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Cardiovascular *Editorial*

Simple Tools to Detect Diastolic Dysfunction

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The above article is pertinent both from a clinical and academic perspective for the following reasons:

1. It reinstates the importance of the electrocardiogram (ECG) in our day-to-day clinical practice.[1]
2. It gives us an additional tool to identify diastolic dysfunction.[2]
3. It highlights that we should be aware of the gender differentials while interpreting the ECG. We should, furthermore, be conscious of the difference in the way hypertension presents and progresses in men and women.

With the advent of echocardiogram, the utility of ECG in assessing the cardiac chambers diminished. Indeed, in practice, most of us use the ECG to study arrhythmia, ischemia, and electrolyte abnormalities. The advantage of echocardiography as a tool to study systolic and diastolic function became manifest.

The assessment of diastolic function on echocardiography could be qualitative at times. There is a discrepancy between the E/A ratios by conventional Doppler at the LV inflow with other parameters such as the deceleration time and the isovolumetric relaxation time.[3]

Furthermore, correlation with tissue Doppler introduces additional elements of mismatch. As a thumb rule in such cases, we follow the E/E' to determine diastolic dysfunction. This could be more problematic in newly detected hypertensives where diastolic dysfunction is in its incipience.

The parameters identified on the ECG in this study such as the P wave configuration, QRS widening, and ST-T changes[4] could add value in such cases. As we practice it in large number of cases, we could standardize these for routine use.

We have found gender differences in the pattern of cardiac disease,[5] in the propensity for these disorders to be diagnosed; unfortunately, also in the access to care.

This study shows us that we have to be sensitized to such difference in our interpretation of the various diagnostic modalities as well.

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