

21. THE ROLE OF COMORBIDITIES IN HEART FAILURE FRAIL PATIENTS

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Introduction. Heart failure (HF) is a clinical syndrome consisting of cardinal symptoms accompanied by signs (elevated jugular venous pressure, pulmonary crackles, and peripheral oedema), due to a structural and/or functional abnormality of the heart. HF is one of the most important and rapidly growing diseases due to its high prevalence worldwide and the significant impact on morbidity and mortality. Frailty is a syndrome characterized by a state of increased vulnerability to endogenous and exogenous stressors, patients with HF are 6 times more likely to get fragile. Fragility is closely related with comorbidity, because one worsens the other, creating a vicious circle. Comorbidity is the presence of one or more additional conditions often co-occurring with a primary condition, which is often presented by HF.

Aim of study. To assess the importance of comorbidities in heart failure frail patients.

Methods and materials. Evaluation of fragility by Edmond score and relationship with comorbidity evaluated by Charlson score. Include 70 patients in the Republican Cardiology Center in the Acquired Heart Disease Department. Patients have been divided in two groups: non – fragile, and fragile.

Results. The study group include 70 patients. The average age of the study group was 58,5 (42-83) years, including 36 (51,4%) male and 34 (48,5%) female; 24 (34,2%) – from the urban area, 46 (65,6%) – rural; employees - 14 (20,0%), disabled - 16 (22,8%), retired - 36 (51,4%), unemployed – 4 (5,7%). Admission diagnosis been presented by Arterial hypertension 14 (20,0%), ischemic cardiomyopathy 28 (40,0%), valvulopathy 8 (11,4%), cardiomyopathy 10 (14,2%), other conditions 10 (14,2%). Echocardiography showed reduced ejection fraction (EF) in 10 (14,28%) patients, middle range EF - 20 (28,5%) and normal EF – 40 (57,1%) patients. Fragility was confirmed in 36 patients (51,4%), in which mild comorbidities 2 (5,5%), moderate comorbidities 10 (27,0%), severe 24 (66,6%). Comorbidities has been presented by congestive HF 40 (57,1%), atrial fibrillation/flutter 29 (40,0%), acute myocardial infarction in anamnesis 26 (37,1%), diabetes 23 (31,4%), liver chronic disease 11(14,2%), chronic kidneys disease 7 (10,0%), stroke 6 (8,5%).

Conclusion. Almost half of patients with HF present with frailty syndrome. The most prevalent comorbidities are presented by congestive HF, atrial fibrillation/flutter, acute myocardial infarction in anamnesis.