



Complementary supportive therapy for symptomatic patients with a left ventricular dilatation and reduced ejection fraction

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Abstract

Aim: Some of the main goals of treatment in patients with heart failure (HF) is improving the quality of life and functional capability. The aim of the study is to assess the effect of complementary supportive therapy (CST) on the quality of life and functional capability in patients with heart failure and reduced ejection fraction (HFrEF).

Methods: We investigated 33 patients with left ventricular dilatation (LVIDd >60 mm) and reduced ejection fraction (EF<40%) in 76 CST periods. Prior to each CST period, therapy was optimized (OMT) during one month. Complementary supportive therapy (CST) consists of a 10 day session. In addition to OMT, the patients were treated with carnitine, co-enzyme Q-10, L-arginin, vitamin B, vitamin E, vitamin C, selenium while lying for 30 minutes inside a pulsating electromagnetic field (up to 30 microteslas with individual frequency settings) and inhaling O₂. Before and after each CST period they were asked to evaluate the quality of life using the Minnesota Living with Heart Failure Questionnaire (MLHFQ) and the visual analogue scale and EF, LVIDd and NYHA class were determined. Statistical analysis of the CST was based on the t-test, Spearman's rank correlation coefficient and Wilcoxon's signed-ranks test. The median monitoring period was 60 months (ranging 11-122).

Results: After administering the complementary supportive therapy, a statistically significant Improvement ($p<0.05$) was noticed in the particular items of the MLHFQ, in emotional and physical dimensions. The values of VAS and EF increased whereas NYHA and LVIDd decreased significantly ($p<0.001$).

Conclusion: CST significantly improved the quality of life and functional capacity of patients with HFrEF. In conclusion, in our opinion, the best available benefits are not from drastic intermittent therapies, but can preferably be achieved by very close general monitoring of patients with coronary failure, including their diet, weight (the most crucial category of coronary failure patients are those that are underweight), salt and protein intake, mineral, vitamin, and nutrient intake, hydration, control of opportunistic infections (eg, pneumococcal vaccine), daily temperature monitoring, control and prevention of episodes of hysteria and depression (which are frequently observed in these patients with poor prognosis), close monitoring of medication, including anti-platelet, anticoagulant, non-steroid or steroid anti-inflammatories, antidepressants, and antibiotics etc., as these factors can cause fatal events. Of course, physiotherapy, emotional and psychological wellbeing, and maintaining a positive state of mind, are major contributors to quality of life and anticipation. Quality of life coefficients are essential for an accurate evaluation of medical performance, during a more meaningful way than anticipation parameters; however, unfortunately, for patients with severe impairment of left ventricular ejection fraction, these goals and therapeutic procedures are still not properly administered by current health care systems. Elderly patients require a good more thorough and individualized therapeutic approach, since the attitude toward this specific category of patients is usually a performance indicator, also as a measure of the social and cultural morality of health care systems.

Biography

Mila Jakovljević completed her specialisation in internal medicine at the Department for Heart and Blood Vessel Diseases, Zagreb University Hospital Centre. She subsequently completed a programme in cardiology and clinical pharmacology and gained a doctorate degree in medical sciences at the University of Zagreb covering topics from the field of cardiology. Now she is the director of Saint Nicholas Polyclinic for Cardiovascular Diseases and Prevention, Croatia

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