Azərbaycan Kardiologiya Cəmiyyəti

15 il sizinlə 2009 - 2024

# 3-CÜ ÜRƏK ÇATIŞMAZLIĞINDA *Yeniliklər Konqresi*

**28 - 29 İYUN 2024**

**YENİ KLİNİKA, BAKI - AZƏRBAYCAN**

Yeni Klinika, *Konfrans Zalı*

**Ürək çatışmazlığında reabilitasiya**

*Rehabilitation in heart failure*

***8-Cİ SESSİYA***

*15:00 – 16:15*

Sona Qəhrəmanova

**Düşgünlük - ÜÇ xəstələrində yeni vital əlamətdir**

*Frailty is the new vital sign in HF*

***29 İyun 2024***

*15:00 – 15:15*

MICE BAKU

Qeydiyyat üçün : +994 50 207 09 45

Məlumat üçün : +994 99 885 23 07

info@micebaku.com

# DÜŞKÜNLÜK


yavaşlıq
yorğunluq
zəiflik
aşağı fiziki aktivlik
büzülmə

# ÜÇ zamanı düşkünlük

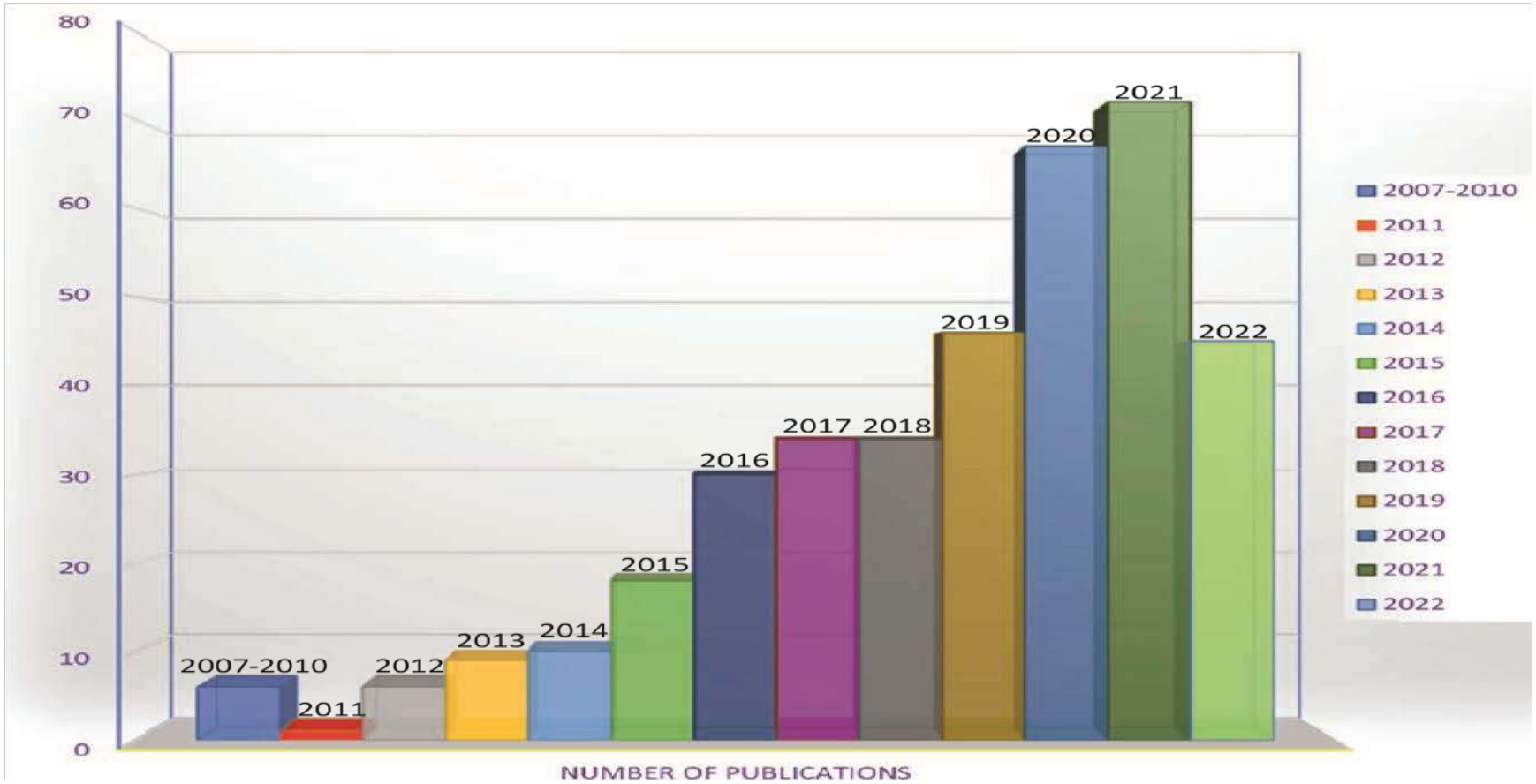
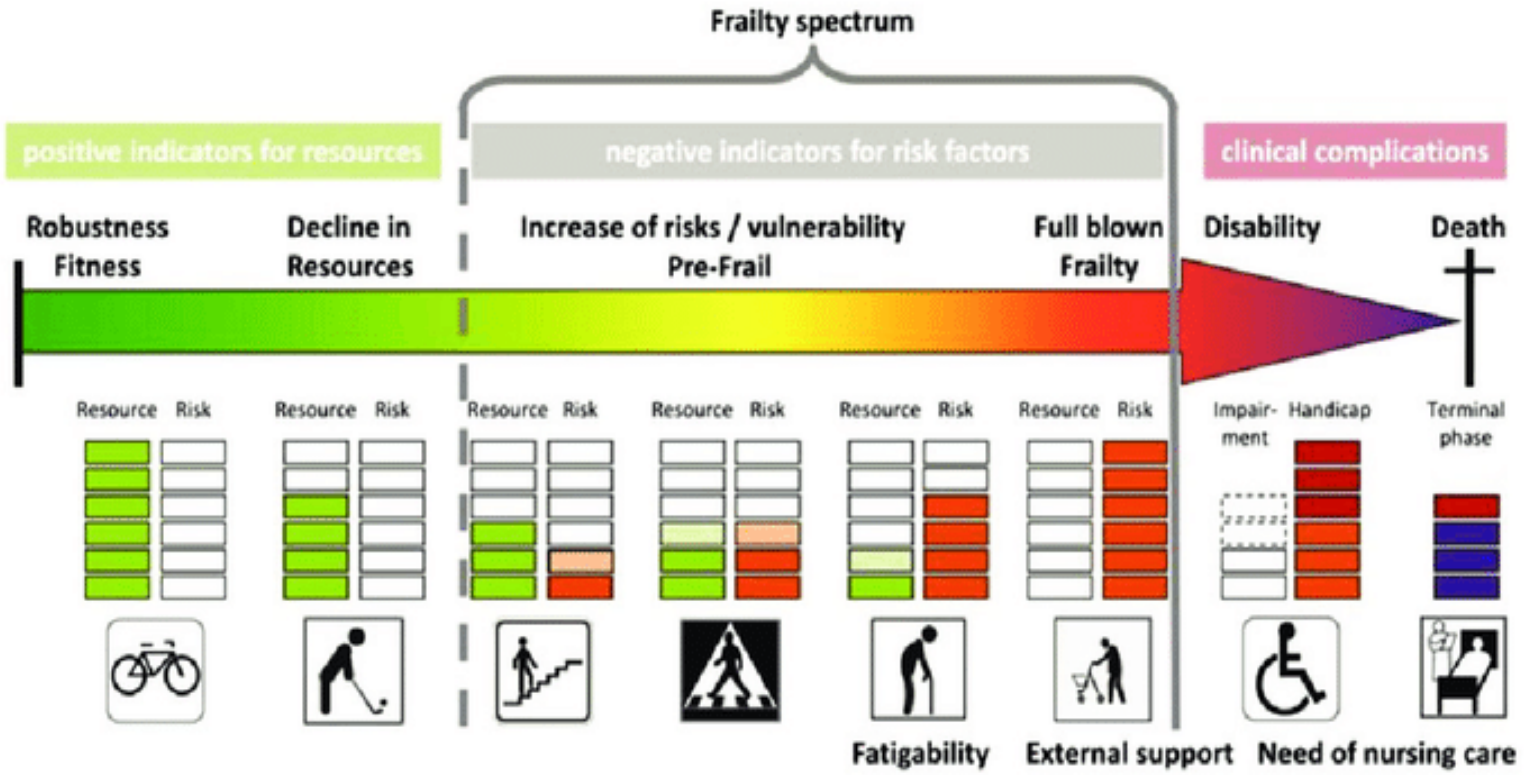


