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CHRONIC HEART ACTIVITY DEFICIENCY

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Abstract: The heart is one of the most important organs of the body and is vital. The heart is the organ that supplies blood to other parts of the body. Chronic heart failure is a condition in which the heart cannot supply enough blood. This can lead to heart fatigue, weakness, and other health problems. This article will consider an overview of chronic heart failure, symptoms, risk factors, treatment and prevention methods.

Keywords: SYuFE, symptoms, possible preventions, functions, process, patients

Introduction: Chronic heart failure is a condition that occurs as a result of insufficient circulation of the heart. If the heart is unable to transport blood to other parts of the body, a lack of oxygen and nutrients can occur in the body. In this case, the heart begins to work harder and weakens over time.

Chronic heart failure usually occurs slowly and can worsen over time. That is,Chronic heart activity failure (SYuFE) is a heart disorder of the function of the circulatory system (pump) with the corresponding symptoms, which consists in the inability to supply the amount of blood necessary for the normal functioning of organs and tissues.

Thus, this is an imbalance between the state of circulation and the exchange of substances, which increases with an increase in the activity of vital processes. Of the modern clinical positions, SYuFE is a disease with a complex of characteristic symptoms (shortness of breath, fatigue and decreased physical activity, edema, etc.) that are not associated with adequate perfusion of organs and tissues at rest or during exercise.

Chronic heart failure is characterized by repeated episodes of exacerbation (decompensation), manifested by a sudden or often gradual increase in symptoms and symptoms of SYufe.

Symptoms of chronic heart failure usually begin with a slow change in heart function. Patients, first of all, experience symptoms such as shortness of breath, fatigue, cough, swelling in the leg, abdominal swelling and pain in the legs. Other

symptoms may include sleep disorders, loss of appetite, rapid heartbeat, irregular heartbeat, and respiratory problems.

Chronic heart failure is more common in the elderly, but can occur at any age. In addition, risk factors such as high blood pressure, diabetes, obesity, heart disease, kidney disease, smoking, alcohol consumption and high cholesterol contribute to the development of chronic heart failure.

SYufe can develop against the background of almost any disease of the cardiovascular system, but the main three are the following supranosological forms: coronary heart disease, arterial hypertension and heart defects.

DKM is a rare disease of indeterminate etiology that develops at a relatively low age and quickly leads to cardiac decompensation. The easiest way to identify in patients is to walk for 6 minutes.Thus, the functional classification of Syufe reflects the ability of patients to perform physical work and determines the degree of change in the functional reserves of the body.This is especially important in assessing the dynamics of the patient's condition.

Many patients initially develop left heart failure. The most common complaint is inspiratory shortness of breath, which is initially associated with exercise, such as orthopnia, paroxysmal postural, and shortness of breath at rest. Complaints of non-productive cough and nicturia are characteristic. Patients with SYuFE note weakness, fatigue, which is a decrease in the blood supply to skeletal muscles and the central nervous system.

In chronic heart failure, medications (such as ACE inhibitors, beta blockers, and diuretics) are used. Medicines are used to prevent complications and improve the quality of life. ACE inhibitors and beta blockers can prolong life, but in order to be useful, they must be taken regularly and under the supervision of a doctor.

In addition, rhythm therapy (for the treatment of cardiac arrhythmias) and implantation of a three-chamber pacemaker are used.

In order to resist dangerous heart rhythm disturbances in serious conditions, a defibrillator is also used as a pacemaker. This treatment is also known as resynchronization therapy. Physical therapy is an important part of successful treatment.

This disease cannot be completely cured. But, the patient's life expectancy can be significantly increased. It depends on the type of heart failure, as well as the age, other diseases and lifestyle of the person. Treatment of diseases accompanied by heart failure (e.g. high blood pressure), a healthy lifestyle and adherence to doctor's recommendations can lead to a good long-term prognosis.

According to the EPOKHA study, in the European part of the Russian Federation, the prevalence of CHF in any functional category is 7%, and the functional class CHF III-IV - 2.1 %. From 1998 to 2014, the number of patients with CHF increased significantly from 4.9. Up to 10.2%, and with the functional class CHF III-IV - from 1.2% to 4.1 %.

The total mortality of patients with any CHF is 6% in 1 year. In fact, one patient with heart failure in the Russian Federation dies in a minute. This mortality rate is associated with a low frequency of prescribing RAAS blockers and beta blockers during the outpatient phase, which applies low doses of drugs that do not allow control of blood pressure and heart rate. Patients with I and II FK are at risk of death, as are patients with III and IV FK, which is due to the fact that HF is an unstable condition.

Almost half (45% of CHF patients) die from sudden cardiac death , with fewer deaths from a heart attack or stroke (less than 2%).

In acute decompensated heart failure, the hospital mortality rate is 6.8%. Re-hospitalization for decompensation, the absence of RAAS blockers or beta blockers in therapy increases the risk of death, reaffirming the importance of taking prescribed medications on a regular basis.

A characteristic feature of a patient with heart failure is comorbidity, so 60% observed in ischemic heart disease, 36 % - atrial fibrillation, 34 % - type 2 diabetes mellitus, 36% - chronic kidney disease, 43% - myocardial infarction.

Chronic heart failure (SYuE) is one of the most common and prognostically unfavorable pathologies of the cardiovascular system, as well as one of the most common causes of hospitalization. Since a large percentage of Sue cases lead to population disability, it is important to seek optimal treatment and improve the quality of life.

The synergism of many pathogenetic associations of Sue and chronic kidney disease (SBK) has allowed the concept of "cardiorenal syndrome" to be formulated. The interaction of renal and cardiac dysfunction has been proven to have a negative effect, which is manifested in impaired renal function with an increase in Sue in the development of kidney failure and a deterioration in the functioning of the heart.

The relationship between renal dysfunction and changes in the cardiovascular system is multifaceted and interrelated. On the one hand, the kidney can act as a target organ under the influence of most known factors associated with changes in the cardiovascular system; on the other hand, preventing the formation of systemic metabolic and vascular pathological processes, being an active generator

of risk factors, thus closing a complex pathogenetic chain that determines the future fate of such patients.

In this regard, it seems relevant to study features of the formation of cardiorenal pathology in patients with CHF. Renal dysfunction in CHF may be associated with concomitant pathology of the kidneys and blood vessels, more than 50% of patients with CHF without concomitant underlying kidney pathology are diagnosed with chronic kidney disease (CKD), which occurs among patients with CHF in 50-70%.

Randomized studies of SOLVD and SAVE have shown a relationship between DP and mortality in patients with LV systolic dysfunction. With a decrease in glomerular filtration rate (GFR) of less than 60 ml/min/1.73 m2, the risk of mortality increased 2.1 times, with reduced LV systolic function 3.8 times.

Conclusion

Chronic heart failure is a condition that occurs as a result of the heart's inability to adequately supply blood, and can lead to serious health problems. Symptoms of the disease can appear gradually and worsen over time. However, chronic heart failure can be treated and the risk can be reduced by taking many precautions. If you are experiencing symptoms of heart failure, it is important to consult a doctor and study appropriate treatments.

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