

Pulmonary and Neurological Issues Leading To Multiple Organ Injuries

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Description

In the era of tyrosine kinase inhibitors, the life expectancy of people with chronic myeloid leukemia is nearly the same as that of healthy people. Their long-term management, on the other hand, must take into account a greater risk of adverse events, at least in part related to the treatment. These patients were found to have a higher risk of cardiovascular events in a number of studies. Most people think that clonal hematopoiesis is a major independent risk factor for cardiovascular events. Notably, the underlying physiopathological mechanisms link global proinflammatory status and clonal hematopoiesis, launching a vicious cycle in which somatic mutations and inflammation feed off one another. Taking all of this into consideration, we looked into whether patients with chronic myeloid leukemia who were receiving tyrosine kinase inhibitor therapy had clonal hematopoiesis when they had a cardiovascular event. Despite the fact that coronavirus disease 2019 (COVID-19) has primarily been identified as a respiratory illness, some patients who appeared to have recovered from the initial infection have developed chronic complications affecting multiple systems, including Cardiovascular (CV), pulmonary, and neurological issues that have resulted in injuries to multiple organs. However, the acute and chronic effects of a COVID-19 infection on the cardiovascular system in adults are poorly understood at this time. Following PRISMA guidelines, a systematic review of the literature was carried out and prospectively registered using Prospero. From the beginning to August 2022, searches were made in the PubMed, Cochrane Library, and MEDLINE Ovid databases. The MeSH terms and keywords used in the search strategy included: 1) COVID; 2) virus of the sun; 3) the long COVID 4) heart and lungs; and also 5) heart disease.

Chronic Kidney Disease

We searched the reference lists of all identified relevant systematic reviews for additional studies. Database searches yielded a total of 11,332 records, 310 of which were duplicates. After reviewing the titles and abstracts, another 9887 were eliminated. Nine manuscripts were selected for review after 1135 articles were subjected to full-text screening. Post-COVID-19 infection, there is abundant evidence of CV consequences that must be addressed with appropriate management strategies that take into account both acute and chronic cardiac injury in COVID-19 patients. Long-term issues

and morbidity will need to be addressed with effective management strategies. Patients with chronic kidney disease experience decreased quality of life and significant morbidity, including shorter lifespans. Cardiovascular disease is the leading cause of death in people with chronic kidney disease. In the chronic kidney disease population, cardiovascular disease is influenced in part by renal bone disease and is closely linked to abnormal calcium and phosphorus metabolism. To encompass how bone disease drives vascular calcification and contributes to the development of long-term cardiovascular disease, the complex nature of renal, bone, and cardiovascular diseases was renamed mineral and bone disorder of chronic kidney disease. Additionally, recent data suggest that effective management of bone disease can augment and improve cardiovascular disease status. The linear growth and skeletal maturation of children present additional challenges for pediatric nephrologists in the management of chronic kidney disease-related mineral and bone disorders. Pediatric concerns will be the primary focus of our discussion of cardiovascular and bone diseases in patients with end-stage kidney disease and chronic kidney disease in this article. Patients who suffer from chronic conditions like Coronary Artery Disease (CAD) frequently experience psychological distress, which is characterized by an increase in symptoms such as depression, anxiety, and/or perceived stress. Although it is known that psychological distress influences disease outcomes, little is known about how it affects health care utilization or the factors that may alter these relationships. This prospective study looked at whether 1) middle-aged to older people with CAD or other non-cardiovascular chronic diseases use outpatient care services more frequently over up to eight years; 2) There are differences in this relationship based on sex, whether CAD is present, and/or social support. The factors and perceptions of self-management among rural residents with Chronic Cardiovascular Disease (CCVD) have been the subject of little research. Given that CCVD continues to be the leading cause of death in the United States (US), it is prudent to investigate this population.

Cardiovascular Reactivity

Patients and the health care system will continue to face challenges from rising rates of CCVD and the process of managing the disease as the US population ages. Adults who live in the countryside face additional challenges when managing a chronic illness, which leads to higher rates of chronic disease

than in urban areas. Promoting theoretically derived self-management strategies is critical for nurses who work with adults with CCVD in rural areas. This paper aims to investigate theories and models that make it easier for adults living in rural areas to manage CCVD on their own. The framework for theory analysis developed by Walker and Avant was used to evaluate three well-established self-management models and theories from the fields of psychology and public health. Due to the symbiosis of chronic disease and the applicability of ruralness within the triadic reciprocal causation of person-behavior-environment of the model, social cognitive theory was chosen as the best fit for self-management of CCVD among adults who live in rural areas. In general, the connection between Cardiovascular Disease (CVD) and Chronic Kidney Disease (CKD) is well understood. Anemia is linked to negative outcomes in CKD patients. However, little research has been done on the effects of CKD and anemia on cardiovascular disease in the general population, particularly Asian populations. In a long-term cohort study involving Japanese community residents, the purpose of this study was to investigate the effect of CKD and/or anemia on CVD mortality. We evaluated 7,339 participants without a history of Cardiovascular Disease (CVD). In conclusion, a general population in Japan with CKD and anemia is more likely to die from cardiovascular disease. Risk stratification is used in the 2018 American Heart Association/American College of Cardiology (AHA/ACC) cholesterol guideline to decide whether adults with atherosclerotic cardiovascular disease (CVD) should start nonstatin lipid-lowering medication. Within the 2018 AHA/ACC cholesterol guideline risk categories, we determined the atherosclerotic Cardiovascular Disease (CVD) event rates among adults with Chronic Kidney Disease (CKD) taking statin therapy. The connection between cardiovascular events and Chronic Kidney Disease (CKD) is well-established.

This association cannot be fully explained by cardiovascular disease risk factors that are clinically recognized. The current cross-sectional study aimed to investigate the relationships between serum metabolites and prevalent cardiovascular disease as well as subclinical cardiovascular disease in patients with CKD as measured by the Coronary Artery Calcium Score (CACS). The autonomic dysfunctions and decreased cardiovascular reactivity that have been linked to fibromyalgia, a chronic pain disorder, have been found. We wanted to find out how fibromyalgia patients' dynamic short-term cardiovascular responses to changes in posture. The "Chronic Pain Autonomic Stress Test" was administered to thirty-six healthy women and thirty-eight women with fibromyalgia. During active standing and lying down, the electrocardiogram, blood pressure, and impedance cardiography were continuously recorded. Over the first 30 seconds of each posture, values were calculated one second at a time. When compared to healthy women, fibromyalgia patients showed less reactivity at the beginning of each position. Responses to heart rate, blood pressure, cardiac output, total peripheral resistance, and the pre-ejection period were smaller in fibromyalgia patients, while responses to heart rate, cardiac output, and total peripheral resistance were smaller in fibromyalgia patients. The severity of the clinical pain was inversely correlated with the magnitude of the autonomic responses to postural changes. According to these findings, fibromyalgia patients have an earlier impaired autonomic cardiovascular response to orthostatic and clinostatic challenges. This suggests that the patient's autonomic flexibility and adaptability to the demands and challenges of the situation is lessened. In the clinical assessment of fibromyalgia, short-term, second-by-second cardiovascular measures may be beneficial.