

Heart Disease Diagnosing in General Practice

Flavia Danielle*

Diagnostic Health Center, Barcelona, Spain

Introduction

Heart disease is diagnosed using a variety of tests. Your doctor will begin by gathering information about your personal and family medical histories, noting current and previous symptoms, and ordering laboratory tests and an electrocardiogram. Your doctor may request additional tests based on the results of the assessment and tests. Some of these tests are non-invasive, which means they don't require the insertion of any tools into the body. Other tests are more intrusive, requiring the insertion of tools into the patient's body [1].

Description

An electrocardiogram (ECG) is a painless and rapid examination that in your heart. It can detect irregular cardiac rhythms. An ECG can be performed while you're at rest or monitors the electrical signals while you're exercising (stress electrocardiogram). A Holter monitor is a portable ECG gadget that you wear for 24 to 72 hours to record your heart rhythm. Holter monitoring is used to detect heart rhythm issues that aren't detected by a standard ECG. The pressures in your heart chambers can be measured and dye injected during cardiac catheterization. The dye may be visible on an X-ray, which allows your doctor to check for issues by seeing how blood flows through your heart, blood arteries, and valves. During a cardiac CT scan, you may see what's going on inside your heart. An X-ray tube inside the machine rotates around your body and collects images of your heart and chest [2].

Laboratory testing is performed to detect heart disease risk factors. The detection of fats, cholesterol, and lipid components of blood, such as LDL, HDL, and Triglycerides, is one of them. Diabetes is diagnosed by measuring blood sugar and glycosylated haemoglobin. C-reactive protein (CRP) and other protein markers such as Apolipoprotein A1 and B are used to screen for inflammation that might lead to heart disease. Heart muscle cells die after a heart attack and release proteins into the bloodstream. The level of these proteins in the bloodstream can be measured via blood tests. A recent heart

attack is indicated by high levels of these proteins. Cardiac Troponin-T is one of the heart attack indicators. Fibrinogen and PAI-1, excessive homocysteine levels, and elevated asymmetric dimethylarginine are some of the other indicators [3].

Conclusion

Cardiac disease is an umbrella word that covers a variety of heart disorders, despite the fact that it is frequently thought of as a single ailment. It encompasses illnesses of the blood arteries, such as Coronary Artery Disease (CAD) and Peripheral Artery Disease (PAD); abnormal heart rhythms, or arrhythmias; congenital heart disease, or congenital heart defects; and cardiomyopathy, or the thickness or enlargement of the heart. Atherosclerosis is caused by lifestyle decisions that can be changed, such as a lack of physical activity, a poor diet, being overweight or obese, and smoking cigarettes. High cholesterol, high blood pressure, and diabetes all contribute to an increased risk of CAD and PAD [4,5].

References

1. Joseph, Heidi M Connolly, Martyn E Caplin and Marianne Pavel, et al. "Diagnosing and managing carcinoid heart disease in patients with neuroendocrine tumors: an expert statement." *J Am Coll Cardiol* 69 (2017): 1288-1304.
2. Reddy, G Thippa, M Reddy and Kuruva Lakshmana, et al. "Hybrid genetic algorithm and a fuzzy logic classifier for heart disease diagnosis." *Evol Intell* 13 (2020): 185-196.
3. DePace Sr, Nicholas L, Joy P Mears and Michael Yayac. "Cardiac autonomic testing and diagnosing heart disease." *A clinical perspective.* *Heart Int* 9 (2014): 1-5.
4. Engel, Melissa S, Lazaros K and Kochilas. "Pulse oximetry screening: A review of diagnosing critical congenital heart disease in newborns." *Medi Devi* 9 (2016): 199.
5. Jasim, Yaser Abdulaali and Mustafa G Saeed. "Developing a software for diagnosing heart disease via data mining techniques." (2018).

How to cite this article: Danielle, Flavia. "Heart Disease Diagnosing in General Practice" *J Gen Prac* 10 (2022): 438.

*Address for Correspondence: Flavia Danielle, Diagnostic Health Center, Barcelona, Spain, E-mail: daniellef@gmail.com

Copyright: © 2022 Danielle F. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received 05 February, 2022; Manuscript No. JGPR-22-58325; **Editor Assigned:** 7 February, 2022; PreQC No. P-58325; **Reviewed:** 18 February, 2022; QC No. Q-58325; **Revised:** 23 February, 2022, Manuscript No. R-58325; **Published:** 28 February, 2022, DOI: 10.37421/2329-9126.22.10.438