



Analysis of clinical indicators of elderly and elderly patients diagnosed with chronic heart failure

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Abstract: In this article, subjective and objective clinical indicators, as well as the level of complaints and the duration of the disease were analyzed in patients with chronic heart failure. The results show that it is important to study the patients' complaints and the duration of the disease, associating them with polymorbidity. In patients with heart failure, these clinical indicators determine the tactics of diagnosis and treatment of the disease.

Keywords; chronic heart failure, polymorbidity, heart palpation, heart percussion, heart auscultation.

Currently, identifying the occurrence of multiple diseases in patients aged 60 and older with heart failure remains one of the problems of medicine. Timely elimination of this problem helps to plan preventive, diagnostic and treatment work at the primary level of medicine [1,3].

The existence of additional diseases associated with heart failure in elderly patients requires a lot of attention. The purpose of studying patients in this group is to prevent the development of complications, to eliminate unpleasant situations, and it has medico-social significance. Comprehensive assessment of health in patients with heart failure, analysis of polymorbidity, classification of clinical indicators, and optimization of drug treatment will help in timely complete blood treatment in this group of patients[2,4].

It is known that chronic heart failure (CHF) is caused by dysfunction of the heart muscle layer, in which blood stagnates in the lungs and makes breathing difficult. This disease is widespread among the population, and it is also characteristic of our mentality, especially SYuE occurs more often in the elderly and the elderly, causing various complications, reducing the quality of life of patients, sometimes leading to death[7,11].

From a clinical point of view, SYuE is manifested as a syndrome, consisting of the following typical symptoms: shortness of breath, swelling, fatigue, and reduced physical activity. At the same time, the typical clinical signs are also different, which include increased pressure in the jugular vein, the appearance of wheezing in the lungs, and the appearance of edema in the legs. These conditions are manifested when cardiac function and/or structure is disturbed, in which intracardiac pressure increases both at rest and during physical exertion [12].

In many cases, SYuE is complicated when premorbidity is detected, but SYuE in the premonitory state has not been fully revealed in elderly and elderly patients, clinical and laboratory features have not been clearly shown, the degree of influence of this background on SYuE has not been determined, in the case of SYuE with a premonitory background, diagnostic and prognostic criteria have been developed in patients belonging to this age category. not released.

The purpose of the study. Development of clinical, diagnostic and prognostic criteria, identification of premorbidity in the elderly and old age in SYuE.

Materials of the study:Complaints of all studied patients (n=219) were studied in the course of this research work.

Results of the study.7 of the patients' complaints were found in more than 50% of cases, of the remaining complaints, limitation of movement was found in $49.77\pm 3.38\%$ (n=109) cases, and the main part was $0.91\pm 0.64\%$ (n=2) 19, Up to $63\pm 2.68\%$ (n=43) was determined. This was shown to be due to premorbidity and/or comorbidity in a wide spectrum of patient complaints, not all of which were related to SYuE alone. The results of these studies are presented in Table 1.1.

Table 1.1. Level of complaints of patients diagnosed with chronic heart failure, M \pm m

Complaints	Level of encounter	
	Absolutely	%
General weakness	191	87.21 \pm 2.26
Panting	168	76.71 \pm 2.86
Dizziness	154	70.32 \pm 3.09
Lack of air	150	68.49 \pm 3.14
Headache	149	6.40 \pm 3.19
Dizziness	141	64.38 \pm 3.24
Pain in the chest area	140	63.93 \pm 3.24
Limited movement	109	49.77 \pm 3.38

In addition to the patient complaints listed in Table 1.1, there are 16 more complaints, including cough ($15.53\pm 2.45\%$, n=34), cold sweats ($15.53\pm 2.45\%$, n=34), ear noise ($19.18\pm 2.66\%$, n=42), dry mouth ($12.33\pm 2.22\%$, n=27), shortness of breath ($11.87\pm 2.19\%$, n=26), pain behind the chest and heart palpitations ($9.13\pm 1.95\%$, n=20) were included, as the other mentioned complaints were detected in a small percentage (0.91-10.05%), we did not think it necessary to dwell on them in detail.

