE

Avoid excess salt and NSAIDs such as ibuprofen and naproxen. Limit fluids only if told to. Weigh yourself each morning, and ask your care team what gain should prompt a call and which medicines to hold on sick days.

READ THE FULL ARTICLE

damianrasch.com/hfpef

For education only, and not a substitute for advice from your own physician. Sources include the 2022 AHA/ACC/HFSA heart failure guideline, the 2026 ACC Expert Consensus Decision Pathway on HFpEF, the 2026 ADA Standards of Care, and reviews in JACC (2023) and NEJM (2025).

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