



COMMENTARY



Congestive Heart Failure: Signs and Symptoms

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Description

Heart Failure (HF), also known as Congestive Heart Failure (CHF) and (Congestive) Cardiac Failure (CCF), is a set of symptoms caused by the heart's failure to function as a pump that supports blood flow through the body. Its signs and symptoms are caused by a structural and/or functional abnormality of the heart that prevents it from filling with blood or ejecting it during each heartbeat. Shortness of breath, extreme weariness, and leg edoema are common signs and symptoms of heart failure. Shortness of breath is frequently worsened by exercise or lying down, and it might wake a person up in the middle of the night. A lack of ability to exercise is another common symptom. Heart failure does not usually cause chest pain, especially angina.

Coronary artery disease, including a previous myocardial infarction (heart attack), high blood pressure, atrial fibrillation, valvular heart disease, excessive alcohol use, infection, and cardiomyopathy of unclear cause are all common causes of heart failure. These alter the structure or function of the heart, resulting in heart failure. Heart Failure with decreased Ejection Fraction (HFrEF or systolic heart failure) and Heart Failure with maintained Ejection Fraction (HFpEF or diastolic heart failure) are two kinds of left ventricular heart failure based on whether the left ventricle's ability to contract or rest is compromised. The severity of heart failure is determined by the intensity of exercise-induced symptoms.

Heart failure is not the same as a heart attack (in which a portion of the heart muscle dies owing to a clot in the arteries supplying the heart) or cardiac arrest (in which the heart muscle dies due to a clot in the arteries supplying the heart) (in which blood flow stops altogether due to failure of the heart to pump effectively). Obesity, kidney failure, liver difficulties, anaemia, and thyroid illness are all disorders that can cause symptoms comparable

to heart failure. Symptoms, physical findings, and echocardiography are used to make a diagnosis. To establish the underlying reason, blood testing, electrocardiography, and chest radiography may be used.

The severity and aetiology of the disease determine the course of treatment. Treatment for chronic stable moderate heart failure typically includes lifestyle changes such as quitting smoking, increasing physical activity, and changing one's diet, as well as drugs. Angiotensin-converting enzyme inhibitors, angiotensin receptor blockers, or valsartan/sacubitril, in combination with beta blockers, are advised for people who have heart failure due to left ventricular dysfunction. Aldosterone antagonists or hydralazine with a nitrate may be administered for people with severe illness. Diuretics are helpful in preventing fluid retention and the shortness of breath that comes with it. An implanted device, such as a pacemaker or an implantable cardiac defibrillator, may be indicated depending on the cause.

Cardiac Resynchronization Therapy (CRT) or cardiac contractility modulation may be beneficial in some moderate or severe situations. In those with severe disease that persists after all previous measures, a ventricular assist device (for the left, right, or both ventricles) or, in rare cases, a heart transplant may be advised.

Signs and symptoms

Heart failure is a pathophysiological condition in which the heart's output is insufficient to meet the body's and lungs' needs. Congestion, or the build-up of fluid in a person's tissues and veins in the lungs or other parts of the body, is one of the most common signs of congestive heart failure. Congestion manifests itself as water retention and swelling (edoema) in the form of peripheral edoema (swollen limbs and feet) and pulmonary edoema (breathing difficulties), as well as ascites (swollen abdomen).

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Traditional heart failure symptoms are separated into left- and right-sided signs and symptoms, understanding that the left and right ventricles of the heart serve different parts of the circulation, but people often experience both sets of signs and symptoms.

The left side of the heart receives oxygen-rich blood from the lungs and circulates it throughout the body (the rest of the body except for the pulmonary circulation). Failure of the left side of the heart causes blood to back up (be congested) into the lungs due to a lack of oxygenated blood, causing respiratory symptoms and exhaustion. Two frequent respiratory symptoms are increased breathing rate and work of breathing (nonspecific signs of respiratory distress). The development of pulmonary edema is in-

dicated by rales or crackles in the lung bases at first, then across the lung fields if severe (fluid in the alveoli). A late indication of severe pulmonary edema is cyanosis, which suggests a severe lack of oxygen in the blood.

A laterally displaced apex beat (which occurs if the heart is enlarged) and a gallop rhythm (extra heart sounds) may be detected as a marker of increased blood flow or increased intracardiac pressure, both of which are indicators of left ventricular failure. Heart murmurs can be a sign of valvular heart disease, which can be caused by (e.g. aortic stenosis) or caused by (e.g. mitral regurgitation) heart failure.