The condition that characterizes these parameters is the degree of occurrence of these complaints in each patient. It was found that 219 studied patients had 6.72 complaints, of which 12.57% were related to premorbidity and/or comorbidity. This means that SYuE occurred in 1 out of every 8 patients observed. This case shows the importance of correct analysis of complaints in the diagnosis of SYuE, as well as identifying complaints related to premorbidity.

Thus, when studying the frequency of complaints of patients observed by SYuE, there were 24 types of total complaints, 7 of them (general weakness, shortness of breath, dizziness, lack of air, headache, nausea, pain in the chest area) occurred in more than 50% of cases, each of the patients and one had 6.72 complaints. 12.57% of them were associated with premorbidity and/or comorbidity. The obtained results showed that it is important to study the complaints of patients, to connect them with premorbidity.

In the interpretation and analysis of any pathology, the duration of the disease is also important, because this condition determines the tactics of treating the disease. It was found that the majority of patients diagnosed with SYuE have been experiencing the pathological condition for more than 15 years ($65.75\pm 3.21\%$, n=144), followed by those who have been ill for 10-15 years ($29.22\pm 3.07\%$, n=64), those who have been patients for 3-5 years ($1.37\pm 0.79\%$, n=3) and for 5-10 years ($3.65\pm 1.27\%$, n=8) were a minority (Fig. 1.1).

