



CHRONIC HEART FAILURE CLINICAL STATE ASSESSMENT SCALE IN PATIENTS WITH PROGRESSIVE ANGINA

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Annotation: *Ischemic heart disease (IHD) remains one of the main causes of chronic heart failure (CHF). All patients with CHF, especially those who do not have the opportunity to conduct stress tests to determine the FC, it is necessary to use the scale for assessing the clinical state of SHOKS modified by Mareev V.Yu., which will help to avoid errors in the diagnosis and treatment of this category of patients.*

Keywords: *shortness of breath, interruptions in the work of the heart, swelling of the jugular veins, edema of the lower extremities, the level of systolic blood pressure.*

Relevance. The scale of assessment of the clinical condition (SHOKS) of patients in the modification of Mareeva V.Yu. (2000) recommended by the All-Russian Scientific Society of Cardiology (VNOK) for the objectification of the functional class (FC) of CHF [1,2,3]. When answering the questions included in the scale, only a history taking and a routine physical examination are required, which is especially acceptable in patients requiring emergency care. Determination of the functional status in patients with CHF is extremely important for the appointment of appropriate treatment [7,8,9,]. Meanwhile, in patients with various etiologies of CHF, including those with various forms of coronary artery disease, only one symptom is taken into account - shortness of breath, which can lead to an incorrect diagnosis and, as a result, inadequate treatment [4,5,11].

Objective. In patients with progressive angina pectoris, analyze the structure of the diagnosis of Ischemic heart disease, namely: to assess the validity of the established FC and the compliance with the prescribed therapy; using SHOKS to determine the FC of Ischemic heart disease upon admission to the hospital and in dynamics.

Materials and methods. A retrospective analysis of 205 case histories of patients treated for the period from September to December 2012 with a diagnosis of Ischemic heart disease was carried out. Progressive angina." The mean age of the patients was 58.7 ± 8.6 years; the study did not include patients with chronic obstructive pulmonary disease, diabetes mellitus, and grade III obesity. Also, 49 patients on the day of admission and in dynamics on the 10th day of treatment underwent a scoring test according to Mareev V.Yu., according to which 10 points were evaluated: shortness of breath, weight, interruptions in the work of the heart, position in bed, swelling of the cervical veins, the presence of wheezing in the lungs, gallop rhythm, edema of the lower extremities, liver size, systolic blood pressure. Depending on the number of points, FC Ischemic heart disease was determined. Statistical data processing was carried out using the statistical software package Statistica 6.0. The χ -square test was used to compare discrete values. P values < 0.05 were considered statistically significant.

Results. At the first stage of the work, it was revealed that 98% of patients with progressive angina upon admission to the cardiology department were diagnosed with CHF FC III, justified only by the nature of shortness of breath. Further, when analyzing the ongoing treatment, it was



found that in all patients with FC III there was no prescription of loop diuretics recommended by VNOK in the group of basic drugs for the treatment of this category of patients. However, with such a "violation" of the standards of therapy, none of the patients showed deterioration in their condition. In this regard, at the second stage of the work, 49 patients with progressive angina were directly tested by Mareev V.Yu. and compared with case histories. It was found that upon admission, 76% of patients (37 people) were diagnosed with FC III, and 24% (12 people) with FC II. However, with the help of SHOKS in these same patients in 92% (45 people) of cases, FC I-II was determined and only in 8% - FC III. When you repeat the test Mareeva V.Yu. after 10 days, 3 (6%) patients showed a complete absence of signs of CHF, 28 (57%) patients - FC I, 18 (37%) - FC II.

Conclusions. All patients with CHF, especially those who do not have the opportunity to conduct stress tests to determine the FC, it is necessary to use the scale for assessing the clinical state of SHOKS modified by Mareev V.Yu., which will help to avoid errors in the diagnosis and treatment of this category of patients.

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