

EVALUATION OF THE EFFICACY OF THE COMBINED USE OF BETA-ADRENO BLOCKERS AND CARDIAC GLYCOsideS IN THE TREATMENT OF DILATING CARDIOMYOPATHY COMPLICATED WITH CHRONIC HEART FAILURE Y II STAGE B (PO N UNA III FC)

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Abstract

The results of echocardiographic, electrocardiographic and biochemical studies in 16 patients with dilated cardiomyopathy complicated by chronic heart failure II were studied. B stage (according to NYHA III FC). In all patients included in this study, the parameters of the end-systolic size of the left ventricle and the ejection fraction (EF) of the left ventricle (LV) were determined by echocardiography. Signs of cardiac arrhythmia according to the type of atrial fibrillation were assessed electrocardiographically in 10 patients before the start of intensive therapy, and in dynamics on the ECG taken, a positive effect of the combined use of cardiac glycosides and beta-blockers was recorded in the form of a transition from the tachystolic form of atrial fibrillation to the normosystolic form of atrial fibrillation. The importance of timely correction of hypokalemia in blood plasma by intravenous drip administration of panangin 20 ml diluted in 0.9% saline 200 ml was studied.

Keywords: chronic heart failure, dilated cardiomyopathy, ECG, echocardiography, bisaprolol, digoxin.

Relevance

The criterion for the disease is a decrease in the LV ejection fraction below 45% and dilatation of the LV cavity in diastole up to 6 cm with signs of LV diastolic dysfunction. [1,2,4] DCM is the most common (60% of all cardiomyopathies) and occurs in all



countries of the world with a frequency of 5-8 cases per 10,000 population. The mortality rate with clinical signs is up to 30% per year. CHF develops in 11% of patients with DCMP [3,5,6] . Treatment of DCMP presents great difficulties. Heart failure in DCM is stable and is characterized by refractoriness to traditional methods of treatment [10]. The highest content of catecholamines (dopamine norepinephrine and adrenaline) was found in patients with DCMP. In this connection, it is the use of β_1 -blockers that makes it possible to achieve a positive clinical and dynamic effect. [7,8,9]

Objective

To evaluate the positive effect of a low dose of the selective $\beta\text{1-blocker}$ bisaprolol (2.5 mg/ day) in combination with the cardiac glycoside digoxin (0.25 mg/ day) and panangin .

Materials and Methods of Research:

We examined 16 patients aged 18 to 30 years with DCMP complicated by CHF stage II B (according to N UNA III FC). The study was conducted in the emergency cardiology department of the Samarkand branch of the RNCEM. All patients underwent studies such as ECG, EchoCG and determined the concentration of potassium in the blood plasma.

Results of the Study

Against the background of the above combination therapy on the 6th day, the clinical condition of the patients improved significantly. The effectiveness of complex treatment was assessed on the basis of the increase in LV EF. In the dynamics with repeated echocardiography, global LV contractility remained little changed, LV EF increased by only 2.1%, from 36.5 to 38.6%

Table number 1. EchoCG indicators in the group of patients with CHF III FC (according to N UNA)

EchoCG parameters	HSN III FC before treatment	HSN III FC on the 6th day of treatment
LV EF(%)	36.5 ± 2.6	38.6 ± 2.3
KDR L W(cm)	5.4 ± 0.6	5.3 ± 0.5



In 10 patients (62.5%) tachysystolic form of atrial fibrillation with heart rate (HR) 110-150 beats per 1 min., transformed into normosystolic form with a heart rate of 74-88 beats per minute, the concentration of potassium in the blood plasma ranged from 3.6 to 4.2 mmol/l, swelling in the legs subsided much, shortness of breath decreased.

Conclusions

Thus, it should be noted that it is the combined use of β - adrenergic receptor blockers, cardiac glycosides and panangin that can be an effective treatment for patients with DCM, especially in the presence of tachyarrhythmia fibrillation , and can prevent further progression of CHF.

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