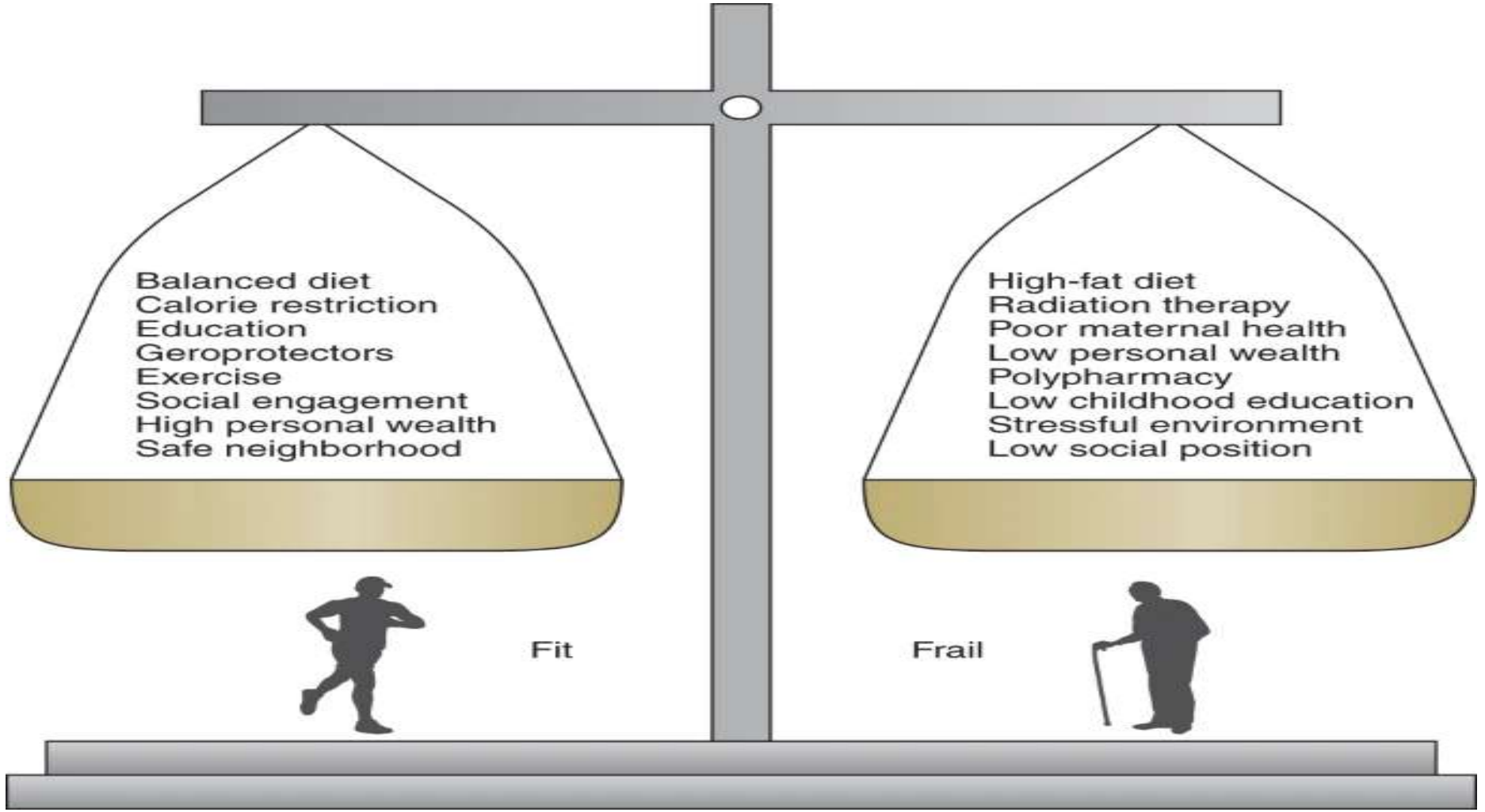

***FIGURE 1.*** *The publication trend of frailty syndrome in heart failure patients from 2007 to 2022*

The pattern of the frailty syndrome in chronic heart failure Ref: Ro J Med Pract. 2023;18(2) DOI: 10.37897/RJMP.2023.2.2

