

Treating Heart Failure in Patients with Diabetes

Lahiru Jayakody*

Department of Assistant Professor-Southern Illinois University, USA.

*Corresponding author: Jayakody L, Department of Assistant Professor-Southern Illinois University, USA, Email: jayalahire@yahoo.co.edu

Received date: July 26, 2021; Accepted date: October 6, 2021; Published date: October 15, 2021

Citation: Jayakody L (2021) Treating Heart Failure in Patients with Diabetes, J Case Rep, Vol: 5 No: 6

Editorial

Diabetes is a common comorbidity among heart failure patients. When two conditions coexist, the risk of cardiovascular morbidity and mortality skyrockets. As a result, it is critical to treat both disorders as soon as possible with the best available treatment. Advanced heart failure (AHF) therapies enhance the chances of survival in a growing number of people with stage D heart failure (HF). Referrals to AHF clinics must be made in a timely and suitable manner if these therapies are to be implemented successfully. Heart failure with a reduced ejection fraction is a severe condition with high morbidity, death, and societal costs. Significant advances in the pharmacologic management of HFrEF have resulted in a reduction in morbidity and death over the last three decades. Heart failure is still a leading cause of death and morbidity in the United States, as well as a major consumer of health-care resources. Changes in excitation-contraction coupling, cardiac energy deficit, and oxidative stress are all symptoms of heart failure, which is a major health problem around the world. While most current treatments focus on inhibiting neuroendocrine activity, new evidence suggests that targeting metabolism may also provide significant prognostic benefit. The significant link between heart failure and established risk factors such as physical inactivity and low fitness emphasises the necessity of regular physical activity and exercise for heart failure prevention and therapy. This is exemplified by heart stiffness, which occurs more frequently in middle age and can be reversed with aerobic activity. The balance of pro- and antioxidant molecules has been identified as a key factor in the development of cardiovascular disease. Chronic heart failure is linked to oxidative stress both in the myocardium and throughout the body. In the United States, heart failure is the primary cause of adult hospitalisation. However, little is known about the impact of nurse-led interprofessional collaborative practise in a heart failure group that is underserved. The goal of this study was to see how a structured education offered by a certified heart failure nurse affected patients' self-care behaviour and disease awareness in the short and long term. Estimating the risk distribution of heart failure (HF) could help with focused prevention. In South Asian Americans, we calculated the distribution of 10-year predicted risk of incident HF and looked at the relationships with social determinants of health and clinical risk factors. Dilated cardiomyopathy in children is a rare condition. Despite major surgical and medicinal improvements, dilated cardiomyopathy still has a high rate of morbidity and mortality. It is still the most common reason for a paediatric heart transplant. Adult studies

are generally used to extrapolate current medical care. In the adult and paediatric populations, the cause of dilated cardiomyopathy, the co-morbidity profile, and the response to medicines are all dramatically different. Though tremendous progress has been made, there are still many areas in which knowledge and subsequent management of juvenile dilated cardiomyopathy might be improved. The heart maintains its functions by synthesising contractile proteins, generating essential lipid species, and producing ATP as a fuel for muscle contraction using oxygen and different nutrients via metabolic pathways. In various pathological conditions, metabolic alterations, such as changes in substrate use, have been detected. The heart maintains its functions by synthesising contractile proteins, generating essential lipid species, and producing ATP as a fuel for muscle contraction using oxygen and different nutrients via metabolic pathways. In various pathological conditions, metabolic alterations, such as changes in substrate use, have been detected.

Reference

1. Mancini D, Burkoff D. Mechanical device-based methods of managing and treating heart failure. *Circulation*. 2005; 112(3): 438-48.
2. Stringer WW. Are We Treating Heart Failure in Patients with Chronic Obstructive Pulmonary Disease Appropriately?.
3. Martí-Carvajal AJ, Kwong JS. Pharmacological interventions for treating heart failure in patients with Chagas cardiomyopathy. *Cochrane Database of Systematic Reviews*. 2016(7).
4. Kumowski N, Marx N, Schütt K. Treating heart failure in patients with diabetes: The view of the cardiologist. *Diabetes Research and Clinical Practice*. 2021; 176: 108852.
5. Mark DB. Economics of treating heart failure. *The American journal of cardiology*. 1997; 80(8): 33H-8H.
6. Krumholz HM, Normand SL, Spertus JA, Shahian DM, Bradley EH. Measuring performance for treating heart attacks and heart failure: the case for outcomes measurement. *Health affairs*. 2007; 26(1): 75-85.
7. Levick SP, Goldspink PH. Could interferon-gamma be a therapeutic target for treating heart failure?. *Heart failure reviews*.;19(2): 227-36.
8. Levick SP, Goldspink PH. Could interferon-gamma be a therapeutic target for treating heart failure?. *Heart failure reviews*. 2014; 19(2): 227-36.

9. Teichman SL, Unemori E, Teerlink JR, Cotter G, Metra M. Relaxin: review of biology and potential role in treating heart failure. *Current heart failure reports*. 2010; 7(2): 75-82.
10. Feldman AM, Silver MA, Francis GS, De Lame PA, Parmley WW. Treating heart failure with enhanced external counterpulsation (EECP): design of the Prospective Evaluation of EECP in Heart Failure (PEECH) trial. *Journal of cardiac failure*. 2005; 11(3): 240-5.
11. Čelutkienė J, Balčiūnas M, Kablučko D, Vaitkevičiūtė L, Blaščiuk J, Danila E. Challenges of treating acute heart failure in patients with chronic obstructive pulmonary disease. *Cardiac failure review*. 2017; 3(1): 56.