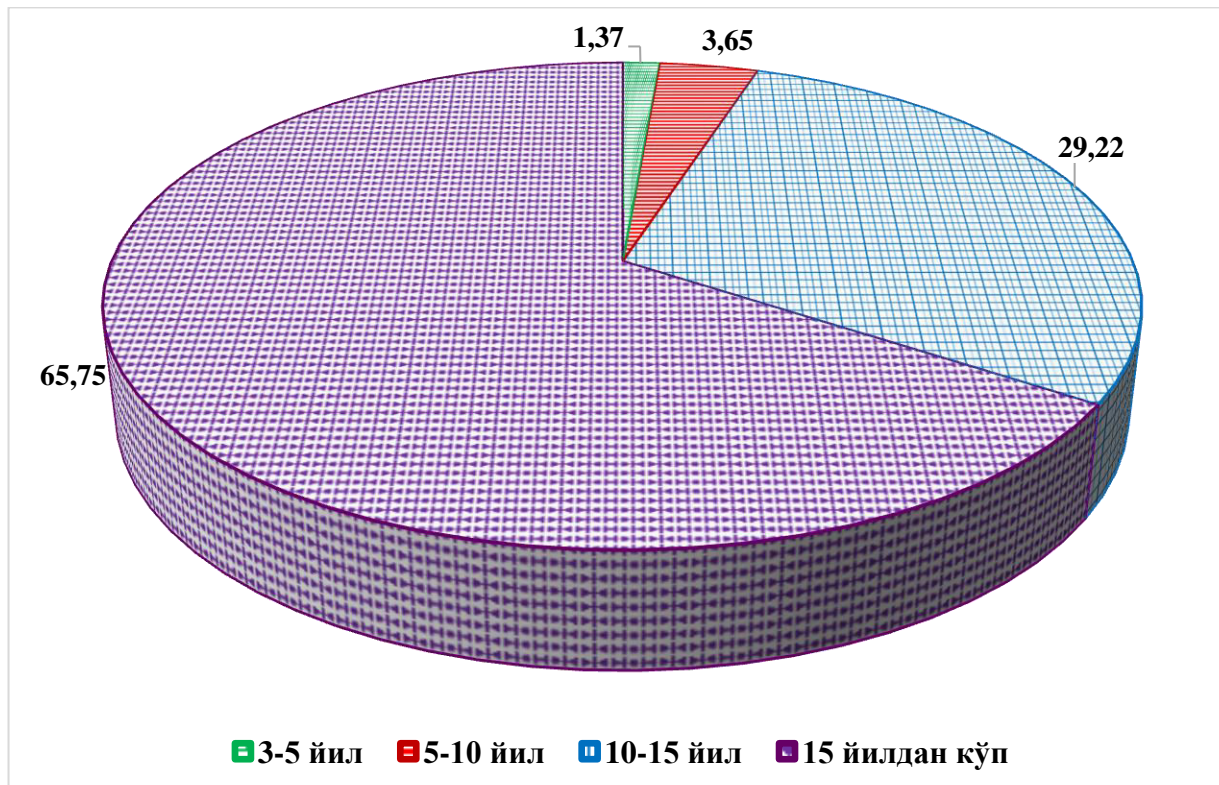


Figure 1.1. Distribution of patients diagnosed with SYuE by disease duration, %

Thus, the majority of patients with SYuE (65.75%) were those whose disease continued for more than 15 years, 29.12% were patients for 10-15 years, a smaller percentage was 5-10 years (3.65%) and Those who were patients for 3-5 years (1.37%) met.

The patients' complaints were studied along with their level of illness and their general condition was described. It was found that the general condition of 130 patients was moderate ($59.36 \pm 3.32\%$) and 89 were severe ($40.64 \pm 3.32\%$). For this reason, it was considered that they need constant treatment.

During the study of the patients, it was found that the majority of them were conscious ($91.32 \pm 1.90\%$, $n=200$), in 13 cases ($5.94 \pm 1.60\%$) they were in a coma, 2 patients ($0.91 \pm 0.64\%$) was comatose, in 1 case ($0.91 \pm 0.64\%$) was in a state of stupor, in 3 of all studied subjects ($1.37 \pm 0.79\%$) signs of encephalopathy were observed.

When the lungs of the patients were auscultated, it was found that there were various changes in the lungs. In the main part of them, humid wheezing was heard in the lower part of the lungs - $68.49 \pm 3.14\%$ ($n=150$), and during auscultation, slow vesicular breath was also detected from other clinical signs ($47.03 \pm 3.37\%$, $n=103$), cryptic breathing ($2.74 \pm 1.10\%$, $n=6$) and dry wheezes ($1.83 \pm 0.90\%$, $n=4$) were detected, albeit in small amounts.

It is noteworthy that, firstly, the incidence of auscultatory changes was related to the complaints of patients, and they were proportional to each other, and secondly, the incidence of lung changes corresponded to an average of 1.20 per patient, in numbers it looked like this - $263 : 219 = 1.20$. Auscultatory changes in the lungs were recognized as complications of SYuE.

In these patients, together with the lungs, the heart was also auscultated, it was shown that the changes in the lungs depend on the pathological signs detected in the heart. In the heart, mainly muffled heart sounds were detected ($89.04 \pm 2.11\%$, $n=195$), as well as a small number of peak systolic murmurs ($13.70 \pm 2.32\%$, $n=30$) and arrhythmic heart sounds ($2.28 \pm 1.01\%$, $n=5$) was determined. The number of heart tone disorders detected during auscultation corresponded to 1.05 per patient ($230 : 219 = 1.05$). There were no patients without changes in heart tones.

Their blood pressure was also measured to determine the auscultatory changes in the lungs and heart, the obtained individual data showed that most of the patients had symptoms of hypertension - $84.93 \pm 2.42\%$ ($n=186$), the rest of the patients had blood pressure below the norm (4.57 ± 1 , 41% , $n=10$) or was at the normal level ($10.50 \pm 2.07\%$, $n=23$). The percentage of those with high blood pressure was significantly higher than normal and low blood pressure by 8.09 and 18.58 times, respectively ($R < 0.001$). A total of 16 patients ($7.31 \pm 1.76\%$) had blood pressure higher than 200/110, and the remaining patients had a blood pressure of 130-190.

In addition, the pulse of these patients was studied, the results showed that the average pulse of patients was 90.37 ± 1.56 , 191 patients ($87.21 \pm 2.26\%$) had unchanged average fullness and tension, while 28 patients ($12.79 \pm 2.26\%$) had an arrhythmic pulse.