# Düşkünlük spektri

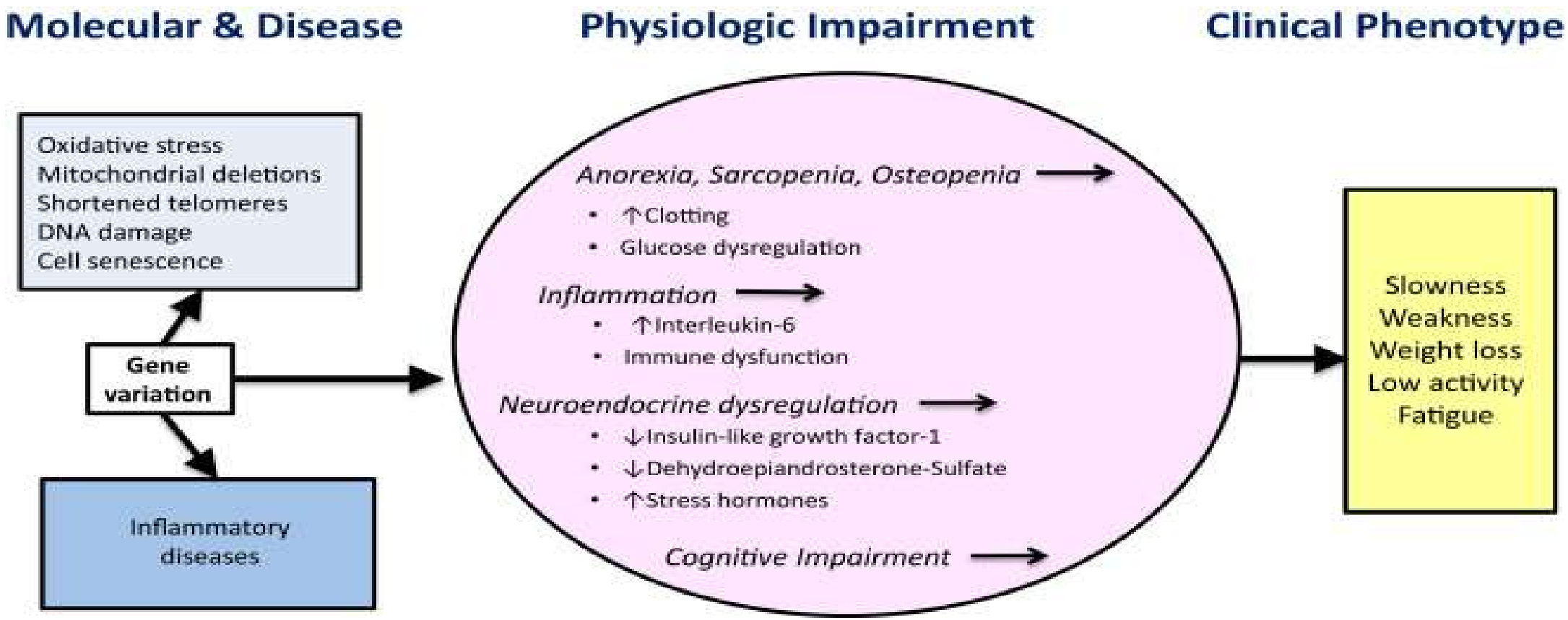


# Düşkünlüyə təsir edən əsas faktorlar



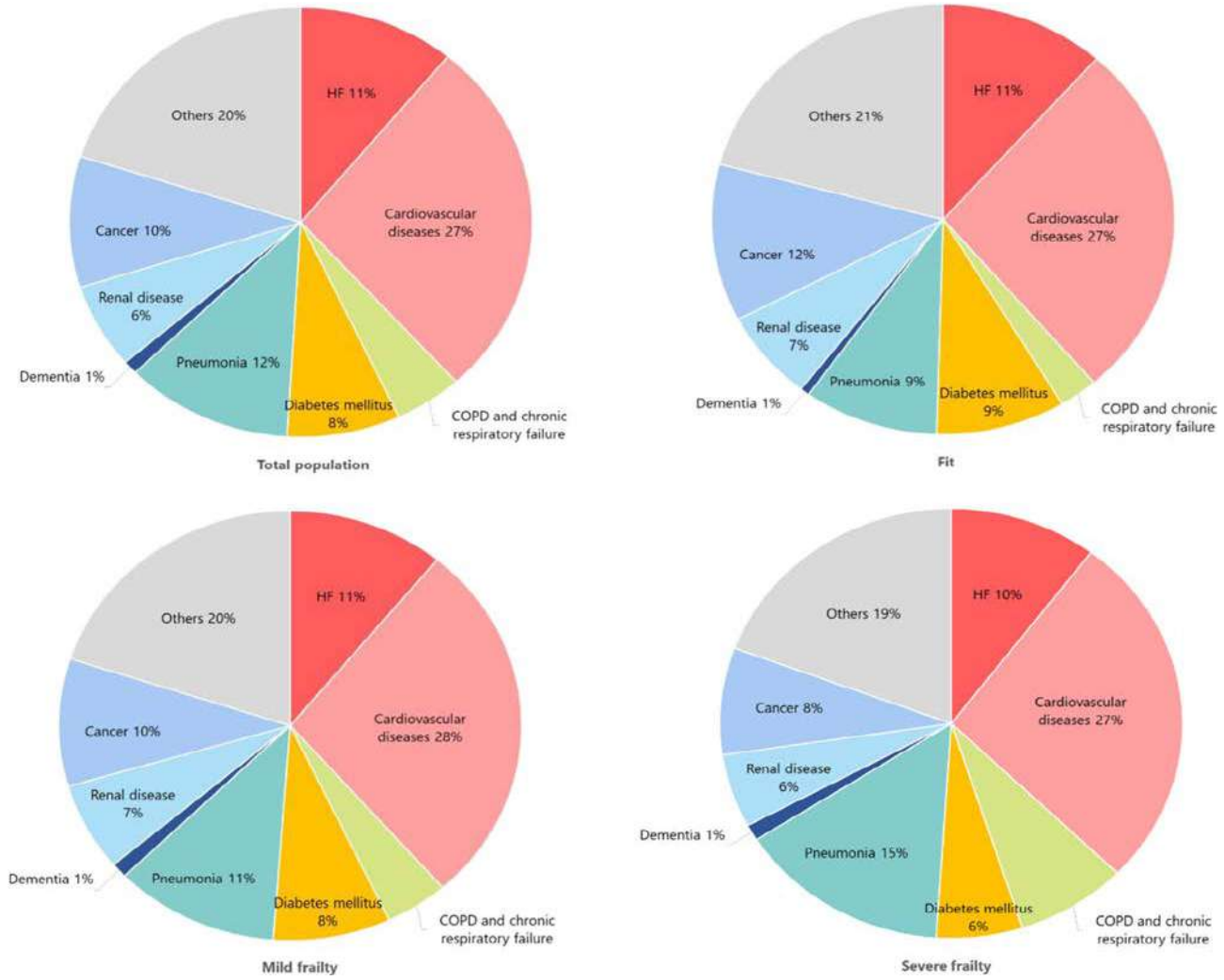

Lara Aguilar-Iglesias Impact of Frailty on Heart Failure Prognosis: Is Sex Relevant?// Cardiology and Therapy Volume 21, pages 131–138, (2024)

# Düşkünlüyün yaranma mexanizmi



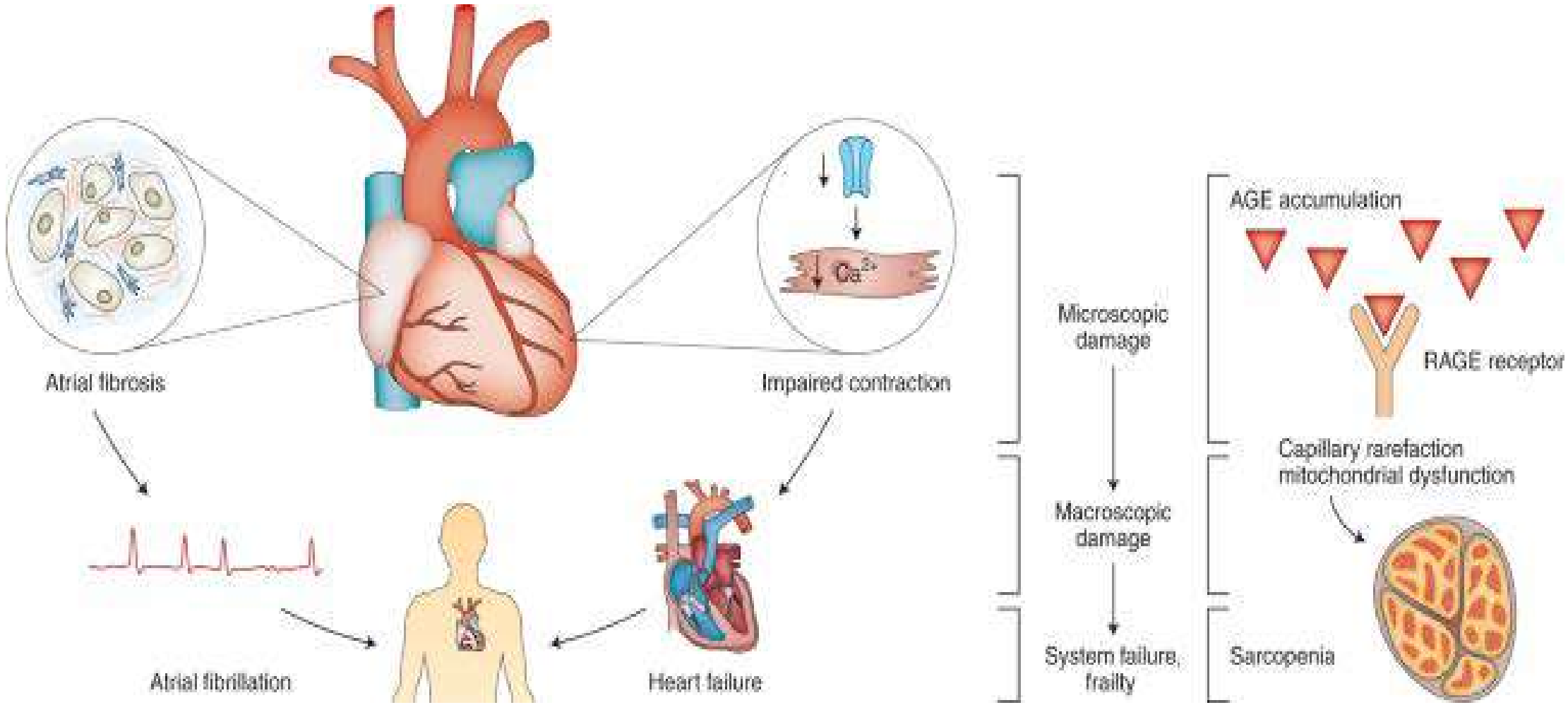

Daniel E. Forman MD Frailty: A Vital Sign for Older Adults With Cardiovascular Disease //Canadian Journal of Cardiology Volume 32, Issue 9, September 2016, Pages 1082-1087

# Düşkünlük statusundan asılı 1 il əzrində ölüm hadisələrinin səbəbləri



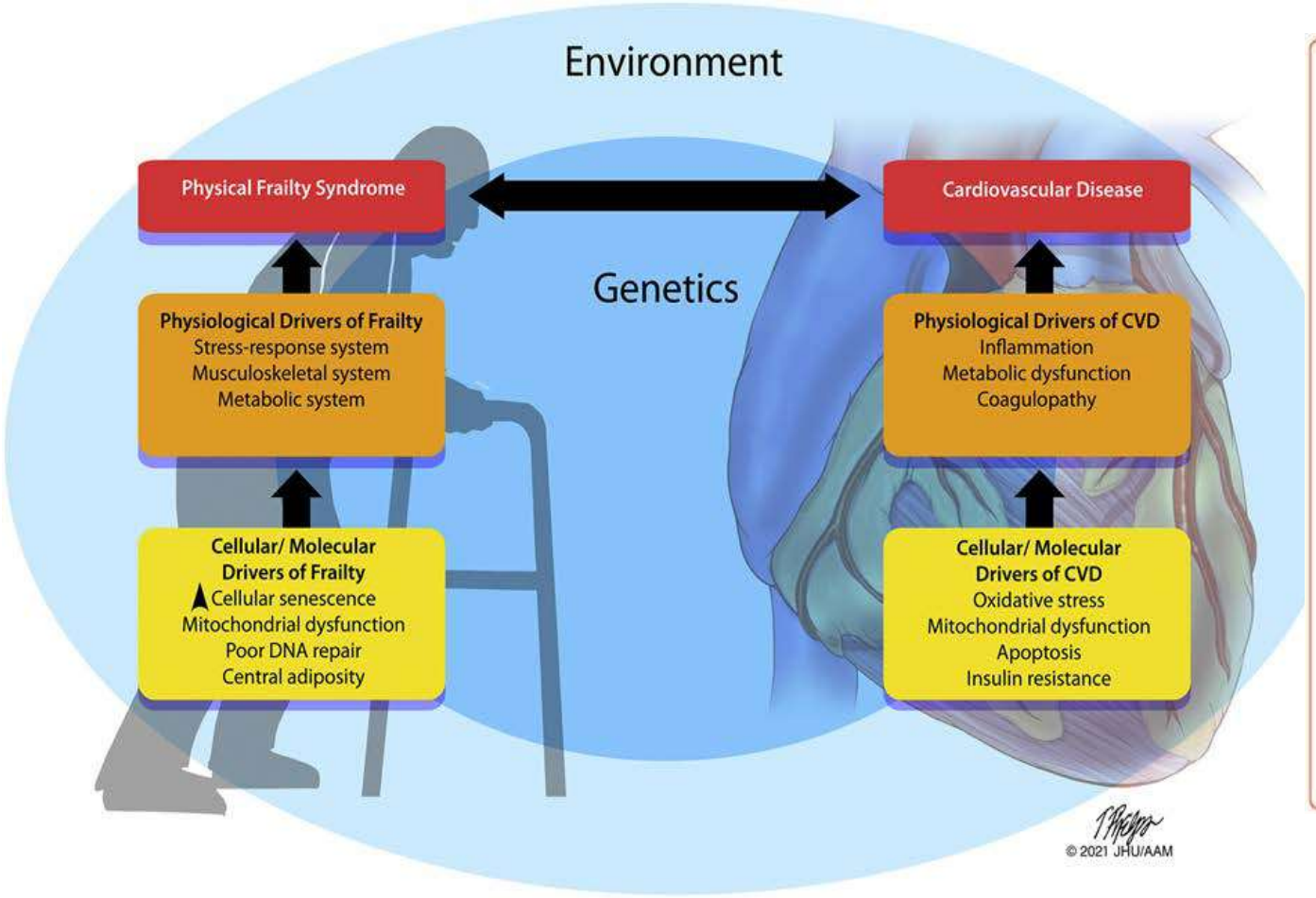

**The burden of frailty in heart failure: Prevalence, impacts on clinical outcomes and the role of heart failure medications Journal of Cachexia, Sarcopenia and Muscle (2024)**

