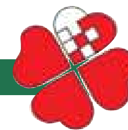

Kronično zatajivanje srca u starijoj populaciji

Chronic heart failure in elderly population

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Na 16. kongresu Alpe Adria kardiološkog udruženja održanom u Portorožu od 5. do 7. lipnja 2008. godine, što ga je organiziralo Slovensko kardiološko društvo na čelu s prof. dr. **Miranom Kendom**, između ostalih tema bilo je riječi o iznimno zastupljenom kliničkom entitetu — kroničnom zatajivanju srca (KZS) s posebnim osvrtom na zatajivanje u starijoj populaciji.

Dr. **Nadja Ružič Medvešček** iznijela je iskustva Zavoda za kardiologiju Kliničkog centra u Ljubljani[1]. KZS predstavlja najčešći uzrok hospitalizacije u starijoj dobnoj skupini. Ono zahvaća oko 5% populacije u dobi iznad 65 godina. Ukupno petogodišnje preživljenje u toj skupini je manje od 50%, a stopa hospitalizacije i rehospitalizacije je iznimno visoka[1-3]. Imajući u vidu iznesene podatke i uzimajući u obzir opterećenje zdravstvenog sustava, naglasak je na pravilnom liječenju KZS u ovoj populaciji. Liječenje prema smjernicama Europskog kardiološkog društva u svakom slučaju, mora biti prilagođeno potrebama pojedinog bolesnika[4].

ACE inhibitori smanjuju morbiditet i mortalitet podjednako uspješno u starijoj, kao i mlađoj populaciji[5], te se trebaju smatrati prvom linijom liječenja KZS (dokazi iz studija CONSENSUS, SOLVD, VheFT II, SAVE, TRACE, AIRE, HOPE, EUROPA). U starijoj populaciji oni su neopravdano nedovoljno pripisivani vjerojatno zbog straha od neželjenih učinaka, poglavito kod znakova početnog kroničnog zatajivanja bubrega[6].

Blokatori receptora angiotenzina su učinkovita alternativa u bolesnika koji ne podnose ACE inhibitore (VALIANT, CHARM-Alternative, VAL-HeFT).

Beta-blokatori također smanjuju morbiditet i mortalitet, te su danas prepoznati kao kamen temeljac liječenja stabilnih, euvolemičnih bolesnika (CIBIS II, MERIT-HF, COPERNICUS, COMET, CARMEN). SENIORS studija koja je uključila više od 2.000 bolesnika u dobi 70 i više godina iz deset europskih država, jasno je potvrdila njihovu učinkovitost u smanjenju mortaliteta i stope hospitalizacija u ovoj skupini — *nebivolol* se pokazao učinkovitim u bolesnika s očuvanom i reduciranom sistoličkom funkcijom[7]. Dr. **Andrew Coats** u ime istraživačke skupine naglašava važnost ove studije pošto je "...prosječna dob bolesnika s KZS u stvarnom životu — 76 godina...". Novije kliničke studije su pokazale dobru podnošljivost beta-blokatora u skupini bolesnika iznad 70 godina[8]. Smjernice preporučuju kako bi se ova skupina lijekova trebala propisati i titrirati do najviše podnošljive doze svim bolesnicima s KZS, koji nemaju apsolutne kontraindikacije, te razmotriti upotrebu kod relativnih kontraindikacija.

Antagonisti aldosterona (dostupni spironolakton i eplerenon) poboljšavaju simptome, te dokazano smanjuju mortalitet i broj hospitalizacija u bolesnika u skupinama NYHA III-IV (RALES, EPHESUS).

At the 16th congress of Alpe Adria Cardiac Society held in Portorož from the 5th to the 7th June 2008 organized by Slovenian Society of Cardiology headed by Prof. **Miran Kenda**, MD, one of the topics which were discussed was an extremely frequent clinical entity — chronic heart failure (CHF) especially focusing on heart failure with seniors.

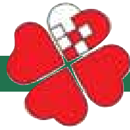
Nadja Ružič Medvešček, MD spoke about experience that the Cardiology Institute of the Ljubljana Clinical Center had had so far[1]. The CHF is the most frequent cause of hospitalization for an older age group. It includes 5% of the population over 65 years of age. A total five-year survival in this group is under 50%, and the hospitalization and rehospitalization rate is extremely high[1-3]. Considering the mentioned information and problems that the healthcare system is facing, the emphasis is to be placed on proper CHF treatment with this population. According to the European Society of Cardiology, the treatment must certainly be adapted to specific needs of every patient[4].

ACE inhibitors reduce morbidity and mortality equally successfully in elderly and young population as well[5], therefore they must be considered the first CHF treatment line (evidence taken from studies CONSENSUS, SOLVD, VheFT II, SAVE, TRACE, AIRE, HOPE, EUROPA). In elderly population they are unreasonably insufficiently prescribed probably due to a fear of undesirable effects, mainly in the event of some indications of initial chronic kidney failure[6].

Angiotensin receptor blockers are an efficient alternative in patients who fail to agree with ACE inhibitors (VALIANT, CHARM-Alternative, VAL-HeFT).

Beta-blockers are also used to reduce morbidity and mortality, today they are recognized as fundamental drugs for treating stabile, euvolemic patients (CIBIS II, MERIT-HF, COPERNICUS, COMET, CARMEN). SENIORS study that has included more than 2000 patients aged 70 and over from ten European countries has clearly verified their efficiency in reducing mortality and hospitalization rate in this group — *nebivolol* proved to be efficient in patients with preserved and reduced systolic function[7]. Dr. **Andrew Coats** has on behalf of the research group emphasized the importance of this study since "...an average age of patients with CHF in real life is 76 years of age...". Some recent clinical studies have showed good tolerance of beta-blockers in a group of patients over 70 years of age[8]. The guidelines suggest that this group of drugs should be prescribed and treated up to maximum tolerable dosage for all patients with CHF that do not show any absolute contraindications and their use should be considered in case of some relative contraindications.

Aldosterone antagonists (available spironolactone and eplerenone) improve the symptoms and have proved to reduce mortality and the number of hospitalizations in patients in groups NYHA III-IV (RALES, EPHESUS).



Diuretici, nitrati, digoksin i ***inotropi*** (odnedavno dostupan i kalcijski senzibilizator levosimendan) imaju važnu ulogu u simptomatskom liječenju bolesnika s KZS, iako njihov učinak na stope mortaliteta i rehospitalizacije do sada nije adekvatno potkrijepljen podacima kliničkih studija.

Uzimajući u obzir ove okvirne upute, preporučuje se liječenje prilagoditi individualnim potrebama i profilu bolesnika.

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Diuretics, nitrates, digoxin and ***inotropes*** (since recently accessible and calcium sensitiser levosimendan) play an important role in symptomatic treatment of patients with CHF, although their effect on mortality and rehospitalization rates has not been adequately supported by clinical study data.

Taking all these framework instructions into consideration, we suggest treatment to be adapted to specific needs and a patient's profile.

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