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Adult Congenital Heart Disease and Heart Failure

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Introduction

Adult congenital heart disease (ACHD) is a catch-all term for disorders that affect the structure of your heart and are present at birth. Congenital refers to a defect that arises during foetal development and is present at birth. Your heart's ability to pump blood is affected by certain disorders. Milder to more serious congenital heart conditions exist. People may not experience any signs of cardiac disease until they are adults, depending on the type and severity of the condition. Other folks hardly ever experience symptoms. Others receive treatment for these diseases as youngsters, only to develop signs of their long-term effects as adults. The results for those with ACHD have improved as a result of improvements in diagnosis and care. More than 90% of children with ACHD who receive treatment grow up. Heart disease is caused by high blood pressure, which is a key risk factor. It's critical to have your blood pressure checked on a regular basis - at least once a year for most individuals, and much more frequently if you have high blood pressure. Take actions to avoid or control high blood pressure, including making lifestyle changes. Cholesterol levels that are too high can clog arteries, increasing your risk of coronary artery disease and heart stroke. Cholesterol can be reduced through a combination of lifestyle changes and medications. Triglycerides are a form of fat found in the bloodstream. High triglyceride levels can also increase the risk of coronary heart disease, particularly in women [1].

Obesity or being overweight can increase your risk of heart disease. This is mostly due to their association with other heart disease risk factors such as high blood cholesterol and triglyceride levels, high blood pressure, and diabetes. These dangers can be reduced if you maintain a healthy weight. Limit saturated fats, high-sodium diets, and added sweets. Consume a variety of fruits, veggies, and whole grains. The DASH diet is an example of an eating plan that can help you lower your blood pressure and cholesterol, two factors that can reduce your heart disease risk. Exercise offers numerous advantages, including strengthening the heart and increasing circulation. It can also aid in the maintenance of a healthy weight as well as the reduction of cholesterol and blood pressure. All of these things can help you avoid heart disease. Too much alcohol might cause your blood pressure to rise. It also adds more calories, potentially leading to weight gain. Both of these factors increase your chances of developing heart disease. Men should limit themselves to two alcoholic drinks each day, while women should limit themselves to one. Cigarette smoking elevates blood pressure and increases your risk of heart attack and stroke. Don't start smoking if you don't already. If you smoke, stopping reduces your chances of developing heart disease. You can get assistance from your health care professional in determining the best method for you to quit. In many ways, stress is linked to heart disease. It has the potential to elevate your blood pressure. A heart attack can be triggered by extreme stress [2].

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Description

You increase your chances of high blood pressure, obesity, and diabetes if you don't get enough sleep. These three factors can increase your chances of developing heart disease. The average adult needs 7 to 9 hours of sleep per night. Make sure you're getting enough sleep. If you're having trouble sleeping, make an appointment with your doctor. Sleep apnea is a condition that causes people to cease breathing for small periods of time while sleeping. This makes it difficult to get a decent night's sleep and increases your risk of heart disease. If you suspect you have it, speak with your doctor about getting a sleep study. Also, if you do have sleep apnea, make sure you get it treated. Over the past 50 years, there have been significant developments in the treatment of children with congenital heart disease (CHD). As a result, the majority of children grow up to become adults, and the number of adults with CHD is rapidly increasing. Patients with complicated CHD show a more pronounced progression in this regard. As a result, the range of congenital abnormalities is evolving as more individuals with complicated CHD live longer and develop more acquired comorbidities. The most frequent complication in adults with CHD (ACHD) is heart failure (HF), which affects at least 30% of patients with complicated underlying illnesses throughout the course of their lifetimes. The main factor contributing to early mortality in this cohort is now this comorbidity. Since complicated heart disease patients are living longer and there [3,5].

The organisation of healthcare and the resources available for ACHD are significantly impacted by this evolution. Using two administrative databases in the USA, the Nationwide Emergency Department Sample and Nationwide Inpatient Sample, the paper is unique and strong because it compares the current use of hospital resources and outcomes in patients with ACHD with HF (ACHD-HF) and those without ACHD with HF (HF-non-ACHD). With an increase in HF-related hospitalisations of 46% between 2006 and 2016 compared with 6% in patients without ACHD, they validated the sharp increase in HF prevalence in ACHD.

Conclusion

One of the most complicated CHDs, which was a CHD with a single ventricle often treated with Fontan circulation, had a particularly high rate of progression. However, hospitalisation for HF may only. The subject of HF in CHD is quite wide and frequently challenging to comprehend. Given the wide range of CHD, it is simple to understand why this may be the case. Clinically, CHD is categorised into groups according to the degree of structural complexity of the lesions. Simple CHD, moderately difficult CHD, and severely complex CHD are the different categories for defects. Based on the severity of the underlying CHD, published guidelines for the management of ACHD have suggested follow-up intervals for on-going care. Prior interventions, such as heart surgery, also contribute to the emergence of HF and late CVD risk; for this reason, they must be carefully taken into account while providing care for an ACHD patient.

Acknowledgement

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Conflict of Interest

None.

References

1. Li, Fan. "The evaluation of general practitioners' awareness/knowledge and adherence to the GOLD guidelines in a Shanghai suburb." Asia Pac J Publ Health 27 (2015): NP2067-NP2078.
2. Zhong, Nanshan. "Prevalence of chronic obstructive pulmonary disease in China: A large, population-based survey." Am J Respir Crit Care Med176 (2007): 753-760.
3. Wu, Shu-Fang Vivienne. "Relationships among depression, anxiety, self-care behaviour and diabetes education difficulties in patients with type-2 diabetes: A cross-sectional questionnaire survey." Inter J Nurs Stud 48 (2011): 1376-1383.
4. Wang, Chen. "Prevalence and risk factors of chronic obstructive pulmonary disease in China (the China Pulmonary Health [CPH] study): A national cross-sectional study." The Lancet 391 10131 (2018): 1706-1717.
5. Champaneri, Shivam. "Biological basis of depression in adults with diabetes." Curr Diabt Repor 10 (2010): 396-405.

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