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J Cardiovasc Dis Diagn 2018, Volume 6
DOI: 10.4172/2329-9517-C2-006

Update on nutrition in chronic heart failure

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Chronic heart failure is defined as decreased ability of heart due to various reasons. Despite improvements in pharmacologic treatment, many patients with heart failure have severe and persistent symptoms and their prognosis remains poor. The objectives of nutrition therapy in heart failure are to prevent from water retention and edema, to avoid from hard digestion and to offer a balanced diet. To avoid fluid retention and edema, daily sodium and fluid intake must be monitored carefully. Main dilemma of the heart failure patients is the obesity-cachexia dilemma. Since one of the main reasons of heart failure is cardiovascular diseases, in first phase, the patient may be obese. In the later phases, cachexia may show up. It was shown that cachexia is associated with mortality. Within this period, patients should not be over-fed and the patient should pass from catabolic state to anabolic state slowly. If the gastrointestinal track is functional oral/enteral feeding must be preferred. Large, controlled and well-designed studies must be conducted to evaluate the benefits of nutritional practices such as nutritional assessment, enteral feeding and nutrient supports in heart failure patients.

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Heart failure in hemodialysis patients 2018

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Patients with end-stage renal disease requiring dialysis are at increased risk for development of Heart Failure (HF). Factors that may contribute to HF in the dialysis patient include fluid overload, left ventricular diastolic dysfunction, LV systolic dysfunction and valvular heart disease. A high-output state caused by shunting through hemodialysis arteriovenous access can also precipitate HF. A proposed functional classification scheme was developed specifically for patients with End-Stage Renal Disease (ESRD) by the Acute Dialysis Quality Initiative (ADQI) XI Workgroup. The cardiac evaluation of dialysis patients should address whether HF is present, what type of HF is present (HFrEF; LVEF≤40%, HF with midrange ejection fraction HFmrEF; LVEF 41-50%, HF with preserved ejection fraction HFpEF; LVEF>50 percent, HF from valve disease and identification of contributing factors. The approach to management of HF in the dialysis patient varies depending on the clinical presentation.

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