

# 17<sup>th</sup> European Heart Disease and Heart Failure Congress &

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### Studying of influence of bisoprolol and lisinopril on disturbances of rhythm, quality of life and tolerance to exercise stress at patients with chronic heart failure

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**Research objective:** To compare influence of bisoprolol and lisinopril on disturbances of rhythm, quality of life and tolerance to exercise stress at patients with the I-III functional class (FC) of CHF.

**Material and methods of research:** In total 30 patients with coronary heart disease with II (13) and III have been inspected (17 patients) FC of CHF, is determined by FC of CHF according to classification of the New York Association of cardiologists according to the test of six-minute walking (TSMW) and by scale of assessment of clinical condition of patients (SACC) initially and in 6 months of treatment. At 18 there were ventricular extrasystoles (VE) of II and the III class of ventricular arrhythmias on classification of B. Lown and M. Wolf (1971). At 12 patients frequent supraventricular extrasystoles (SvE) were observed. Patients were treated 6 months with standard therapy (beta-blockers bisoprolol, average dose of  $7,6 \pm 2,9$  mg/days, Spironolactonum) - lisinopril, dose was titrated, average dose of lisinopril -  $7,9 \pm 3,8$  mg/days. The control group was made by 20 healthy person. To all patients conducted complex clinical examination, SACC, the quality of life (QL) of patients estimated on the Minnesota questionnaire (total index (TI of QL)) of TSMW, electrocardiography, holter monitoring of ECG.

**Results:** Results of research have shown that initial indicators of TSMW have made at patients with the II FC and the III FC -  $384,17 \pm 25,3$  and  $237,3 \pm 33,5$  meters, initial indicators of SACC from II and III FC of CHF have made  $37,28 \pm 2,3$  and  $43,94 \pm 2,9$  points, TI of QL -  $5,72 \pm 0,67$  и  $8,67 \pm 0,97$  points respectively. After 6 monthly treatments in 1 group of patients TI of QL and score of SACC have decreased from reference values - at patients of the II FC by 42,6% ( $r < 0,001$ ), at patients of the III FC for 29,2% ( $r < 0,001$ ), respectively. At the same time the distance of TSMW has increased at patients from II and III FC of the first group by 16,5% and 16,6% ( $r < 0,001$ ). After 6 months of treatment in survey sample of patients in quantitative the relation by results of holter monitoring of ECG reduction of VE by 48% and SvE by 58% has been noted. At patients with organic lesion of myocardium and fraction of emission is (FE of LV) <availability of ventricular ekstrasistoliya is considered 50% adverse sign additional predictively and are regarded as potentially dangerous arrhythmias even if they do not cause disturbances of hemodynamics. But even in these cases of extrasystole have no independent predictive value, and are reflection of extent of damage of myocardium and dysfunction of LV.

**Conclusion:** Thus, 6-month treatment with inclusion of bisoprolol and lisinopril at patients CHF II-III of FC improves tolerance indicators to exercise stress, QL and reduces quantity of arrhythmias and by that improves the forecast of these patients.

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