OPTIMIZING MODERN APPROACHES IN THE TREATMENT OF COVID-19-ASSOCIATED HEART FAILURE

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Login: Against the backdrop of COVID-19 developed or decompensated heart shortage treatment clinical in practice separately complexity brought It emits . Such in patients standard heart shortage therapy with one in line to oneself typical to the virus against , inflammation against and anticoagulant treatment coordination necessity to the surface comes . From this except for some COVID - 19 against applicable medications (for example , some antivirals and to inflammation against tools) heart-blood vein to the system relatively to oneself typical side effect to the effects has to be , medicine mutual the impact complicate possible . Therefore, treatment tactics individualization and optimization problem separately relevance profession will reach .

Modern heart shortage pharmacotherapy main directions — beta-adrenoblockers , renin - angiotensin - aldosterone system inhibitors , mineralocorticoid receptors antagonists and Sodium-glucose cotransporter-2 (SGLT2) inhibitors — have their own benefits even against the backdrop of COVID-19 importance save will it stay or them in use to oneself typical restrictions whether it exists questions clinical of research central to the topic became .

Research purpose

With COVID-19 associated heart shortage was in patients being used modern medicine therapy and non-drug treatment methods efficiency analysis to do and treatment tactics optimization directions working exit

Material and methods

The study estimates that in 2020–2024 publication done clinical recommendations , systematic comments and meta- analyses , as well as stationary COVID -19 and heart shortage one at the time late of patients treatment protocols comparative analysis Patients two main to the group divided : first to the group standard heart shortage therapy (RAAS inhibitors , beta- adrenoblockers , diuretics) continue brought patients , second to the group and therapy temporarily suspended or dose changed patients was entered . Every two in the group clinical situation dynamics , hospitalization duration , resuscitation relocation frequency and stationary during the period death indicators compared .

Results

Analysis results this showed that hemodynamic in terms of stable RAAS inhibitors in patients and beta-blockers unfounded stop clinical of the situation deterioration , blood pressure and heart hit speed control to the violation take arrived situations record was done , this and this medicine groups opportunity until continue to hold to the goal compatibility SGLT2 inhibitors application with related in analyses they not only glycemic control , maybe decompensation the risk reduce and hospitalization the deadline reduction point of view useful from the point of view that was determined , but against the backdrop of acute COVID-19 liquid loss and ketoacidosis danger because of caution with application recommendation was done .

Diuretic therapy individualization , that is liquid balance daily monitoring based on dose titration held in patients lungs swelling and again hospitalization cases noticeable decreased record Anticoagulant prevention own on time start microthrombotic complications frequency to reduce

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help gave , especially high D-dimer level has in patients this approach himself Also , oxygen therapy and breath help heart shortage therapy with harmonized without take visited in patients functional situation recovery faster observed .

Discussion

Received results against the backdrop of COVID-19 heart shortage in treatment " to all " one from a different " approach " give up individualized to the strategy transition the necessity shows . Treatment optimization three main in the direction done increase necessary : first , hemodynamic stable in patients main heart shortage therapy opportunity until continuous continue holding ; secondly , liquid balance , electrolytes and kidney function dynamic control to do based on diuretic and other doses adaptation ; thirdly , medicine mutual the impact into account received without antivirus and to inflammation against therapy heart shortage treatment to the scheme safe integration to do

Multidisciplinary approach , that is cardiologist , infectious disease specialist and resuscitation doctor collaborative work treatment quality noticeable at the level increase , complications frequency reduce possibility analysis in the results obvious manifestation This is clinical in practice multidisciplinary councils institutional at the level current to grow the necessity shows .

Conclusion

With COVID-19 associated heart shortage treatment optimization main medicine therapy unfounded not stopping , based on individual monitoring of doses titration to do and multidisciplinary approach current to grow through is achieved . Such complex strategy clinical the endings improvement , hospitalization the deadline reduction and death indicator to reduce service does .

Used literature

1. Europe cardiologists society chronic and sharp heart shortage treatment according to clinical recommendations (ESC Guidelines, latest edit).
2. Against the backdrop of COVID-19 heart and blood vein medicine therapy to safety dedicated international meta- analyses .
3. SGLT2 inhibitors and heart shortage according to large clinical research results comment .
4. Multidisciplinary patients management models according to scientific and practical publications .

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