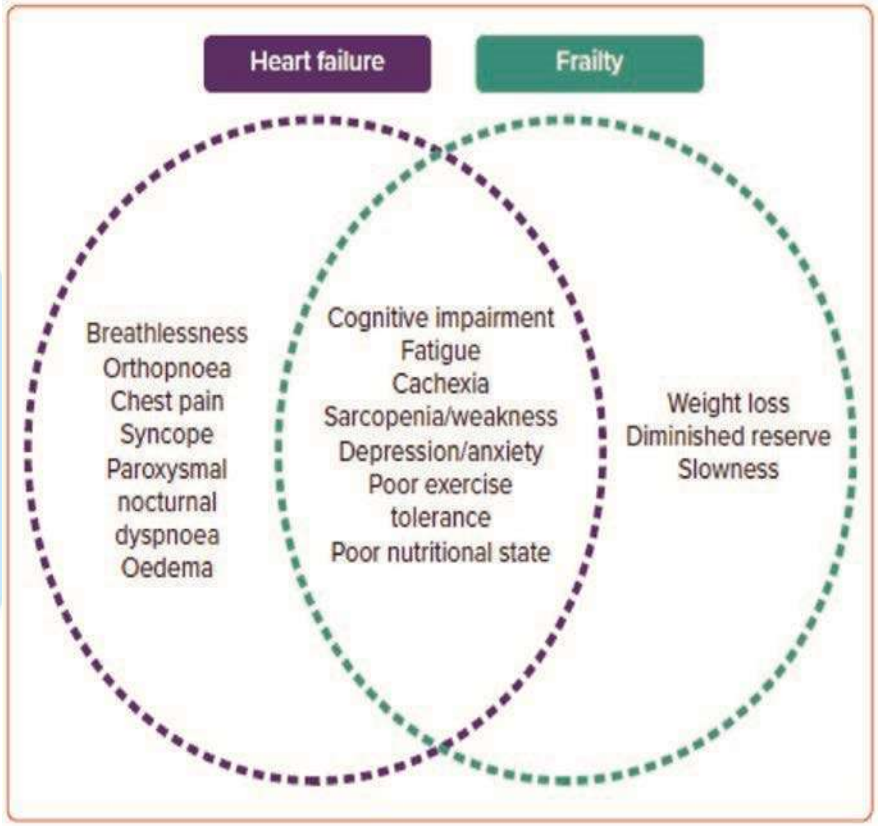
# Ürək çatışmazlığı zamanı düşkünlük əlamətləri hüceyrə səviyyəsində əmələ gəlir




Susan E. Howlett. The degree of frailty as a translational measure of health in aging // Nature Aging , pages651–665 (2021)

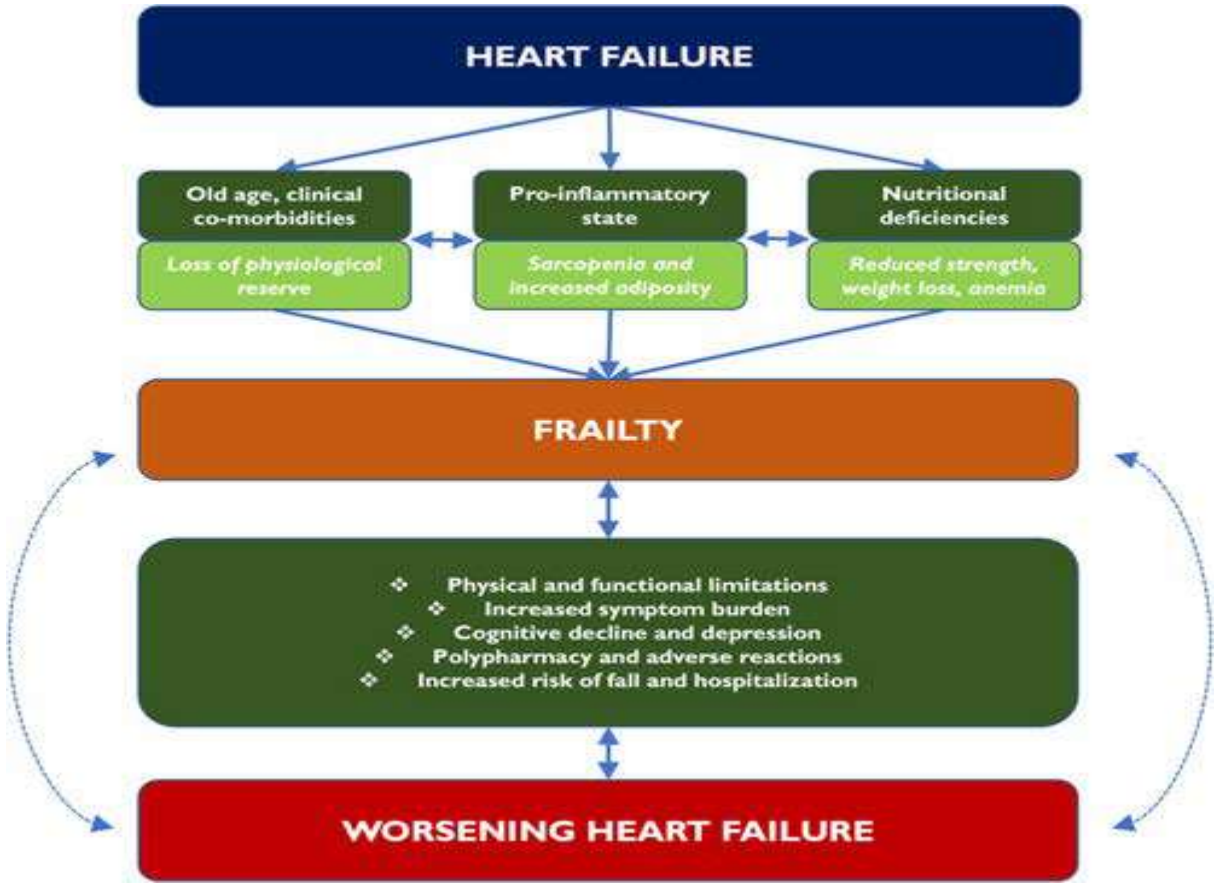
# Düşkünlüyün və ürək çatışmazlığının nəzəri modeli




**Interventions for Frailty Among Older Adults With Cardiovascular Disease: JACC State-of-the-Art ReviewJournal of the American College of Cardiology Volume 79, Issue 5, 8 February 2022, Pages 482-503**