Thus, when the patients diagnosed with SYuE were clinically examined, it was found that 59.36% of them had a moderate general condition, 40.64% had a severe condition, and 91.32% were conscious, 5.94% were it was observed that they were in a state of numbness. As a result of lung auscultation, auscultatory signs such as humid wheezing (68.49%), slow vesicular breath (47.03%), crepitating breath (2.74%) and dry whistle-like wheezing (1.83%) were revealed in his lower part. patients without auscultative symptoms were not observed. As a result of this investigation, the following peculiarities were revealed: firstly, the auscultatory changes were correctly proportional to the corresponding complaints of the patients; second, the auscultatory changes in the lungs corresponded to an average of 1.20 per patient. As for the heart, mainly muffled heart sounds (89.04%), systolic noise at the apex (13.70%), arrhythmic state of heart sounds (2.28%) were detected. Hypertensive symptoms were found in 84.93% of them, the percentage of those with high blood pressure was significantly higher by 8.09 and 18.58 times compared to those with normal and low blood pressure, respectively ($R < 0.001$). Most of these patients (87.21%) had a normal pulse, with an average pulse of 90.37. The obtained results were interpreted as pathological auscultatory signs, changes in heart tones in the studied contingent as signs confirming this disease.

Also, clinical signs determined by palpation and percussion were observed in patients. It was found that 6 main characters prevailed (Table 1.2). The obtained results showed that the most common symptom was dry and rough tongue - $67.12 \pm 3.17\%$, $n=147$. In the next place according to the degree of encounter, the enlarged liver was cited - $43.84 \pm 3.35\%$ ($n=96$).

Leg edema was detected in a total of 75 patients ($34.25 \pm 3.21\%$), clinical symptoms related to the gastrointestinal tract (slow intestinal peristalsis, tendency to constipation) were $36.53 \pm 3.25\%$ ($n=80$) and $9.13 \pm 1.95\%$ ($n=20$) cases. These signs corresponded to an average of 1.91 in patients.

Table 1.2

Results of inspection, palpation and percussion examination in patients with SYuE, $M \pm m$

Clinical signs	Level of encounter	
	Absolutely	%
The tongue is dry, scaly	147	67.12 ± 3.17
The liver is enlarged	96	43.84 ± 3.35
Intestinal peristalsis is slow	80	36.53 ± 3.25
There is swelling in the legs	75	34.25 ± 3.21
Prone to constipation	20	9.13 ± 1.95
Total	418	out of an average of 1.91

Thus, a total of 418 markers were identified in patients diagnosed with SYuE, which corresponded to an average of 1.91. It was found that 67.12% of the patients had a dry and crusty tongue, 43.84% had an enlarged liver, and 34.25% had leg swelling. Slowness of intestinal peristalsis and tendency to constipation were found in 36.53% and 3.13% of cases. The presence of premorbidity in patients with SYuE was interpreted as a factor aggravating their condition.

Conclusions: Each of the studied patients had 6.72 complaints, 12.57% of which were related to premorbidity and/or comorbidity. This case showed the importance of correct analysis of complaints in the diagnosis of SYuE, as well as identifying complaints related to premorbidity. It is noteworthy that all the clinical signs defining premorbidity were present in those observed for more than 15 years. The reasons for this were, firstly, the age of the patients (60-75 years old), and secondly, the insufficient effect of the treatment of the disease, the addition of premorbid background to the main disease.

All complaints related to premorbidity (12.75%) were observed in patients with SYuE lasting more than 15 years in total, which indicates the influence of premorbid condition on the duration of the disease. This determines the tactics of diagnosis and treatment of the disease.

