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Study of endpoints in patients with chronic heart failure to determine the prognosis

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Aim: To examine endpoints in patients with myocardial infarction (MI) complicated by chronic heart failure (CHF).

Methods: 180 male patients at the age of 40 to 55 years old with myocardial infarction (MI) complicated by CHF, have been examined. All patients were divided into three groups by functional class (FC) CHF: 35 patients with CHF I FC, 70 patients with CHF II FC and 75 patients with CHF III FC. We examined the main predictors of poor prognosis in patients with chronic heart failure during long-term follow-up three years.

Results: The analysis endpoints showed that in three years of follow-noted development re-infarction in 57 (20.9%) cases, including 20 fatal and nonfatal 37 and 24 cases of sudden death. Depending on the development of PIM analysis on various factors showed that recurrent MI was significantly more likely to develop at the rear location of the primary MI ($\chi^2=15,613$; $P=0.0001$). Analysis of prognostic parameters showed that patients who developed adverse outcomes for extended surveillance had a greater number of heart rate (HR), lower left ventricular ejection fraction (LVEF) less than 40% as well as high levels of noradrenalin compared with patients who do not have the MTR. Lethality has strong positive correlation with high and average-high meanings of noradrenaline ($r=0.72$; $r=0.74$, accordingly).

Conclusion: Determination of early predictors of poor prognosis in patients with myocardial infarction identifies patients at high cardiovascular risk and poor prognosis and undertakes prevention of complications, optimization of treatment.

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