# Ürək çatışmazlığının düşkünlüklə qarşılıqlı əlaqəsi



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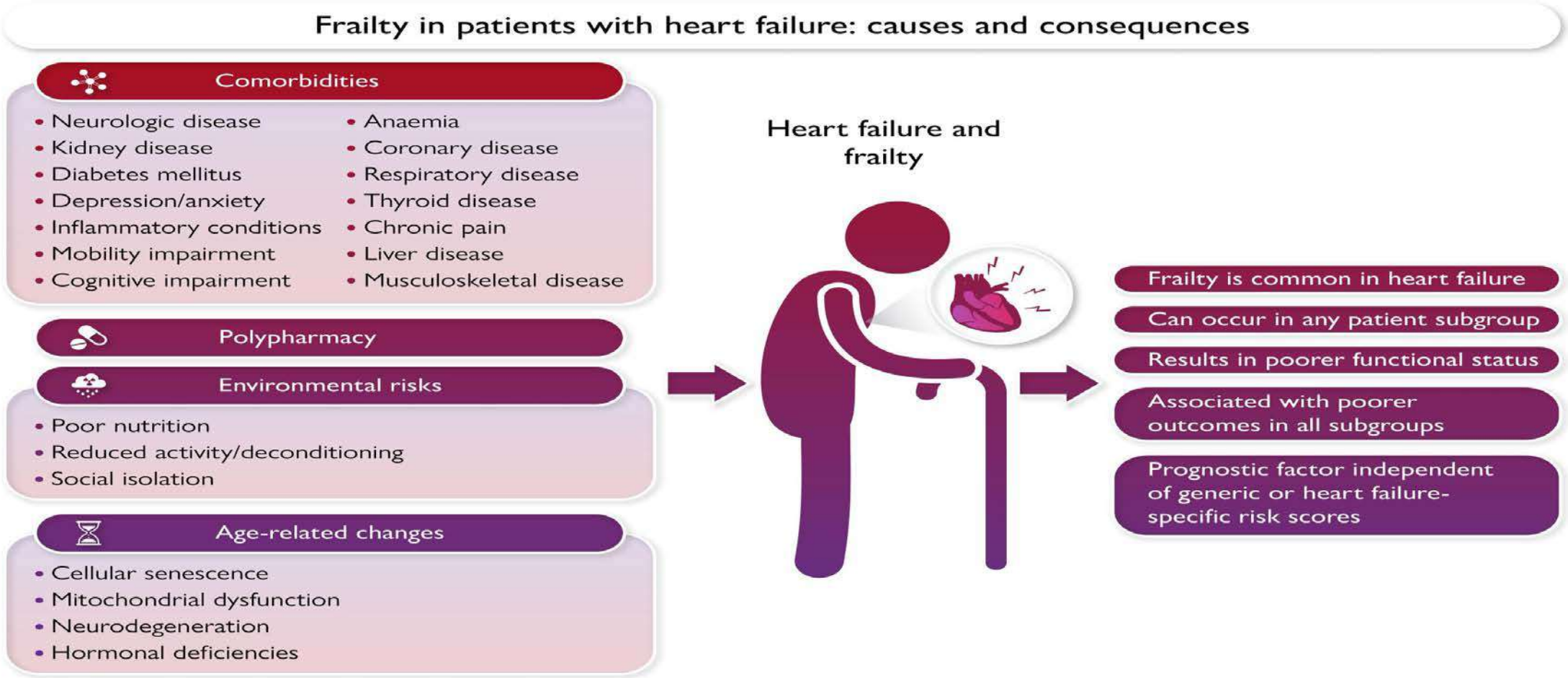
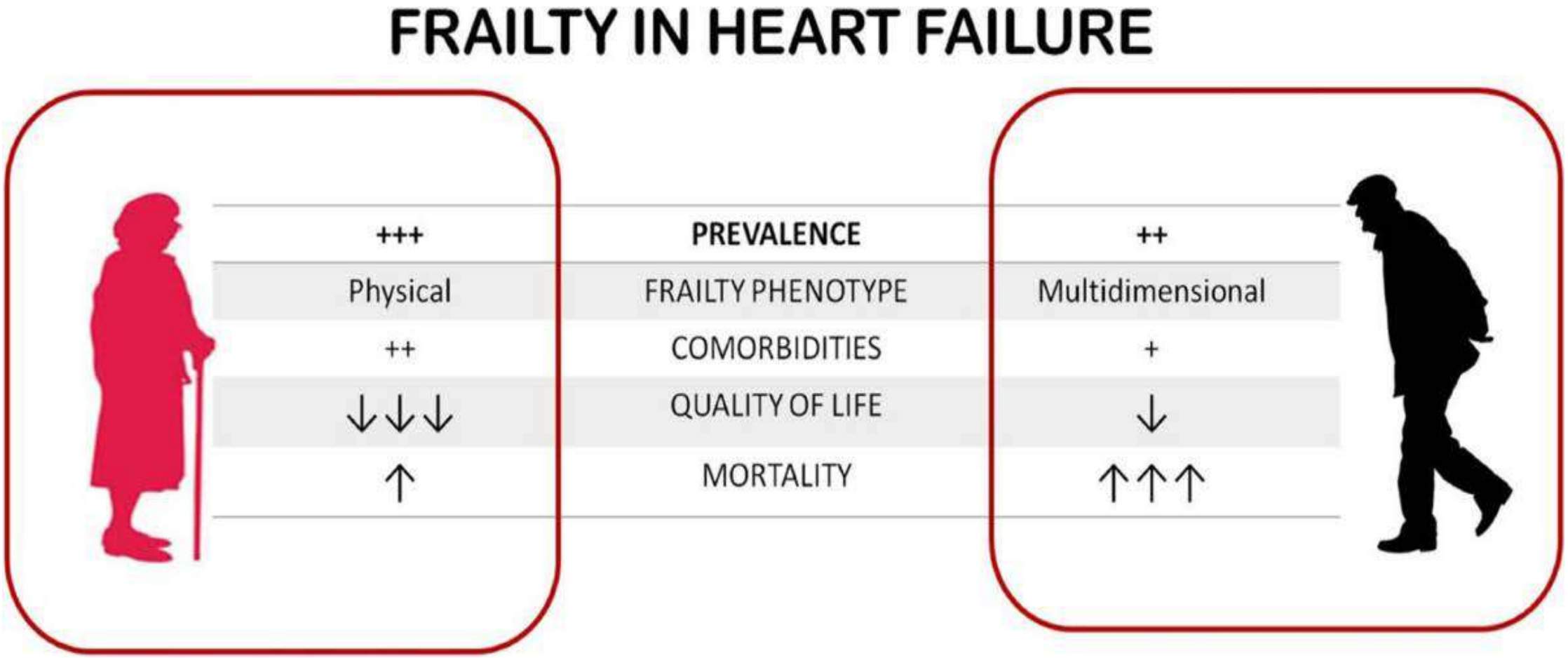
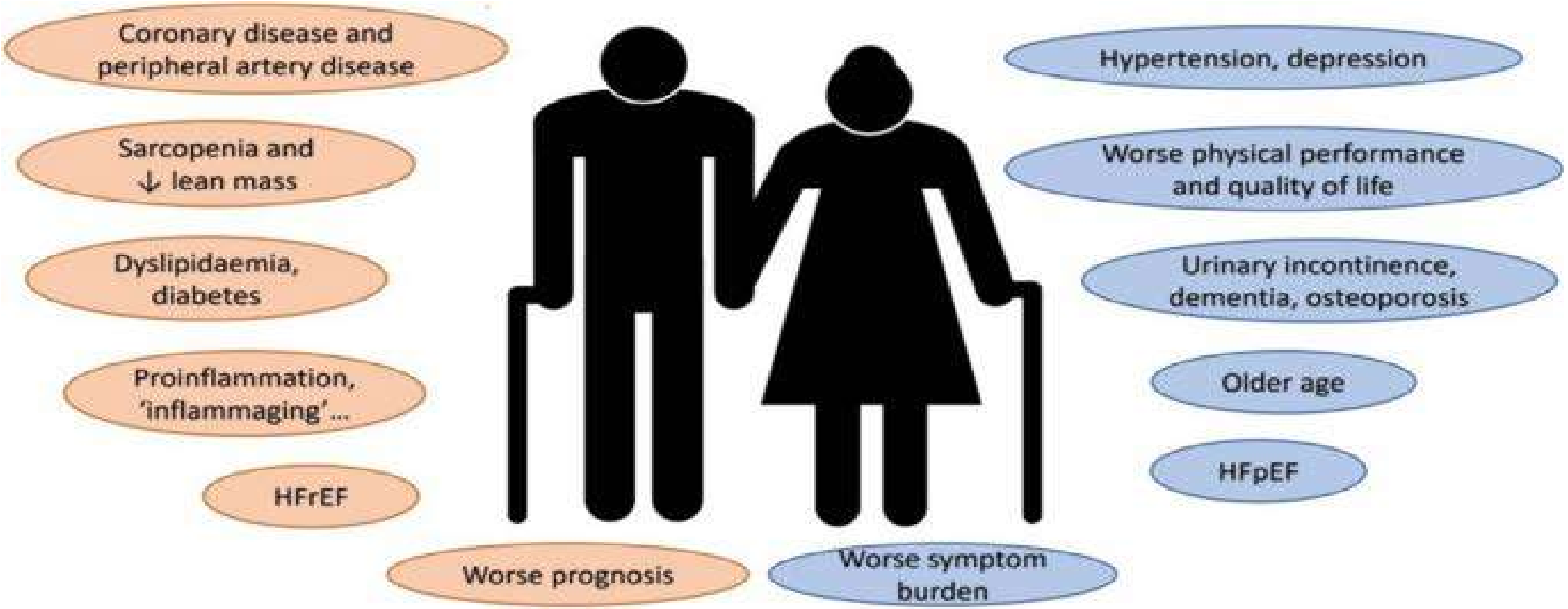