Literature rlist

1. V. Yu. Mareev, I.V. Fomin, F.T. Ageev, G.P. Arutyunov, YuL. Be-grambekova, Yu.N. Belenkov and dr. Clinical recommendations. Chronic heart failure (XSN)// Heart failure.- 2019.-№18 (1).-S3-40.
2. Orlova Ya. A, Tkachyova O. N, Arutyunov GP and dr. Osobennosti diagnostici i lecheniya kronicheskoi sredechnoi dostatochnosti u pasitivov pojilogo i starcheskogo vozrasta. Mnenie ekspertov Obshchestva spetsialistov po heart deficiency, Russian association of gerontologists and geriatricians and Eurasian association of therapists// Cardiology.-2018.- No. 125- S 42-72
3. Fomin I. V. Chronic heart failure in the Russian Federation: chto segodnya my znaem i chto doljny delat // Rossiyskiy kardiologicheskiy zhurnal.- 2019.- №8.- S. 7-13.
4. Azad N, Kathiravelu A, Hebert P, et al. Sex differences in the etiology of heart failure. A Systematic Review. J Geriatr Cardiol 2018; 8: 15-23
5. Altaf Pirmohamed, Dalane W Kitzman, Mathew S Maurer. Heart failure in older adults: embracing complexity. J Geriatr Cardiol 2017; 13: 8-14.
6. Braunstein JB, Anderson GF, Gerstenblith G, et al. Non-cardiac comorbidity increases preventable hospitalizations and mortality among Medicare beneficiaries with chronic heart failure. J Am 1233.
7. Dharmarajan K, Rich MW. Epidemiology, Pathophysiology, and Prognosis of Heart Failure in Older Adults Heart Failure Clinics. 20T7;13(3):417-26.
8. Dodson JA, Truong TTN, Towle VR, et al. Cognitive impairment in older adults with heart failure: prevalence, documentation, and impact on outcomes. Am J Med 2013; 126:120.
9. Dobre D, van Veldhuisen DJ, de Jongste MJL, et al. Prescription of beta-blockers in patients with advanced heart failure and preserved left ventricular ejection fraction. Clinical implications and survival. Eur J Heart Fail 2017; 9: 280-286.
10. Flather MD, Joseph S, Kober L, Pfeffer M, et al. Long-term ACE-in-hibiotr therapy in patients with heart failure or left-ventricular dysfunction: a systematic overview of data from individual patients. Lancet 2020; 355: 1575
11. Gastelurrutia P, Benrimoj SI, Espejo J, et al. Negative clinical outcomes associated with drug-related problems in heart failure (HF) outpatients: impact of a pharmacist in a multidisciplinary HF clinic. J of Card Fail 2021;
12. Nurbaev F.E. Khamraeva Yu.S., "Pharmakoenomicheskij analiz raskhodov na lecheniya kronicheskogo hepatita "V" statsionarnyx usloviyax (Retrospektivnoe issledovanie)" Novyy Den v Meditsine. 2017. No. 4. 38-44 str.
13. Nurbaev.F.E B.Z.Dzhumaev. Novyy Den v Medicine. 2017. No. 4.38-44 str.
14. Nurbaev F.E., B.Z. Djumaev., "Optimizatsiya sovrimennogo pharmacoterapii chronicheskikh diffuznykh zabolovaniya pecheni s preobladaniem sindroma cholestaza" Novyy Den v Meditsine. 2018. No. 1. 27-30 str.
15. Chronic heart failure: features clinical manifestations in the elderly EE Khamroev, FE Nurboev, SK Pulatova - British Medical Journal, 2022

16. MB Djabbarova Development of differentiated approaches to the complex treatment of osteoarthritis. ZI Tuksanova, FE Nurboev, MY Ismailova - Psychology and education, 2021. Pages 5002-5005
17. The causes of the spread of osteoarthritis, the mechanism of development, the specificity of the characteristics of the course FE Nurboev, ZI Tuksanova - A new day in medicine. Scientific journal, 2020. pp. 485-488
18. Farmakaekonomichesky analiz raskhodov na lechenie kronicheskogo hepatita" V" I" S"*Myu Ismailova, FE Nurboev - Novyy den v meditsine, 2020 212-214 pages 2(30/2)
19. The role of national medicine in the treatment of patients infected with covid-19 chronic diseases. F.E Nurboev, M.Yu Ismailova, ZI Tuksanova... - Biology and integrative medicine, 2021. 207-217. 1 (48)
20. Screening serdechno-sosudistyx zabolevaniy u sportsmenov
FE Nurbaev, XB Tosheva - central asian journal of medical and ..., 2021 8-9 pages
21. The effect of various hepatoprotectors on pathological syndromes in chronic liver diseases and determination of the specific gravity of drug groups NF Ergashevich, UF Kholmurodovich, YS Toyirovna - Middle European Scientific Bulletin, 2020.31-34 pages
22. Distribution reasons, development mechanism, features of the course of osteoarthrosis FE Nurboev, ZI Tuksanova - Modern medicine, 2020 485-488 pages #2