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How do we manage the heart failure in primary health care?

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Background & Aim: Heart failure is a major public health issue with the worldwide prevalence about 2-3%. The aims of this study were to determine a prevalence of congestive heart failure, pharmacological treatment and control of cardiovascular risk factors in patients attended family medicine practice.

Method: This retrospective study was conducted in Family Medicine Teaching Center Tuzla and included 57/1490 patients with diagnosis of congestive heart failure who were registered in one family medicine team. We evaluated age, gender, duration of heart failure, cardiovascular risk factors (smoking, body mass index, physical activity, blood pressure, lipid profile), ejection fraction of left ventricle (EFLV) and pharmacological treatment for heart failure.

Results: Prevalence of heart failure in family medicine team was 3,82% (57/1490). There were significantly more women than men (61,4% vs. 38,59%; $p < 0,05$). Mean age of patients was $71,62 \pm 4,57$ years. Majority of patients were older than 65 years (85,96%). Mean duration of heart failure was $8,29 \pm 6,31$ years. More than half of patients (59,6%) were in NYHA functional class II. Majority of patients had EFLV 30-50%. The most prevalent uncontrolled cardiovascular risk factors were overweight and obesity (87,72%), dyslipidemia (56%) and physical inactivity (49,1%). The most common cause of heart failure was hypertension (52,63%) which was controlled in 47 (82,45%) patients. The most prescribed medications for patients with heart failure were ACE inhibitors or angiotenzin II receptor blockers (85,9%), beta-blockers (77,2%), and diuretics (61,4%).

Conclusions: Prevalence of heart failure was higher compared to world database. This condition affected more women than men, and its prevalence greatly increased with advancing age. Our main goals should be to improve the quality of life, reduce the number of hospitalizations and prolonged life expectancy of patients with heart failure in primary care setting.