Editorial

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Pharmacological Inventions in Acute Myocardial Infraction

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Description

The high incidence of myocardial infarction associated with high morbidity and mortality is a major problem and an economic burden in industrialized countries. Continuous stimulation of β-adrenergic receptors by isoproterenol leads to oxidative stress, myocardial inflammation, thrombosis, platelet aggregation, and calcium overload, ultimately leading to myocardial infarction. Therapeutic agents that are currently used to prevent and treat myocardial infarction are beta-blockers, antithrombotic agents, thrombolytic, statins, angiotensin converting enzyme inhibitors, and angiotensin II, type 1 receptor blocking agents, calcium channel blockers and nitro vasodilators. Despite the effective interventions available, the death rate from myocardial infarction is gradually increasing. Therefore, it is often necessary to develop effective therapies for the prevention and management of such hidden diseases. In this review, the author highlights the consequences of isoproterenol in the pathogenesis of heart disease and various therapeutic possibilities to prevent these diseases. So far, more than ten years have passed since the publication of historical studies related to the guidelines. These studies have investigated important drug therapies (beta-blockers, renin angiotensin aldosterone system inhibitors, and mineralocorticoids). The prognostic effect of receptor antagonist in the primary prevention of sudden cardiogenic death. However, due to improvements in the national healthcare supply, revascularization strategies for coronary artery disease, and increased supply of invasive cardiac devices such as implantable cardio verter defibrillators or cardiac resynchronization therapy, heart attack acute myocardial after death rate) is significantly reduced. As a result, the characteristics and comorbidities of hospitalized patients have changed, leading to an increase in the number of elderly patients and an increase in the incidence of progressive heart failure, complex coronary artery disease, atrial fibrillation, diabetes and chronic diseases. Kidney disease interestingly, additional randomized controlled trials have not reassessed whether one of these established drug therapies will affect the prognosis of patients with current complex heart failure syndrome.

The intake of β-blockers was at least 12.5% to 25% of the recommended target dose. Their findings are consistent with the results of the Swedish Network system for improving and developing evidence-based care for heart disease evaluated based on recommended therapies, indicating that those recommended for more than 50% of the target dose are consistent with better. There is no re-infarction or death due to various causes. Although the findings of Goldberger and colleagues are very important, more studies are needed to provide reliable data on the optimal duration of β-blocker therapy, especially in patients with heart failure with preserved ejection fraction. Common indications for medical treatment of heart failure are based on the evaluation of left ventricular ejection fraction and patient symptoms. However, one may wonder whether this still applies to patients with complex heart failure with different etiology, basic and multimodal treatments.

A recently published study by Cohen, et al. identified different heart failure phenotypes (i.e. young patients with mild symptoms, elderly patients with arterial stiffness, and obese diabetic patients with advanced symptoms) that are different from long-term deaths Heart failure rates, readmission risks related to heart failure, biomarker processes, and response to medications (i.e. MRA in particular). Therefore, the guidelines again call for the investigation of the different phenotypes of heart failure after AMI and the importance of targeted therapy. It is of great importance to evaluate the prognostic effects of beta-blockers and their appropriate doses stratified by etiology, comorbidities, severity of symptoms, and concomitant multi-drug treatments.