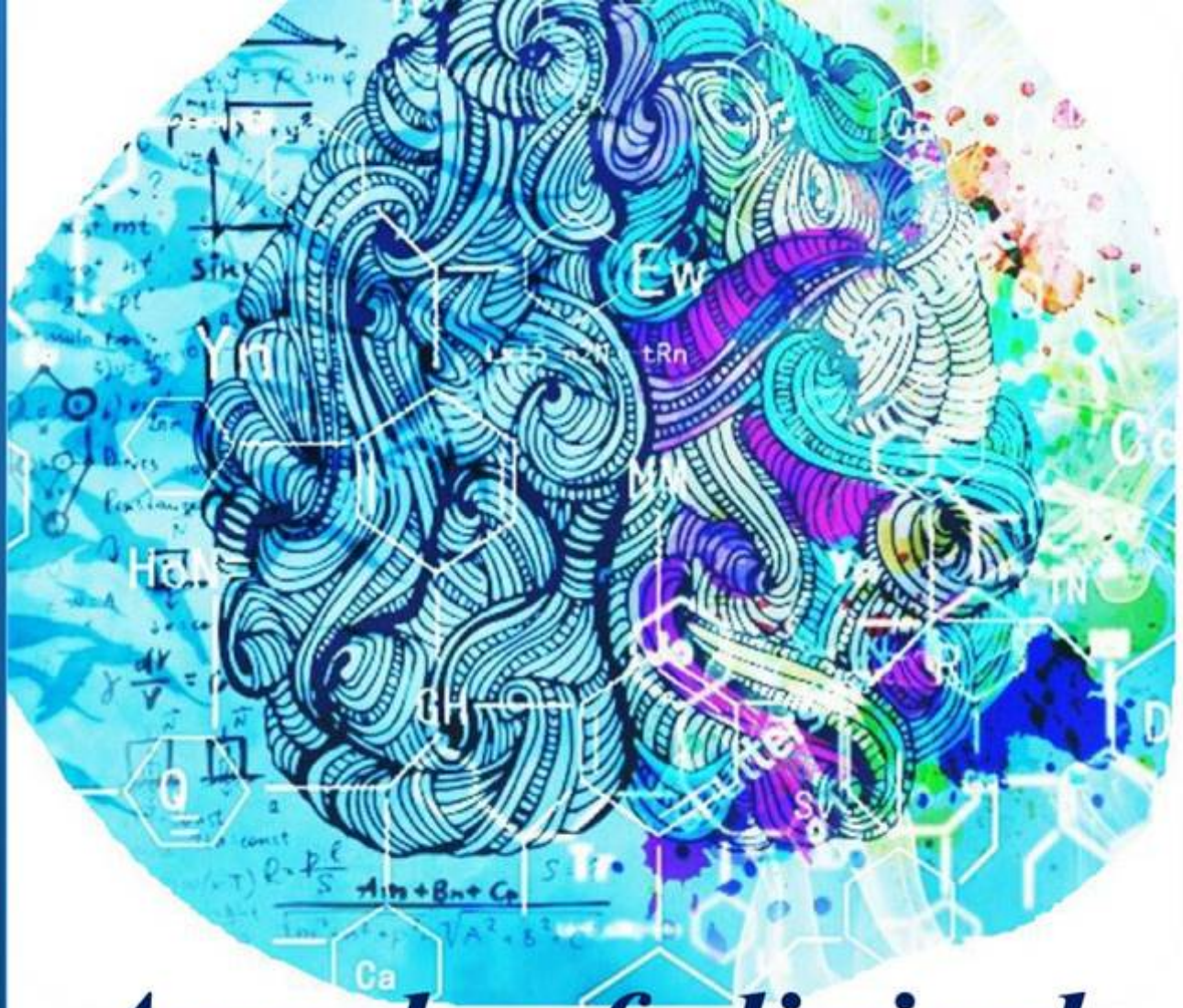

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ASSESSMENT OF THE SODIUM-URETIC PEPTIDE SYSTEM AND THE STRUCTURAL AND FUNCTIONAL STATUS OF THE MYOCARDIUM IN PATIENTS WITH CHRONIC HEART FAILURE

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ANNOTATION

There are several pathological processes that can lead to chronic heart failure (CHF), with the most common being ischemic heart disease. There are various types of ischemic heart disease, almost all of which can be complicated by CHF. CHF is closely related to several factors, including the sympathoadrenal system, renin-angiotensin-aldosterone system, systolic and diastolic activity of the heart, catecholamine system, humoral system, kidney functional activity, and several other factors and systems. Among these, cardiovascular functional status plays a crucial role in the development of HF. Despite several studies being conducted taking into account cardiovascular functional status, none of them have developed a clear algorithm for optimizing the treatment of patients with chronic heart failure while considering cardiovascular functional status.

Key words: chronic heart failure, functional status, six-minute test.

