Pilot Randomized Study of Estimation of Heart Rate Control on Decompensated Heart Failure Patiens Needed Inotropis Support. Short Term Results

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Idea:The mostly often hospitalisations cause of HF patients is decompensation of onset HF. Among clinical signs of such patients there is high heart rate and often such patients needs inotropic support. Fast beta-blockers titration is risky, so we investigate the possibility of heart rate control in decompensated heart failure patients receiving inotropic suppor.
Materials and methods: Patients with HF NYHA III-IV due to ischemic cause, hospitalized with decompensation and needed inotropic support, were included the study. The inclusion criteria were systolic arterial pressure > 100 mmHg, and heart rate > 90 bpm, sinus rhythm . 41 patient were enrolled. 20 and 21 in groups. First groupe(active treatment) received fn-channels blocker in addition to standardt therapy in dose 5mg/BID with increasing to 7,5 mg/BID from second day. Second groupe received standardt therapy wich includes (Nitrates, loop diuretics, inotropic support–ACEi, beta-blockers after relatively stabilization.). All patients have Svan-Gans catheterisation during 72 hours. Hemodynamics measurements were performed.
Results: HR in groups on 24 and 72 hour time points were 87±7bpm vs 101±5bpm and 65±7 vs 89±11 (p=0,001), PCWP on 24 and 72 hour time points were 20±3 vs 21±4 (p=0,37) and 15±2 vs 19±2mmHg (p=0,001). CPP in groups on 24 and 72 hour time points were 49±2 vs 44±3(p=0,001) and 54±5 vs 48±3 mmHg(p=0,001). Conclusion: Recieved data can let us say that fn-channels blockers are well tolerated in decompensated heart failure. Faster heart rate decreasing leads to a faster patient stabilization. Fn-channels blockers increased positive effect in combination with Ca-sensitizator.