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Diagnosis and Treatment of Chronic Heart Failure

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Resume. Chronic heart failure (CHF) is a clinical syndrome with typical complaints (shortness of breath, fatigue, leg edema) and manifestations (high pressure in the jugular veins, leg edema, wheezing in the lungs) caused by structural and/or functional changes in the heart that led to a reduced cardiac output and/or increased intracardiac pressure at rest or during exercise.

Keywords: heart failure, diagnosis, edema, treatment.

Introduction. Heart failure is characterized by a change in the structure or function of the heart, leading to its inability to deliver oxygen according to tissue demand despite normal filling pressure [3,6].

In accordance with current international recommendations, chronic heart failure (CHF) is defined as a syndrome in which the patient has typical complaints (shortness of breath, leg edema, fatigue) and symptoms (increased venous jugular pressure, wheezing in the lungs, displaced apical impulse) as a result of changes structure or function of the heart [1,4].

Heart failure can manifest itself in both decreased and normal left ventricular ejection fraction (LVEF). Hereinafter, CHF is considered only with reduced LVEF as the most common variant in patients after myocardial infarction [2,5].

In the primary health care sector, there are many patients with CHF of various origins, while the tactics of managing these patients at the outpatient stage in the initial stages of heart failure have not been sufficiently studied, which indicates the absence of clear criteria for diagnosing CHF in the earliest period of its development at the outpatient stage. At the same time, practicing doctors in outpatient practice do not sufficiently use the diagnostic capabilities of echocardiography (ECHO KG), although in many respects the choice of CHF therapy depends on the prevalence of systolic or diastolic LV dysfunction [1,3].

With a high percentage of the occurrence of CHF diagnosis in patients with cardiovascular diseases, there is a small number of studies confirming this diagnosis, which prepares good ground for verification of the existing CHF diagnosis. Evaluation of the prognosis of survival from all causes, the prescription of drugs in patients with CHF diagnosis has been repeatedly studied by the authors of various studies, however, the data obtained at the beginning of the 2000s are outdated, which emphasizes the importance of assessing the compliance of non-drug and drug therapy prescribed to patients with CHF diagnosed at an outpatient clinic link, international recommendations [2,6]

Purpose of the study: To study the possibilities of differential diagnosis and optimal treatment of chronic heart failure in a city polyclinic.

Material and methods of research: A prospective observational study of patients who visited a therapist in the polyclinic of the AOMP B in Andijan during the year was carried out.

Results of the study: 29.8% of patients had "mild" criteria for the diagnosis of chronic heart failure (CHF) from the total annual reception of the cardiologist of the polyclinic. As a result of the examination, the diagnosis of CHF was confirmed in 50.3% of cases. In other patients, including 33.3% of men and 59.5% of women, alternative causes of complaints were identified: COPD (10.8%), hypothyroidism (9.2%), transient myocardial ischemia (9.2%), obesity (10.3%), psychogenic causes (4.3%), anemia (3.2%), arrhythmias (2.2%).

In 90.8% of cases, the differential diagnosis of CHF was completed in a polyclinic and a district diagnostic clinical center, and only 9.2% of patients required additional examination in a specialized cardiological institution. The inability to study brain natriuretic peptide for screening, territorial remoteness and the expectation of studies in the district clinical center contributed to an increase in the time (on average up to 101.8 ± 88 days) and cost of the



examination (8.03 ± 2.1 diagnostic services per person), as well as dropout from the study 36.1% of patients with suspected CHF.

Patients with verified CHF matched by sex (equal number of men and women), etiology, average NYHA functional class (2.1 ± 0.7) and the proportion of people with low left ventricular ejection fraction (44.1%) to the contingent of the European register EuroHeart Failure survey, but differed in a younger age (64.8 ± 10.6 years) and a higher prevalence of arterial hypertension (74.2%), similar to patients in the Russian EPOCH-O-CHF register.

ACE inhibitors or angiotensin II receptor antagonists were prescribed 95%, recommended β -blockers - 91%, spironolactone - 71%, diuretics - 90%, digoxin - 27%, statins - 61% of patients with CHF. In CHF with low LVEF, the target doses of ACE inhibitors / ARAP and β -blockers were achieved, respectively, in 51% and 44%, at least 50% of the target doses - in 68%, the target heart rate - in 83% of cases, which required the addition of ivabradine in 23 % of patients with sinus rhythm. The use of oral anticoagulants remained insufficient, which could only be prescribed to 43.2% of patients with appropriate indications.

Conclusion. The present study contributes to the development of ideas about a typical patient with a diagnosis of CHF observed in a real outpatient practice. The results of this work significantly supplement and clarify the data on the conduct of diagnostic measures and the formulation of the diagnosis of CHF. In addition, the data obtained will allow us to analyze the features of therapy for patients with CHF diagnosis in a real outpatient practice.

The data obtained reflect the features of the course and prognosis of CHF, taking into account comorbidity, which can help predict the risk of death and show potential ways to reduce it.

Achievement of target doses of the main recommended drugs was prevented by arterial hypotension (39%), bradyarrhythmias (17%), bronchial obstruction (12%), hyperkalemia (5%), obliterating atherosclerosis of the arteries of the lower extremities (5%) and decreased glomerular filtration rate (2%) ... On average, blood pressure, potassium and blood plasma creatinine remained within the normal range.

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