# Ürək çatışmazlığı zamanı düşkünlük



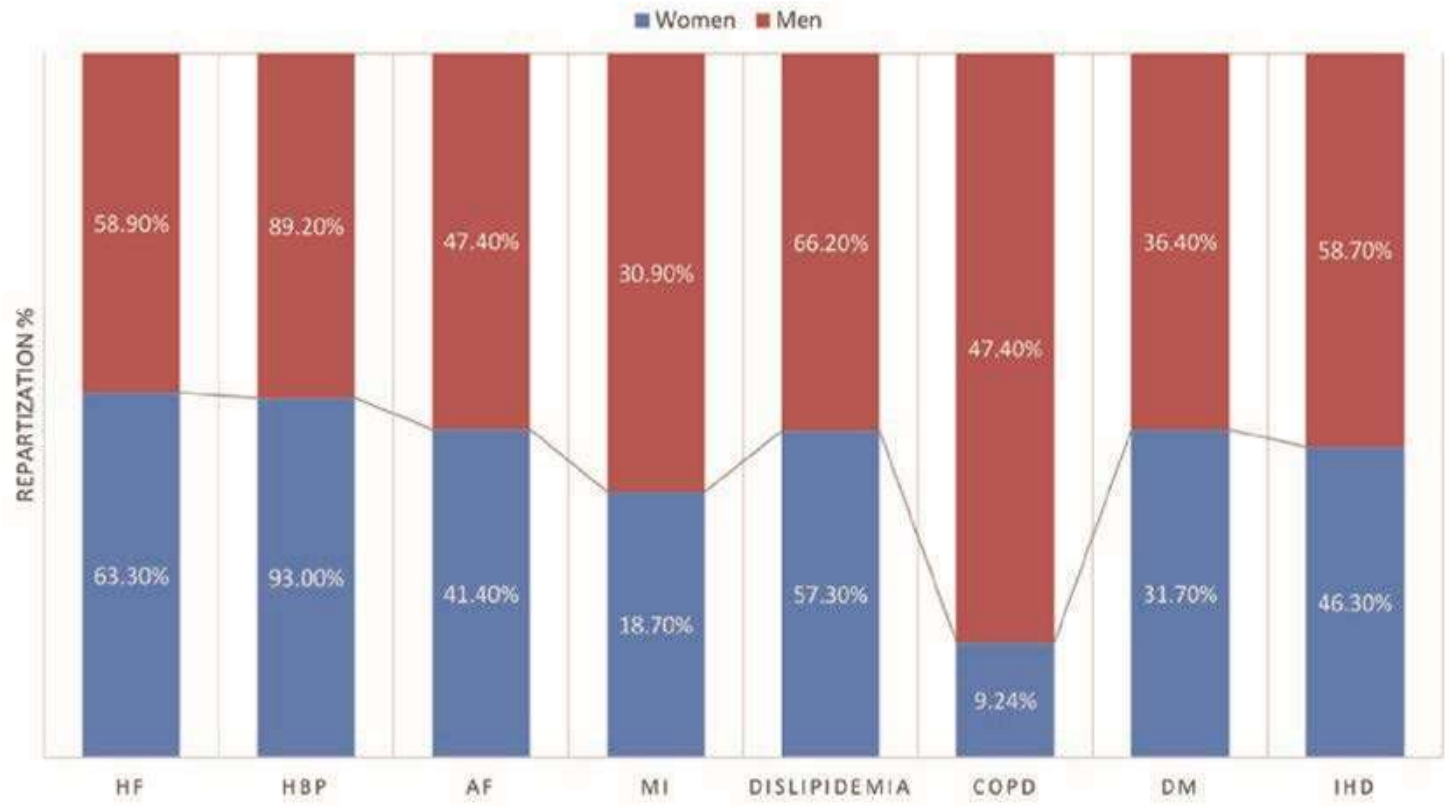

Lara Aguilar-Iglesias Impact of Frailty on Heart Failure Prognosis: Is Sex Relevant?// Cardiology and Therapy Volume 21, pages 131–138, (2024

# Düşkünlüyün ürək çatışmazlığının proqnozuna təsiri




Lara Aguilar-Iglesias Impact of Frailty on Heart Failure Prognosis: Is Sex Relevant?// Cardiology and Therapy Volume 21, pages 131–138, (2024)

# Ürək çatışmazlığı ilə düşkünlüyü olan insanlar arasında cinslə bağlı fərqlər




The pattern of the frailty syndrome in chronic heart failure Ref: Ro J Med Pract. 2023;18(2) DOI: 10.37897/RJMP.2023.2.2

# Ürək çatışmazlığı zamanı düşkünlüyün skrininqi üçün istifadə olunan alətlər

## Physical Frailty Phenotype

**Unintentional weight loss:** >5% body weight unintentionally in last year, or BMI < 18.5kg/m$^2$

**Exhaustion:** felt unusually tired or unusually weak 'all of the time' or 'most of the time' or reported energy level was ≤3

**Low Activity:** < 128 kcal (men) or <90 kcal (women) of energy expenditure based on 6 self-reported questions

**Slowness:** Average walking speed over 4-meter course:
Men ≤ 0.65m/s for height ≤173 cm or ≤0.76m/s for height >173cm.
Women: ≤0.65m/s for height ≤159cm or ≤0.76m/s for height > 159cm

**Weakness:** Maximal grip strength:
Men: ≤29kg for BMI ≤24; ≤30kg for BMI 24.1-28; ≤32kg for BMI >28.
Women: ≤17kg for BMI ≤23; ≤17.3kg for BMI 23.1-26; ≤18kg for BMI 26.1-29; ≤21 kg for BMI > 29.

**Scoring:** Frail = 3+ criteria met; prefrail = 1-2 criteria met; non-frail if 0 criteria met.

## Essential Frailty Toolset

**Chair stands:** 5 rises > 15 seconds (1 point) or unable to complete (2 points)

**Cognitive Impairment:** MMSE score ≤24 (1 point)

**Hemoglobin:** < 13.0 (men) or 12.0 (women) g/dL (1 point)

**Serum albumin:** <3.5 g/dL (1 point)

**Scoring:** 0 (least frail) to 5 (most frail) points

## Deficit Accumulation Index

**30-40 deficits** - defined as symptoms, signs, disabilities and diseases.

**Each deficit** is scored as binary (0 or 1) or can be graded (e.g., 0, 0.5, 1)

**Examples of deficits** include: disability; cognitive or physical impairments, co-morbidities, self-rated health, depression/mood.

**Scoring:** the ratio of deficits present over the total number of deficits included (e.g., if 10 out of 40 deficits total, the index score = 0.25).

**Scoring:** A person with frailty index score of ≥0.2 is deemed frail.

# Düşgünlüyün Frid modeli


**TABLE 1**

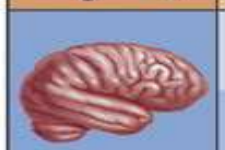
**Fried frailty model (Fried et al. [4])**

| Components of frailty (criteria) | Assessment |
|---|---|
| Unintended weight loss in past year >4.5 kg | 0 component present: robust<br>1–2 components present: pre-frail<br>≥ 3 component present: frail |
| Self-reported exhaustion | |
| Weakness (grip strength) | |
| Slow walking speed | |
| Low physical activity | |

A detailed worksheet in German is available at www.hs-gesundheit.de/to/frailtyphaenotyp (e8).

# Düşkünlüyün «Essential Frailty» modeli

**CENTRAL ILLUSTRATION: Essential Frailty Toolset in Older Adults Undergoing Aortic Valve Replacement**

| | | | |
|---|---|---|---|
|  | Five chair rises <15 seconds | | 0 Points |
| | Five chair rises ≥15 seconds | | 1 Point |
| | Unable to complete | | 2 Points |
|  | No cognitive impairment | | 0 Points |
| | Cognitive impairment | | 1 Point |
|  | Hemoglobin | ≥13.0 g/dL ♂<br>≥12.0 g/dL ♀ | 0 Points |
| | Hemoglobin | <13.0 g/dL ♂<br><12.0 g/dL ♀ | 1 Point |
|  | Serum albumin | ≥3.5 g/dL | 0 Points |
| | Serum albumin | <3.5 g/dL | 1 Point |

| EFT Score | 1-Year Mortality TAVR | SAVR |
|---|---|---|
| 0-1 | 6% | 3% |
| 2 | 15% | 7% |
| 3 | 28% | 16% |
| 4 | 30% | 38% |
| 5 | 65% | 50% |

EFT Points: _____

Afilalo, J. et al. J Am Coll Cardiol. 2017;70(6):689-700.

Fig 1. **Clinical Frailty Scale**

**1. Very fit**
People who are robust, active, energetic and motivated. They commonly exercise regularly and are among the fittest for their age

**2. Well**
People who have no active disease symptoms but are less fit than category 1. Typically, they exercise or are very active occasionally, such as seasonally

**3. Managing well**
People whose medical problems are well controlled but are not regularly active beyond routine walking

**4. Vulnerable**
While not dependent on others for daily help, often symptoms limit activities. A common complaint is being 'slowed up' and/or being tired during the day

**5. Mildly frail**
People often have more evident slowing and need help with high-order IADLs. Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework

**6. Moderately frail**
People need help with all outside activities, housework and cooking. They often need help with stairs and bathing, and might need minimal assistance with dressing

**7. Severely frail**
People completely dependent for personal care. However, they seem stable and not at high risk of dying (within ~6 months)

**8. Very severely frail**
People completely dependent and approaching the end of life. Typically, they could not recover even from a minor illness