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SURUNKALI YURAK YETISHMOVCHILIGI BO'LGAN BEMORLARDA NATRIY-URETIK PEPTID TIZIMINI VA MIOKARDNING STRUKTURAVIY VA FUNKSIONAL HOLATINI BAHOLASH

ANNOTATSIYA

Surunkali yurak yetishmovchiligiga (SYY) olib kelishi mumkin bo'lgan bir nechta patologik jarayonlar mavjud, ularning eng keng tarqalgani yurak ishemik kasalligi. Yurak ishemik kasalligining har xil turlari mavjud, ularning deyarli barchasi SYY bilan asoratlanishi mumkin. SYY bir qancha omillar, jumladan simpatoadrenal tizim, renin-angiotensin-aldosteron tizimi, yurakning sistolik va diastolik faoliyati, katexolamin tizimi, gumoral tizim, buyrak funksional faoliyati va boshqa bir qancha omillar va tizimlar bilan chambarchas bog'liq. Bular orasida yurak-qon tomir funksional holati SYY rivojlanishida hal qiluvchi rol o'ynaydi. Yurak-qon tomir funksional holatiga ko`ra bir nechta tadqiqotlar o'tkazilganiga qaramay, ularning hech biri yurak-qon tomir funksional holatini hisobga olgan holda surunkali yurak yetishmovchiligi bo'lgan bemorlarni davolashni optimallashtirishning aniq algoritmini ishlab chiqmagan.

Kalit so'zlar: surunkali yurak yetishmovchiligi, funksional holat, olti daqiqalik test.

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ОЦЕНКА НАТРИЙ-УРЕТИНОВОЙ ПЕПТИДНОЙ СИСТЕМЫ И СТРУКТУРНО-ФУНКЦИОНАЛЬНОГО СОСТОЯНИЯ МИОКАРДА У ПАЦИЕНТОВ С ХРОНИЧЕСКОЙ СЕРДЕЧНОЙ НЕДОСТАТОЧНОСТЬЮ

АННОТАЦИЯ

Существует несколько патологических процессов, которые могут привести к хронической сердечной недостаточности (ХСН), наиболее распространенным из которых является ишемическая болезнь сердца. Существуют различные виды ишемической болезни сердца, почти все из которых могут осложняться ХСН. ХСН тесно связана с несколькими факторами, включая симпатоадреналовую систему, ренин-ангиотензин-альдостероновую систему, систолическую и диастолическую активность сердца, катехоламиновую систему, гуморальную систему, функциональную активность почек и ряд других факторов и систем. Среди них функциональное состояние сердечно-сосудистой системы играет решающую роль в развитии СН. Несмотря на то, что было проведено несколько исследований с учетом функционального состояния сердечно-сосудистой системы, ни в одном из них не был разработан четкий алгоритм оптимизации лечения пациентов с хронической сердечной недостаточностью с учетом функционального состояния сердечно-сосудистой системы.

Ключевые слова: хроническая сердечная недостаточность, функциональное состояние, шестиминутный тест.

Introduction. CHF is the leading cause of hospitalization among elderly patients [1]. More than half of those hospitalized with acute decompensated heart failure are over 75 years old, and about 20% are very elderly, i.e., over 85 [2]. The average age of heart failure patients varies between countries, likely due to differences in lifestyle, diet, life expectancy, healthcare systems, and socioeconomic factors [3]. In Poland, the average age of HF patients is 69.1 ± 12.3 years, in the United States it is 73.2 ± 14 years, and in Japan it is 72.9 ± 13.8 years [4]. Optimizing the treatment of heart failure among the elderly is an increasing priority for healthcare systems as the incidence of heart failure increases with age and associated mortality and economic costs rise [5, 6].

The purpose of the research: to assess the effectiveness of treating chronic heart failure based on the initial functional state of the cardiovascular system and to develop optimal diagnostic and treatment strategies.

Materials and methods: Scientific research was conducted at Bukhara City Medical Union Hospital using general clinical, laboratory-instrumental, biochemical, and statistical methods.

Analysis of the obtained results: A total of 250 patients were examined as part of a scientific research study. From this group, 120 patients with chronic heart failure resulting from ischemia were selected based on the research's inclusion criteria at the department of emergency therapy and therapy of the Bukhara city medical association between 2020 and 2022. The average age of the patients observed during the study was 68.12±14.65 years

From the results of the study, it was found that 6% of patients with CHF were sent to the CAG out of 120 patients. All of them underwent a stress-echoCG examination, and the coronary and myocardial reserve were analyzed. Based on the results, tactics for further treatment were assigned for these patients. During the study period and after it, the patient's condition significantly improved. Hospital visits decreased by 43%, emergency calls decreased by 38%, and there were no deaths observed.

According to the results of our study, BNP and NT-proBNP biomarkers were found to be inversely associated with left ventricular ejection fraction ($r=0.85$, $P<0.05$, $R<0.95$). Additionally, the amount of BNP and NT-proBNP in plasma was positively associated with left ventricle size ($r=0.85$ for BNP; $P<0.005$; $r=0.78$ for NT-proBNP; $P<0,05$).In addition, it was found that NT-proBNP and BNP levels increased in parallel with an increase in the size of the left ventricle, both

systolic and diastolic. These findings are consistent with the results of previous studies conducted by other researchers.

