

Palliative Care for Patients with Heart Failure

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Abstract

chronic Heart Failure (HF) represents a significant health burden worldwide. The number of people who will require palliative care for end-stage heart failure is not only significant but will increase in the future. From a physiological point of view, HF are often defined as an inadequate flow to satisfy metabolic demands. As the population ages, patients with serious disorder increasingly suffer from noncardiac, multimorbid conditions and become eligible for interventions that palliate symptoms but also prolong life. Heart Failure is highly debilitating disease and reduces a person's ability to perform daily activities as well as his/her quality of life. Most of people do not realize that heart failure has a higher mortality rate than many forms of cancer. Despite enormous advances in care that have improved outcome, coronary failure remains related to a poor prognosis. The 1 year survival following a coronary failure admission is within the range of 20–40% with between-country variation. Despite therapeutic advances, coronary failure remains a progressive, incurable and ultimately fatal future condition which features a major effect on affected individuals and their families. People with heart condition are older with more long-term care needs. This requires a different approach to ensure that the high quality care we have come to expect elsewhere is available at the end of peoples' lives. Palliative care, or because it is usually referred as supportive care, is specialized care that focuses on improving quality of life through relief of stress and symptoms for patients with serious illness. Despite a growing recognition of the requirement to provide supportive and palliative care for this clinical cohort, only a very small number of those dying with heart failure were referred to palliative care. With an emphasis on communication, symptom management, and coordinated care, palliative care provides an integrated approach to support patients and families with chronic illnesses. In this review we will try to identify the factors that contribute to this lack of communication, that patients and their families have insufficient knowledge about the clinical course of the disease. Also, we will try to provide the best clinical practices for the most effective care solution for patients with advanced HF, planning in time the possibility of palliative care and endoflife care. The antimicrobial efficacy of the symbiotic preparation could be used in replacing the antimicrobial therapy in prevention or treatment of bacterial infections.

Biography

SejranAbdushi experienced in clinical medicine and in the teaching process. He is an active researcher most interested in cardiovascular concerns. Actually is a part of the academic staff at Nursing School of UBT – Higher Education Institute of Prishtina.

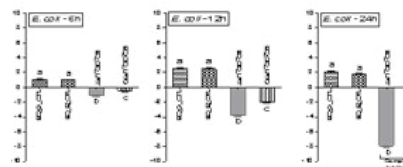


Figure 1: log differences in CFU counts (Mean ± SEM) of E. coli at different time intervals (6, 12 and 24 h) against the initial microbial populations (~107 cells/ml). LR: Lactobacillus rhamnosus GG (NCDC 347); EC: Escherichia coli (ATCC 10536); CTL: Control Mono-culture; CC: Co-culture; G: D-glucose; T: D-tagatose; B: basal medium without carbon

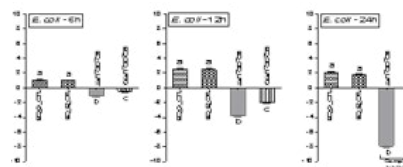


Figure 2: log differences in CFU counts (Mean ± SEM) of S. typhimurium at different time intervals (6, 12 and 24 h) against the initial microbial populations (~107 cells/ml). LR: Lactobacillus rhamnosus GG (NCDC 347); ST: Salmonella typhimurium (ATCC 14028); CTL: Control Mono-culture; CC: Co-culture; G: D-glucose; T: D-tagatose; B: basal medium without carbon

Publication

S Abdushi, F Mazreku, F Kryeziu (2013) Increased carotid intima-media thickness associated with high hs-CRP levels is a predictor of unstable coronary artery disease. Cardiovascular Journal of Africa. 24 (7), 270–273.

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