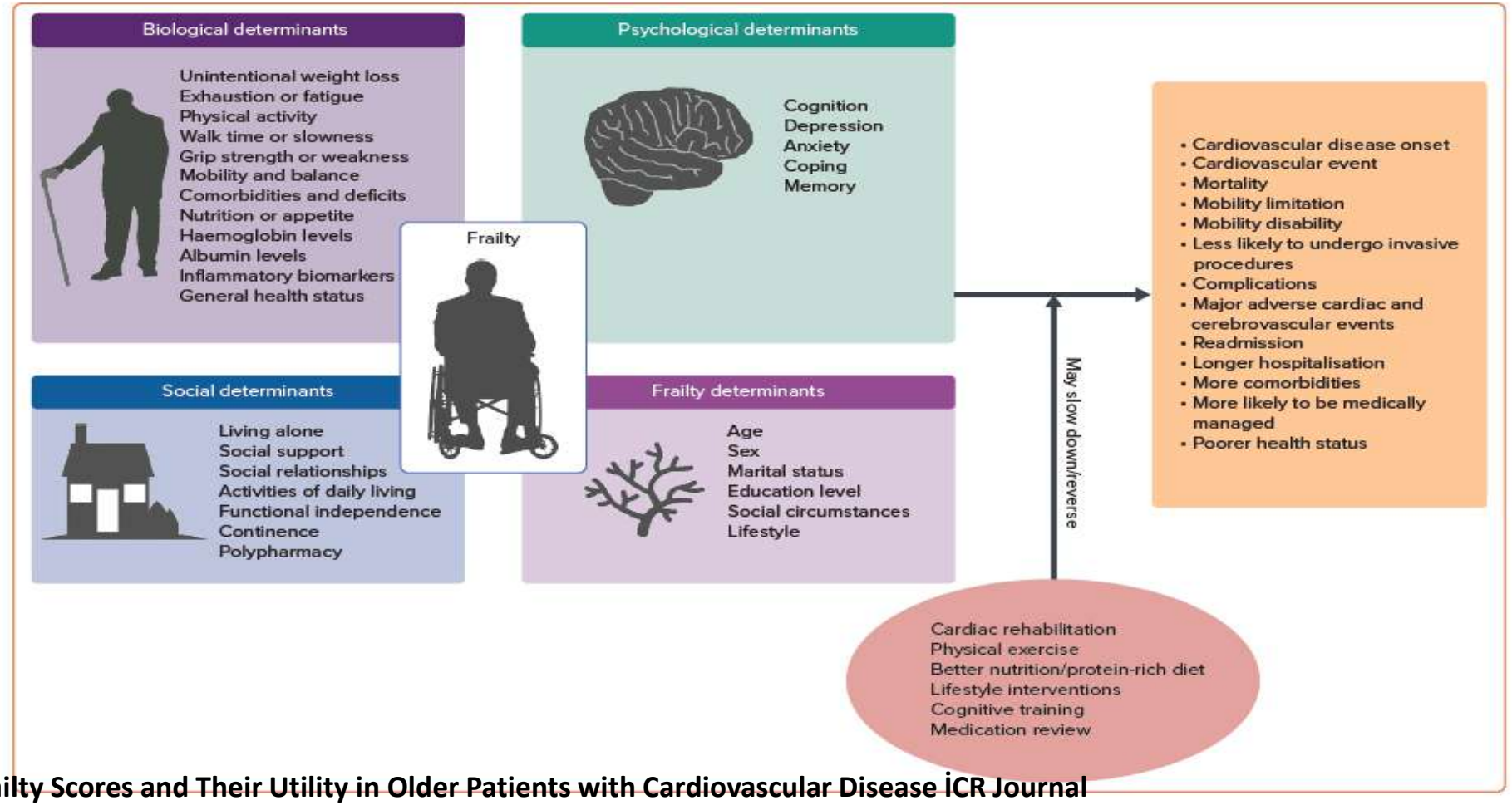
**9. Terminally ill**
People approaching the end of life. This category applies to people with a life expectancy of <6 months, who are not otherwise evidently frail

IADL = instrumental activity of daily living (such as finances, transport, heavy housework or medications)

Source: Rockwood et al (2005)

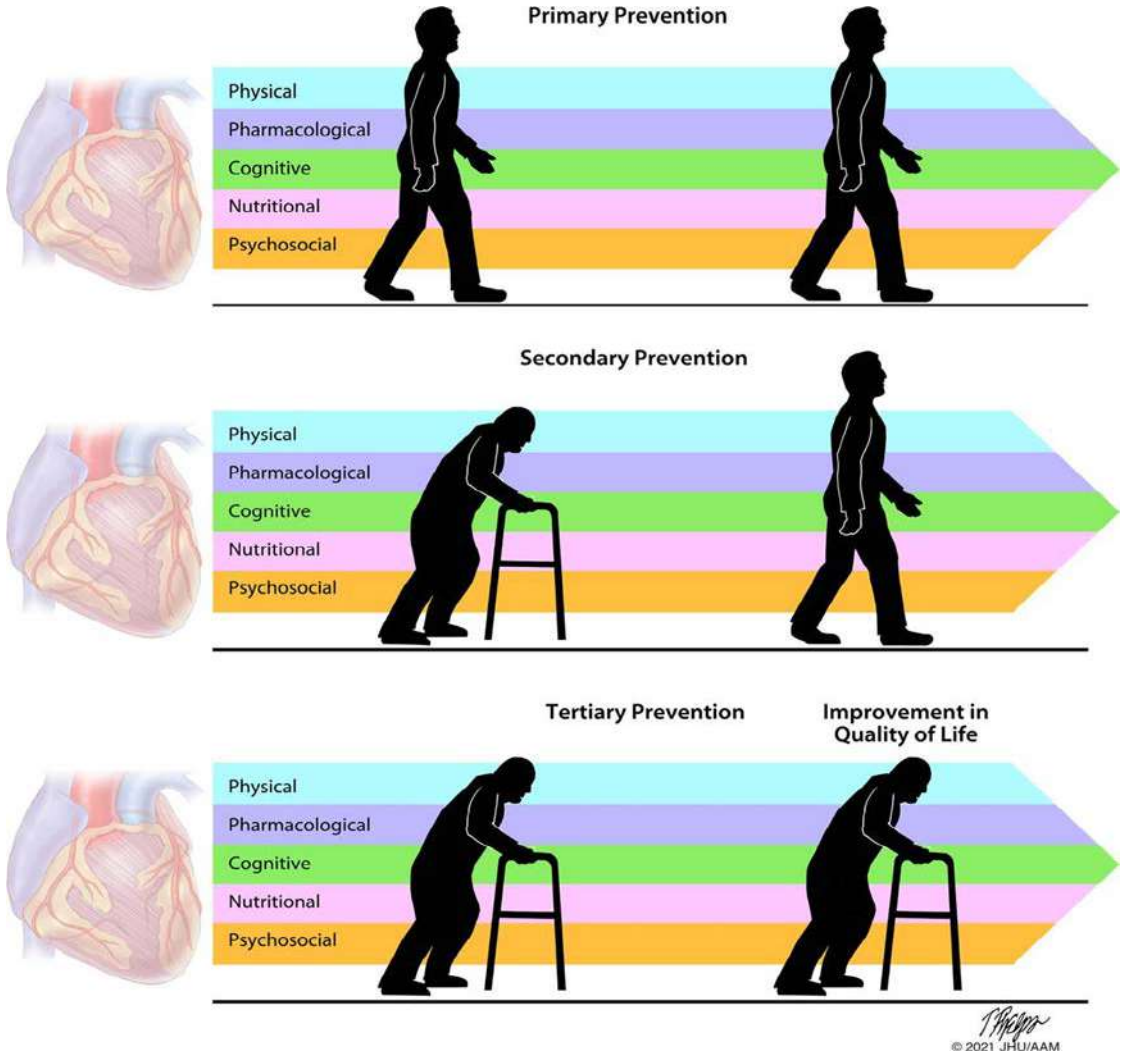
# Düşkünlüyün düzgün hərtərəfli qiymətləndirilməsi ürək çatışmazlığı riskini azaldır

