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Heart failure: What everyone has to know

Seemin Afshan Shiraz
Medeor 24x7 Hospital, UAE

Hear Failure (HF) is a clinical syndrome which includes symptoms (breathlessness, ankle swelling & fatigue), signs (elevated JVP, pulmonary crackles and peripheral edema, caused by a structural and/or functional cardiac abnormality which results in reduced cardiac output and/or elevated intracardiac pressures. Identification of the precise pathology determines the specific treatment. In developed countries, the incidence of heart failure is 1-2% of the adult population which rises to $\geq 10\%$ among people 70 years of age. The lifetime risk of HF at age 55 years is 33% for men and 28% for women. The plasma natriuretic peptides (NPs) are the initial diagnostic test in the non-acute setting. Elevated NPs help establish an initial working diagnosis. Patients with normal plasma NP concentrations are unlikely to have HF. The negative predictive values are very similar and high (0.94-0.98) in both the non-acute and acute setting. There are numerous cardiovascular and non-cardiovascular causes of elevated NPs. Abnormal ECG increases the likelihood of the diagnosis of HF but has low specificity. Some abnormalities on the ECG provide information on etiology (e.g., MI) and findings on the ECG might provide indications for therapy (e.g., anticoagulation for atrial fibrillation, pacing for bradycardia). HF is unlikely in patients presenting with a completely normal ECG (sensitivity 89%). To prevent or delay the development of overt heart failure or death before the onset of symptoms, we need optimum control of BP, Empaglifozin reduces mortality and HF. Physical activity and the risk of HF has inverse relationship. Statins have no role only in atherosclerosis.

Biography

Seemin Afshan Shiraz has completed her MRC, UK in 2007 and then European Diploma in Critical Care in 2009. She has extensive experience in Internal Medicine and Critical Care. She has been involved in teaching of medical students at University of Sharjah along with the training and teaching of postgraduate students of family medicines, internal medicine and critical care medicine. Currently, she is working as an in-charge of a Critical Care Facility in Dubai, United Arab Emirates.

seeminshiraz@hotmail.com

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