Our study also found that patients in the sacubitril/valsartan group had a significantly higher ejection fraction compared to those in the valsartan group, and both groups showed similar effects in CHF patients. Administration of sacubitril/valsartan has been shown to help prevent fibrosis and reduce the rate of decline in heart function in these patients.

Furthermore, sacubitril/valsartan was found to have a positive impact on coronary artery volume. Total and relative coronary artery volumes were significantly improved in patients receiving this treatment. Many foreign researchers have also studied the effect of the sacubitril/valsartan drug on various myocardial and central hemodynamic parameters in patients with chronic heart failure. However, they have not studied the effect of this medication on myocardial tissue volume reserve. Given the limited number of studies conducted in this area, it would be beneficial to conduct more research to determine the impact of this drug on coronary artery reserve size in the treatment of chronic heart failure.

Initially, 260 patients with CHF were chosen for the study. Those who met the study criteria were included after providing a letter of consent and confirming it with their signature. Patients who declined to participate were not included. The research was conducted in accordance with the ethical guidelines of the Declaration of Helsinki. Patients who met any of the exclusion criteria were not included in the study. The study included 120 patients who met all the participation criteria, had no exclusion criteria, and consented to participate. The clinical condition, medical history, and results of laboratory and instrumental examinations of these patients were included in the database.

The study included patients with an average age of 68.12±14.65 years, all of whom had congestive heart failure (CHF) with ischemic causes. Of the patients, 56% were men, and the mean BMI was 29.12±8.25. Additionally, 82% of the patients had hypertension, 52% had angina, and 43.3% had type 2 diabetes. Various arrhythmias, mainly of the constant type, were present in 34% of the patients. The clinical and demographic characteristics of the patients are detailed in Table 1.

Throughout the study, the patients underwent ECG, EchoCG, biochemical tests, and a 6-minute walk test before and after treatment.

Table 1

Clinical and demographic characteristics of patients (n=120)

Indicator	**Value**
Age	68,12±14,65
Gender. male/female, n(%)	67(56)/53(44)
BMI, Me (IQR)kg/м^2	29,12±8,25
Smoking n(%)	28(23,3)
Alkohol n(%)	25(20,8)
Angina pectoris: FC II FC III FC IV	 36 (30) 44 (36,7) 40 (33,3)
CS, n(%)	75(62,5)
Arterial hypertension, n(%)	99(82)
Diabetus mellitus, n(%)	52(43,3)
Angina pectoris	62(52)
Atrial fibrillation (constant form), n(%)	41(34)
CKF, n(%)	26(21,6)
Anemia, n(%)	29(24,1)
COPD, n(%)	22(18,3)
ACB, n(%)	45(37,5)
Stenting, n(%)	31(25)

Charlson scale, Me (IQR) balls	6.0(5,0-7,0)

A 10-symptom questionnaire, known as the Clinical Status Rating Scale (CSRC), is used to assess the quality of life of patients with CHF of ischemic etiology.The Clinical status assessment scale (SAS) is as follows:

- FC I: 3 points
- FC II: 4-6 points
- FC III: 7-9 points
- FC IV: 9 points

If a patient scores a maximum of 20 points on the CSAS, the condition is considered terminal CHF. A score of 0 on the CSAS indicates severe clinical symptoms of CHF.

Patients were given a six-minute walk test. The test was stopped when there was chest pain, pronounced shortness of breath, dizziness, imbalance, leg cramps, and a decrease in saturation of less than 86%.The results of the 6-minute test are presented in Table 2, in accordance with the CHFs' FC.

Table 2

The distance covered by the functional classes according to the 6-minute test

CHF Functional Class, NYHA	Distance covered in 6 minutes	Oxygen consumption (VO2 max), ml/(kgxmin)
0	>551	>22,1
I	426-550	18.1-22.0
II	301-425	14.1-18.0
III	151-300	10.1-14.0
IV	<150	<10

Conclusion. At the hospital, 45% of patients with chronic heart failure visit due to disease exacerbation or scheduled treatment. Among them, 25% have CHF with reduced ejection fraction (CHFwREF), 25% have CHF with preserved ejection fraction (CHFpREF), and 30% have CHF with mid-range ejection fraction (CHFmREF). The main reasons for hospital visits include respiratory infections, missed medications, heart rhythm changes, and hypertensive crises.

Patients with CHFwREF have a higher total reserve volume compared to CHFpREF and CHFmREF patients. However, there are no significant differences in reserve size between the ejection fraction subgroups. BNP and NT-proBNP, which are CHF biomarkers, are inversely associated with left ventricular ejection fraction and ventricular size, and positively associated with ventricular end-systolic and diastolic size.

For patients with CHFwREF and CHFpREF and reduced coronary artery reserve volume, a standard dose of sacubitril/valsartan has a positive effect on myocardial tissue structure and function. Meanwhile, using renin-angiotensin system blockers for patients with CHFwREF and unchanged myocardial tissue reserve volume improves the structural and functional state of the myocardium.

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1 ЖИЛД, 2 СОН

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