



Royal College of Physicians

Professor Andrew Clark's biography

Professor Clark was educated at Pembroke College, Cambridge, and trained in medicine at the Westminster Medical School. He trained in cardiology at Manchester Royal Infirmary, the National Heart and Lung Institute (London) and the Western Infirmary, Glasgow. Whilst at the National Heart and Lung Institute, under the guidance of Philip Poole-Wilson and Andrew Coats, he developed an interest in exercise physiology, particularly in patients with heart failure.

He became a Professor in 2009. He is responsible for running the heart failure service in Hull, and he plays an active role in the day-to-day provision of cardiology services to the population of Hull and the East Riding of Yorkshire.

Professor Clark is an international recognised expert in heart failure, and is a frequently invited speaker to conferences of all sorts. He has published over 300 papers, principally in the field of heart failure, but including papers on primary care and even contraception.

He is past chair of the British Society for Heart Failure, and is a member of the working groups for Heart Failure and Cardiac Rehabilitation and Exercise Physiology in the European Society of Cardiology. He is currently chair of the Heart Failure Alliance, which has led on advising the All-Party Parliamentary Group on Heart Failure in its production of its report on heart failure. He chairs steering committees for multicentre clinical trials, is on the National Audit for Heart Failure steering group, and is on the editorial boards of several national and international medical journals.

Presentation summary

Acute heart failure: where have we all gone wrong and how do we now need to get it right?

Problems arise in medicine (as in life) when entities are insufficiently characterised. Labelling a patient as having "acute heart failure" pre-supposes that it is a discrete entity with an understood pathophysiology and hence, potentially treatment. The fallacy has led to many years of wasted activity generating neutral trials. In trials of patients with acute heart failure, AHF has been imprecisely defined and trial inclusion criteria often don't seem to describe properly the patients they are trying to recruit. All have proved neutral so far. Trials seem to be designed for patients who have acute pulmonary oedema, but most patients are hospitalised because they have peripheral, not pulmonary, oedema. Whether it is even possible to recruit, consent and randomise patients who present very ill with pulmonary oedema is very debatable, especially as trials usually specify as exclusion criteria those very conditions that precipitated the pulmonary oedema in the first place. The beginning of wisdom is the definition of terms. To get trials for acute heart failure right, we need to characterise properly the condition being treated, its precipitants and its natural history. Only then can an intervention be properly tested.