

A Brief Note on Heart Failure

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ABOUT THE STUDY

Heart failure can also be termed as congestive heart failure, is a set of symptoms caused by the heart's failure to function as a pump that supports blood flow through the body. The symptoms are caused by a structural and/or functional abnormality of the heart that prevents it from filling with blood or ejecting it during each heartbeat. Shortness of breath, extreme weariness, and leg swelling/edema are common signs and symptoms of heart failure. Exercise or lying down can exacerbate shortness of breath, which can wake a person up in the middle of the night. Another common symptom is an inability to do regular exercise. Chest pain, especially angina, is not common in heart failure.

Coronary artery disease, including a previous myocardial infarction (heart attack), high blood pressure, atrial fibrillation, Valvular heart disease, excessive alcohol use, infection, and cardiomyopathy of unknown cause are all the common causes of heart failure. These can affect the structure or function of the heart, resulting in heart failure. Heart Failure with decreased Ejection Fraction (HFrEF or systolic heart failure) and Heart Failure with maintained Ejection Fraction (HFpEF or diastolic heart failure) are two kinds of left ventricular heart failure based on whether the left ventricle's ability to contract or rest is compromised. The intensity of exercise-induced symptoms determines the severity of heart failure.

Heart failure is not the same as a heart attack (in which a portion of the heart muscle dies owing to a clot in the arteries supplying the heart) or cardiac arrest (in which the heart muscle dies due to a clot in the arteries supplying the heart) (in which blood flow stops altogether due to failure of the heart to pump effectively). Obesity, kidney failure, liver difficulties, anemia, and thyroid disease are all disorders that can cause symptoms comparable to heart failure. Symptoms, physical findings, and echocardiography are used to make a diagnosis. To establish the underlying reason, blood testing, electrocardiography, and chest radiography may be used.

The severity and etiology of the disease determine the course of treatment. Treatment for chronic stable moderate heart failure

typically includes lifestyle changes such as quitting smoking, increasing physical activity, and changing one's diet, as well as drugs. Angiotensin-converting enzyme inhibitors, angiotensin receptor blockers, or valsartan/sacubitril, in combination with beta blockers, are advised for people who have heart failure due to left ventricular dysfunction. Aldosterone antagonists or hydralazine with a nitrate may be administered for people with severe illness. Diuretics are helpful in preventing fluid retention and the shortness of breath that comes with it. An implanted device, such as a pacemaker or an implantable cardiac defibrillator, may be indicated depending on the cause. Cardiac Resynchronization Therapy (CRT) or cardiac contractility modulation may be beneficial in some moderate or severe situations. In those with severe disease that persists after all previous measures, a ventricular assist device (for the left, right, or both ventricles) or, in rare cases, a heart transplant may be advised.

Heart failure is a prevalent, expensive, and potentially fatal illness among the elderly, and it is the main cause of hospitalization and readmission. Around 40 million people were affected globally in 2015. Heart failure affects about 2% of adults, and it affects 6%-10% of those over the age of 65. The rates are expected to rise. The first year after diagnosis, the risk of death is over 35%, but by the second year, the risk of death is less than 10% for those who survive. This level of mortality risk is comparable to that of several malignancies. Heart failure is a syndrome, a collection of signs and symptoms produced by the heart's inability to sustain the circulatory system as a pump, whether at rest or during exercise. It occurs when the heart fails to correctly fill with blood during diastole, resulting in a rise in intra cardiac pressures or a failure to eject it during systole, resulting in a reduction in cardiac output to the rest of the body. Fluid build-up in the veins and tissues can be caused by filling malfunction and elevated intra cardiac pressure. Congestion is defined as a build-up of fluids in the body that causes water retention and swelling. Impaired ejection can result in insufficient blood perfusion of bodily tissues, resulting in ischemia.

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