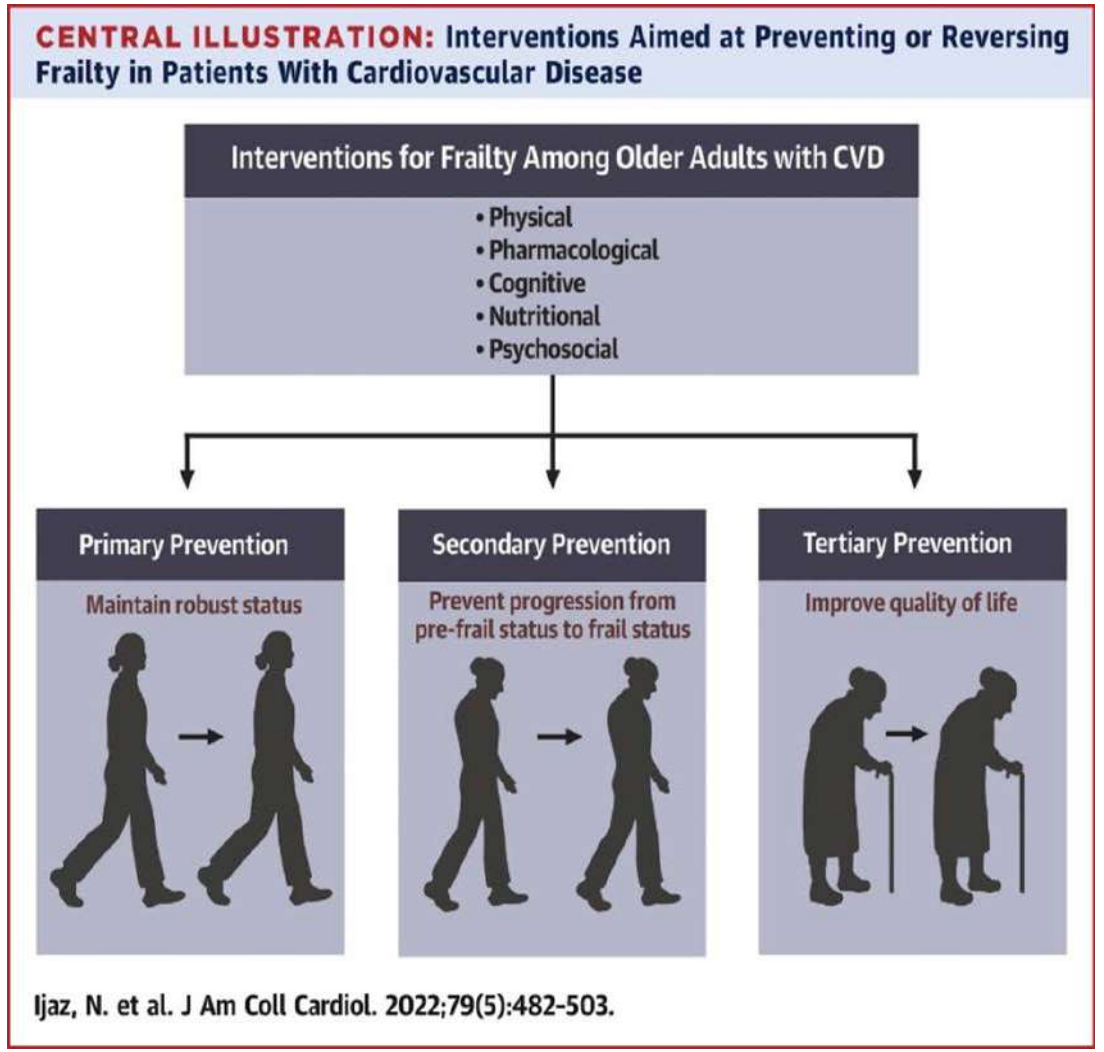
Figure 1: Multidimensional Assessment of Frailty and Interventions to Reduce Cardiovascular Risk



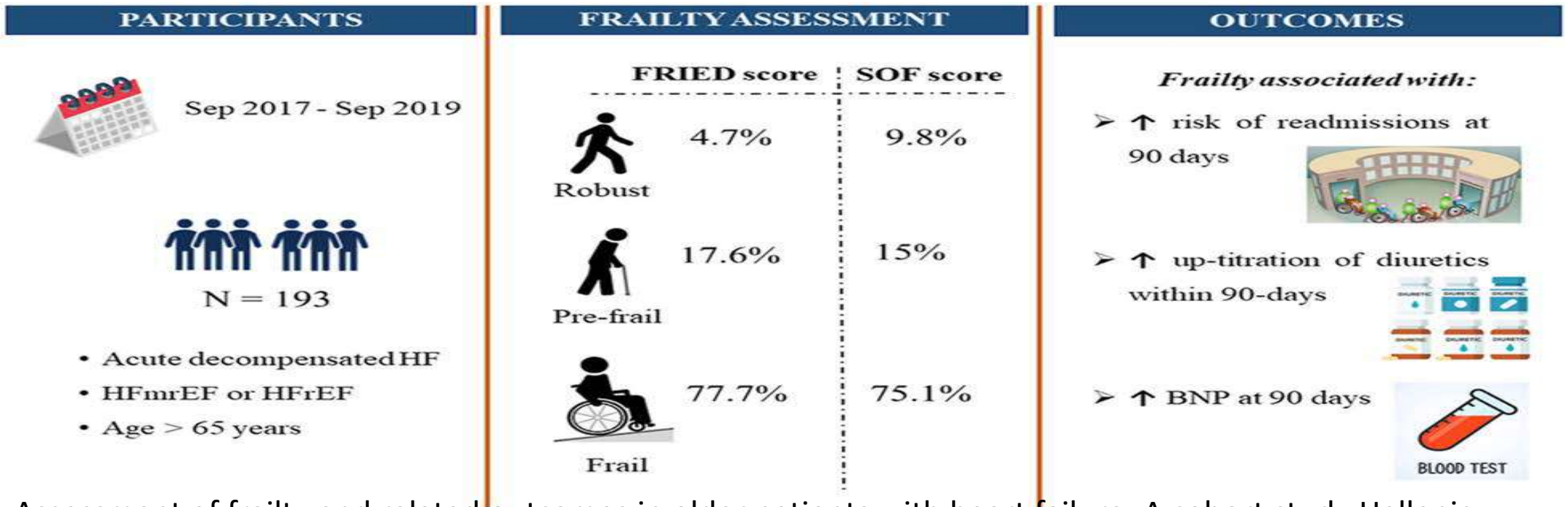

**Frailty Scores and Their Utility in Older Patients with Cardiovascular Disease İCR Journal**

# Ürək çatışmazlığı zamanı düşkünlüyün azalmasına yönələn tədbirlər



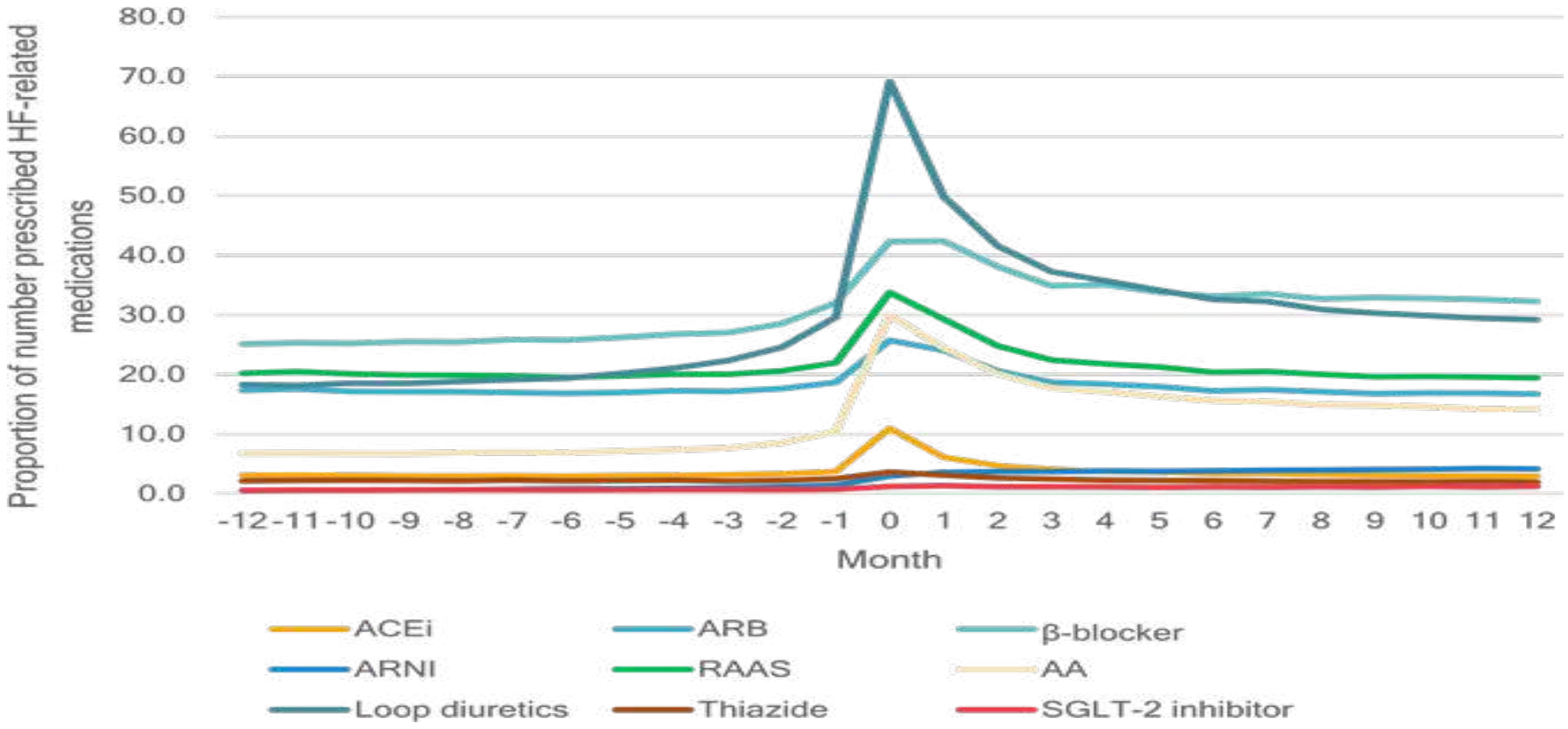



# Düşgünlük və ürək çatışmazlığı




Assessment of frailty and related outcomes in older patients with heart failure: A cohort study Hellenic Journal of Cardiology 67 (2022) 42e47

# Düşkünlüyün ağırlıq dərəcəsi artdıqca ürək çatışmazlığının müalicəsində istifadə olunan dərman preparatların sayı azalır




The burden of frailty in heart failure: Prevalence, impacts on clinical outcomes and the role of heart failure medications
Journal of Cachexia, Sarcopenia and Muscle (2024)

# DİQQƏTİNİZƏ GÖRƏ TƏŞƏKKÜR EDİRƏM