Klinička prezentacija zatajivanja srca kod bolesnika muškog spola – rezultati iz Hrvatskog registra bolesnika sa zatajivanjem srca

Presentation of heart failure in male patients – results from the Croatian Heart Failure Registry

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UVOD: Zatajivanje srca (ZS) može imati različite kliničke prezentacije u pojedinoj populaciji. Cilj studije je analizirati kliničku sliku ZS kod bolesnika muškog spola prema podacima bolničkog Hrvatskog registra bolesnika sa zatajivanjem srca (CRO-HF Registry).

RESULTAT: Analizirano je 2203 bolesnika (76 god.): 1175 (53,3%) muškaraca (m) i 1028 (46,7%) žena (ž); 1/3 se prezentirala akutnim ZS; očuvana sistolička funkcija lijeve klijetke (EF $\geq 50\%$) je zabilježena u 37,8%. Kod muškaraca se češće mjerila snižena EF (R-LVEF; m-70,7% vs ž-50,7%) a kod žena očuvana EF (P-LVEF; ž-49,3%, m-29,3%) (P<0.001). Prema anamnezi, arterijsku hipertenziju (AH) je imalo 67,5%, dijabetes 34,4%, infarkt miokarda 22,7%, bubrežnu insuficijenciju 19,2%, KOPB 17,3%, a ICV 16,5% pacijenata. Fibrilacija/undulacija atrijske (AF/AU) je zabilježena u 53,7% bolesnika. Zatajivanje bubrega je učestalija bolest u muškaraca (m-23%, ž-14,8%, P<0.001), kao i KOPB (m-19,7%, ž-14,7%, P=0.009), a češće su aktivni/ bivši pušači (m-39,7%, ž-10,3%, P<0.001). Niže vrijednosti hemoglobina (hgb) zabilježene su u 51,9% bolesnika, veće vrijednosti kreatinina u 46,8%, ALT u 29,8%, kolesterola (kol) u 32,7%, triglicerida (tg) u 31,9%, urata u 79,3%, dok je hiperglikemija nađena u 99,8% bolesnika. Neočekivano, muškarci su imali niže razine hgb (m-58%, ž-44,8%, P<0.001). Kod žena je zabilježena veća vrijednost ALT (ž-33% vs m-27%, P=0.012, C=0.066), kol (ž-36,8%, m-29,1%, P=0.009), tg (ž-36,1%, m-28,3%, P=0.014) i urata (ž-82,9%, m-76,4%, P=0.007). Česti "okidači" ZS bili su: aritmije (m-56,1%, ž-58,3%), bolest zalistaka (m-67,3%, ž-67%) i infekcije (m-18,7%, ž-20,4%); AKS je važan u muškaraca (m-22,1%, ž-17%, P=0.010), a AH u žena (ž-58,7%, m-52,7%, P=0.009). Mortalitet je bio niži u muškaraca (m-12,6%, ž-14,4%). Nije bilo razlike u liječenju, s obzirom na spol.

ZAKLJUČAK: Prezentacija muškaraca sa ZS srca je različita, prema CRO-HF Registry. Muškarci imaju češće kao "okidač" AKS, uz R-LVEF i snižen hemoglobin, a žene AH uz P-LVEF, više vrijednosti lipida i ALT. Liječenje ZS treba prilagoditi i razlikama prema spolu.

INTRODUCTION: Heart failure (HF) could have disparity presentations. The aim of the study was to analyze the differences in presentation of HF in males from the Croatian Heart Failure Registry (CRO-HF Registry).

RESULTS: A total of 2203 in-hospital HF patients (76 years) were analyzed: 1175 (53.3%) males (m) and 1028 females (f) (46.7%) f; 1/3 had acute HF; preserved left ventricular systolic function (EF $\geq 50\%$) was recorded in 37.8%. Males had frequently reduced EF (R-LVEF; m-70.7% vs f-50.7%) and females-preserved EF (P-LVEF; f-49.3%, m-29.3%) (P<0.001). History of arterial hypertension (AH) was recorded in 67.5%, atrial fibrillation/undulation in 53.7%, diabetes (DM) in 34.4%, myocardial infarction in 22.7%, renal insufficiency in 19.2%, COPD in 17.3% and ICV in 16.5% patients. Males were frequent active/former smokers (m-39.7% vs f-10.3%, P<0.001). Renal failure was important disease in males (m-23% vs f-14.8%, P<0.001) as COPD (m-19.7% vs f-14.7%, P=0.009). Lower levels of hemoglobin (hgb) was recorded in 51.9%, higher levels of creatinine in 46.8%, ALT in 29.8%, cholesterol (chol) in 32.7%, triglycerides (tg) in 31.9%, uric acid in 79.3% and hyperglycemia in 99.8% patients. Unexpected, males had lower hgb levels (m-58% vs f-44.8%, P<0.001). Females had higher ALT (f-33% vs m-27%, P=0.012, C=0.066), chol (f-36.8% vs m-29.1%, P=0.009), tg (f-36.1% vs m-28.3%, P=0.014) and uric acid (f-82.9% vs m-76.4%, P=0.007). The frequent precipitating factors were arrhythmia (m-56.1% vs f-58.3%), valvular disease (m-67.3% vs f-67%) and infections (m-18.7% vs f-20.4%). ACS was important "trigger" in males (m-22.1% vs f-17%, P=0.010) and AH in females (f-58.7% vs m-52.7%, P=0.009). In-hospital mortality rate was lower in males (m-12.6% vs f-14.4%). No significant gender distinction were found regarding to HF therapy.

CONCLUSION: Presentation of HF in males was different according to CRO-HF Registry. Males had frequently ACS, R-LVEF, lower hemoglobin, and females AH, P-LVEF, higher lipids and ALT. HF disease could require gender adjust treatment.

LITERATURE

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