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PROBLEMS OF DIAGNOSIS OF CHRONIC HEART FAILURE AND MODERN WAYS TO SOLVE THEM

Resume: Seeing the last 5 years, this problem has been considered at the level of the policy of our state, and this indicator has decreased as a result of the fact that much attention is paid to a healthy lifestyle among the population. This result was achieved primarily due to the development of a system of care for patients with acute pathology (acute coronary syndrome and stroke). As part of the Vascular Program, an effective network of vascular centers was created, high technologies of treatment and rehabilitation of patients were introduced.

This article is devoted to the diagnosis of cardiovascular diseases by modern methods, highlighting the degree of prevalence of these diseases among residents of the Fergana Valley and the issues of their early diagnosis, treatment and prevention.

Keywords: chronic heart failure, Ferghana Valley, diagnosis, treatment, prevention.

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ПРОБЛЕМЫ ДИАГНОСТИКИ ХРОНИЧЕСКОЙ СЕРДЕЧНОЙ НЕДОСТАТОЧНОСТИ И СОВРЕМЕННЫЕ ПУТИ ИХ РЕШЕНИЯ

Резюме: Видя последние 5 лет, эта проблема рассматривалась на уровне политики нашего государства, и этот показатель снизился в результате того, что среди населения уделяется большое внимание здоровому образу жизни. Этот результат был достигнут в первую очередь благодаря развитию системы ухода за пациентами с острой патологией

(острый коронарный синдром и инсульт). В рамках Сосудистой программы была создана эффективная сеть сосудистых центров, внедрены высокие технологии лечения и реабилитации пациентов.

Данная статья посвящена вопросам диагностики сердечно-сосудистых заболеваний современными методами, освещая степень распространенности этих заболеваний среди жителей Ферганской долины и вопросы их ранней диагностики, лечения и профилактики.

Ключевая слова: хроническая сердечная недостаточность, Ферганская долина, диагностика, лечения, профилактика.

Relevance. Heart failure is characterized by a change in the structure or function of the heart, leading to its inability to deliver oxygen in accordance with the need of tissues, despite the normal filling pressure [3].

In accordance with modern international recommendations, chronic heart failure (CHF) is defined as a syndrome in which a patient has typical complaints (shortness of breath, swelling of the legs, fatigue) and symptoms (increased venous jugular pressure, wheezing in the lungs, displaced apical thrust) as a result of changes in the structure or function of the heart [5].

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

The prevalence of clinically pronounced CHF in the population is at least 1.8-2.0%. Among people over 65 years of age, the incidence of CHF increases to 6-10%, and decompensation becomes the most common cause of hospitalization of elderly patients[4]. The number of patients with asymptomatic LV dysfunction is at least 4 times higher than the number of patients with clinically pronounced CHF.

In 15 years, the number of hospitalizations diagnosed with CHF has tripled, and in 40 years it has increased 6 times. The five-year survival rate of patients

with CHF is still below 50%. The risk of sudden death is 5 times higher than in the population.

There are more than 2.5 million patients with CHF in the USA[5], about 200 thousand patients die annually, the 5-year survival rate after the appearance of signs of CHF is 50%.

The diagnosis of heart failure in patients with preserved ejection fraction in asymptomatic patients is the most difficult, since the symptoms are nonspecific and can be caused by several alternative extra-cardiac conditions, such as chronic lung diseases, anemia and chronic kidney diseases [3].

For differential diagnosis and prediction of the course of heart failure, laboratory and instrumental methods are used to identify specific biomarkers or functional and structural changes in the myocardium.

The number of biomarkers studied for use in the diagnosis, monitoring and prediction of the course of heart failure is extensive, but only some of them are presented in clinical practice.

The purpose of the study. To study the possibilities of differential diagnosis and optimal treatment of chronic heart failure in the Andijan region.

Material and methods of the study. A prospective observational study of patients who turned to a therapist in the polyclinics of AOMPБ during the year was conducted. Andijan.

Results of the study. As a result of the examination, the diagnosis of CHF was confirmed in 50.3% of cases. In the remaining 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

lack of the possibility of studying the brain natriuretic peptide for screening, territorial remoteness and waiting for studies at the district clinical center contributed to an increase in the time (up to 101.8 ± 88 days on average) and the cost of examination (8.03 ± 2.1 diagnostic services per person), as well as the withdrawal from the study of 36.1% of patients with suspected CHF.

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

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, target doses of ACE inhibitors/ARAP and β -blockers were achieved in 51% and 44%, respectively, at least 50% of the target doses - in 68%, 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 only 43.2% of patients who had appropriate indications were able to prescribe.

Conclusion. Thus, modern diagnosis of CHF is based not only on the determination of clinical symptoms of the disease during questioning and physical examination, but also on the use of modern highly informative laboratory and instrumental methods.

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