Metabolics Alterations During Heart Failure

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Introduction:

When a patient arrives to the Hospital in failure, many clinical symptoms disappear but metabolics changes happen always. We forget, sometimes to get in mind these alterations and get a bad surprise looking the analysis results.

We realized a follow-up with 30 patients at the Hospital for heart failure during three months. This group has a peculiar characteristic: are patient between 55 and 65 years old with a difficult medication control, that for different reasons came into heart failure for ischeamic disease (myocardial infarction, atrial fibrillation and hypertensive crisis).

Objectives:

We really know that hyponatremia is a good marker and gives enough information about prognosis. However, at the Hospital we do not correct the levels of sodium and the patient increases his heart failure symptoms. We included an exhaustive control of diuretics, thiazides and spironolactone as the control of diet for this group of patients. We realized echo renal and multiple analysis of blood looking for hormonal alterations.

Results:

Hyponatriemia have strong action through the central nervous system as a cerebral edema. Most of the patients (67,5%) showed a sodium level under 131 mEq/L.

Was observed an increased nonosmotic release of arginine vasopressin because a low cardiac output, was decreased renal blood flow. Must of the drugs we give to patients affect considerable the sodium levels.

Conclusions:

Patients with heart failure have a bad prognosis and his mortality rate (6 years) is really high. For this reason to have an optimal treatment during Hospital stage we must take care about the treatment with diuretics. Most of our patients with heart failure were readmitted to the Hospital because the diuretics treatment was excessive and lead to hyponatremia. The keys to decrease the mortality rate depend on clinicians treatment and follow up during 15-30 days discharged.