

A correct approach to the “picture” of a patient with cardiovascular disease

Editorial

Although the control of heart disease undoubtedly shows promising results, the morbidity and mortality from cardiovascular events is characterized by a high rate,¹⁻³ and such a fact should be carefully taken into account.

Ischemic heart disease, complicated hypertension and, generally, cerebrovascular events, mainly associated with stroke, involve the engagement of physicians and health staff to fight these occurrences primarily by therapeutic approaches, changes in lifestyle and reduction of the major cardiovascular risk factor effects.⁴⁻⁶ The last of these three factors should be investigated as a matter not fully understood in terms of numbers, continuously in progress, and real role in causing cardiovascular disease. Therefore, their exact classification needs to be further studied.

Among cardiovascular diseases, ischemic heart disease is worthy of mention since it occurs with high rate with regard to both morbidity and mortality. In addition, many subjects, also under 70 years, sometimes meet loss of working and severe disability as a result of this outcome. The “picture” of an individual suffering from ischemic heart disease consists mainly of clinical signs due to reduced blood flow supply to the myocardium because of coronary artery alterations and hypoxia.⁷⁻⁹ A typical chest pain, although with different features, duration, and response to administered nitroglycerin, is the relevant symptom of these individuals, who can also display heart failure and arrhythmias. A suitable therapeutic approach associated with changes in lifestyle and careful control of the major cardiovascular risk factors may reduce the rate of the disease as well as improving its outcome. This way should be certainly followed since ischemic patients pay high costs in terms of life and social engagement.

Hypertension is a disease often recognized occasionally during a routine outpatient examination. Therefore, its real rate is far to be completely assessed.¹⁰ The “picture” of a hypertensive patient is silent in a large majority of patients. However, in presence of diagnosis of the disease, a valid therapeutic approach has to be conducted to reduce the rate of complications mainly characterized by severe organ damage. Heart, brain and kidney are primarily affected when high values in blood pressure exist. The main purpose of antihypertensive therapy and changes in lifestyle is to achieve the most significant lowering of blood pressure, anyway obtained.^{11,12} However, poor adherence to antihypertensive therapy still may be observed¹³ as a result of discontinuous compliance of patients and, also, lack of attention to the treatment by family physicians. If this behavior is overtaken, a more definite “picture” of the hypertensive individual could be observed, characterized by an evident improvement of patient health and reduction of hypertensive complications. Cerebrovascular disease consists of a group of disorders of the brain circulation mainly due to a reduction or absence of blood flow supply. The most severe pattern to be observed is the stroke in both its forms: thrombotic and hemorrhagic stroke.^{14,15} The patient affected by stroke shows a typical “picture” depending on clinical signs and pathologic lesions. Several symptoms may accompany this vascular disorder. Among these, sudden loss of balance often followed by vomiting, severe headache and, also, loss of consciousness may be seen. When an individual survives a stroke, permanent disability of different degree often characterizes the future

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of this subject. An ischemic stroke shows about 70% of the rate of all types of stroke and is mainly a consequence of atherosclerotic vascular disorders. Carotid and cerebral artery alterations of thrombotic type are the pathological substrate more frequently responsible of the damage. In addition, atrial fibrillation plays a significant role. On the contrary, hemorrhagic infarction, which occurs for about 15% of all strokes, primarily results from intracerebral hemorrhage due to rupture of cerebral arteries often affected by a congenital aneurysm. In terms of “picture” of the cerebrovascular disease, stroke is the event that easily may be identified since it modifies physical features of the subjects affected in a very significant manner.

Conclusion

From these observations, it emerges that the “picture” of a patient suffering from cardiovascular disease should not be interpreted as a static, but dynamic “picture”, whose characteristics may be modified or, otherwise, controlled by using a correct approach built up several measures to better fight the underlying pathology. It is superfluous emphasizing each cardiovascular disorder has an own feature depending on several and variable factors to be taken into account when the manifestations of a single disease have to be assessed. Finally, improving the “picture” of a cardiopathic individual contributes significantly to reduce health costs, which are still high for the cardiovascular disease control.

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Conflicts of interest

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