

Hipertireoza kao posljedica liječenja zatajivanja srca

Hyperthyroidism caused by heart failure treatment

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Zatajivanje srca je složeni klinički sindrom koji, neovisno o etiologiji bolesti, obilježava nemogućnost srca da prima i istiskuje krv te time zadovolji metaboličke potrebe organizma. Liječenje zatajivanja srca često zahtjeva primjenu amiodarona koji u bolesnika, preko štitnjače, može djelovati kao pokretač hormonalnog nesrazmjera.^{1,2} Štitnjača putem hormona kontrolira metabolizam, a pojava hipertireoze u bolesnika sa zatajivanjem srca dovodi do pogoršanja zdravstvenoga stanja u obliku progresije zatajivanja.

Skrb medicinske sestre za bolesnika s ovim kompleksom postaje zahtjevnija te uz pravovremenu primjenu terapije obuhvaća svakodnevno fizikalni pregled, kontrolu vitalnih funkcija, vođenje bilance tekućine, kontrolu tjelesne težine, telemetrijsko praćenje, psihološku podršku. Od velikog je značenja pravovremeno prepoznavanje promjena u bilo kojem navedenom području da bi se na vrijeme moglo reagirati i pomoći bolesniku da dođe do regresije hipertireoze, a posljedno i stabilizacije zatajivanja srca.

Heart failure is a complex clinical syndrome that regardless of the diseases' etiology is characterized by inability of the heart to receive and pump the blood thus meeting the metabolic needs of the body. Heart failure treatment often requires the introduction of amiodarone into therapy, which can, in some patients, cause the hyper production of thyroid gland hormones.^{1,2} Thyroid gland controls the metabolism through hormones (the way the body uses energy, breathing, heart rhythm, systemic nervous system, body weight, body temperature and many other functions in the body). Therefore, the occurrence of hyperthyroidism in patients with heart failure leads to progression of heart failure and further deterioration of patient health.

Nurses' care for such patients is more complex and involves timely implementation of therapy, daily physical examination, control of vital functions, keeping the balance of fluids, weight control, telemetric monitoring, psychological support. It is of utmost importance to recognize the changes in any of the mentioned segments so therefore enabling timely intervention and in doing so helping the patient to achieve the regression of hyperthyroidism and thus 'stabilization' of heart failure.

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