Zatajivanje srca s očuvanom ejekcijskom frakcijom lijeve klijetke

Heart failure with preserved left ventricular ejection fraction

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Zatajivanje srca (ZS) je klinički sindrom koji nastaje kao posljedica poremećaja funkcije srca i strukture uslijed čega dolazi do nedovoljne opskrbe tkiva kisikom i nezadovoljavanja metaboličkih potreba organizma. Glavna obilježja ovog sindroma su ponovljene hospitalizacije, negativan utjecaj na kvalitetu života, nepovoljan ishod i veliko financijsko opterećenje zdravstvenog sustava. Prema vrijednostima ejekcijske frakcije lijeve klijetke (LVEF) ZS dijelimo na ono s reduciranom LVEF (eng. *heart failure with reduced ejection fraction* – HFrEF; LVEF < 40%), sa srednjim rasponom LVEF (eng. *heart failure with mid-range ejection fraction* HFmEF; LVEF 40-49%) te s očuvanom LEVF eng. *heart failure with preserved ejection fraction* – HFpEF; LVEF > 50%). Gotovo polovica svih bolesnika sa ZS ima očuvanu LVEF, a incidencija HFpEF-a u razvijenim zemljama u stalnom porastu, prvenstveno radi povećanja učestalosti čimbenika rizika koji uključuju životnu dob, ženski spol, hipertenziju, šećernu bolest, bubrežno zatajenje te pretilost.[1] Prvi simptomi i znakovi HFpEF-a javljaju se u naporu, stresu ili tijekom tjelovježbe. Fibrilacija atrija (FA) kao jedan od komorbiditeta dovodi do smanjenog punjenja lijeve pretklijetke (LA) dok dugoročno neliječena FA uzrokuje mehaničku i električnu disinkroniju srca. Povišen tlak u LA dovodi do nastanka plućne hipertenzije što ima za posljedicu porast vrijednosti tlaka u desnoj klijetki te samim time utječe na negativnu remodulaciju desne klijetke te naposlijetku zatajivanje desne klijetke. Dijagnoza HFpEF postavlja se na temelju prisutnih simptoma i znakova ZS, ehokardiografskim nalazom LVEF > 50%, povećanim LA, plućnom hipertenzijom, elektrokardiogramom, radiološkom snimkom srca i pluća te utvrđivanjem vrijednosti NT-proBNP. Liječenje HFpEF-a limitirano je na primjenu simptomatske diuretske terapije, liječenju komorbiditeta te eventualnu revaskularizaciju. Bolesnici s HFpEF- om vrlo su heterogena skupina bolesnika. Starenjem opće populacije dolazi do porasta broja oboljelih te sukladno tome uloga medicinske sestre u timu koji sudjeluje u liječenju oboljelih od HFpEF-a raste. Svojim znanjem i vještinama medicinska sestra uvelike pridonosi ranoj dijagnostici HFpEF-a te je neizostavni član tima u akutnoj i kroničnoj skrbi za oboljele od ovog sindroma. Edukacija bolesnika i njegove obitelji o važnosti redovite tjelovježbe, usvajanja zdravih prehrambenih navika, redovita primjena diuretske terapije te adekvatno individualiziranje „self-care" smjernica. Sve navedeno ključ su za poboljšanje kvalitete života oboljelih od HFpEF-a, ali i područje sestrinskog rada u skrbi za bolesnike u multidisciplinarnom timu.

Heart failure (HF) is a clinical syndrome that occurs as a consequence of cardiac function and structure disorders, resulting in insufficient oxygen supply to the tissue and the inability to satisfy the metabolic needs of the body. The main characteristics of this syndrome are repeated hospitalizations, negative impacts on the quality of the patient's life, an unfavorable outcome and a large economic burden on the health system. According to the values of the left ventricular ejection fraction (LVEF) heart failure can be divided into HF with reduced LVEF (HFrEF, LVEF <40%), HF with a medium range LVEF (HFmEF, LVEF 40-49%), and HF with preserved LEVF (HFpEF, LVEF >50%). Nearly half of all patients suffering from HFpEF and the incidence of HFpEF increases steadily in developed countries, primarily due to the increase of risk factors, specifically life expectancy, female gender, hypertension, diabetes, kidney failure and obesity.[1] First symptoms and signs of HFpEF occur during strain, stress or exercise. Atrial fibrillation (AF), as one of the comorbidities, leads to reduced left atrial (LA) filling, while long term untreated AF results in mechanical and electrical cardiac dyssynchrony. Elevated LA pressure leads to pulmonary hypertension which results in increased pressure values in the right ventricle and consequently affects the negative remodeling of the right ventricle and, eventually, right ventricle failure. HFpEF is diagnosed on the basis of the present symptoms and signs of HF as well as the results of echocardiography EF > 50%, increased LA, pulmonary hypertension, electrocardiogram, xhest X-ray and value of NT-proBNP. The treatment of HFpEF is limited to the symptomatic diuretic therapy, the treatment of comorbidity and possible revascularization. Patients with HFpEF are a very heterogeneous group of patients. Due to the aging of the population in general, the number of patients increases and, accordingly, the role of a nurse in a team that participates in the treatment of patients suffering from HFpEF becomes even more important. With their knowledge and skills, nurses greatly contribute to the early diagnosis of HFpEF and are indispensable members of a team regarding the acute and chronic care for individuals suffering from this syndrome. Educating both patients and their families about the importance of regular exercise, healthy eating habits, regular use of diuretic therapy and adequate individualization of self-care guidelines is the key to improving the quality of life of patients with HFpEF, as well as a part of nursing activities in a multidisciplinary team during the care for patients.

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LITERATURE

1. Beltrami M, Palazzuoli A, Padeletti L, Cerbai E, Coiro S, Emdin M, et al; Società Italiana di Cardiologia, Sezione Regionale Tosco-Umbra. The importance of integrated left atrial evaluation: From hypertension to heart failure with preserved ejection fraction. Int J Clin Pract. 2018 Feb;72(2). Epub 2017 Dec 28. https://doi.org/10.1111/ijcp.13050