



BÖLÜM 45

Kronik Kalp Yetmezliğinde Kalp Yetmezliği Merkezleri ve Rehabilitasyon

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GİRİŞ

Kronik Kalp Yetmezliği (KKY), dispne, yorgunluk ve sıvı retansiyonu gibi kalp yetmezliğinin semptom ve bulgularının görüldüğü ve kalbin yapısı veya fonksiyonunun anormal olduğu klinik bir sendromdur (1,2). Sıvı birikimi nedeniyle periferik ödem ve pulmoner konjesyon görülür. Çoğu kalp hastalığının son evresi olan KKY, hem morbidite hem de mortaliteye neden olan önemli bir hastalıktır (3) Sonuç olarak fonksiyonel kapasite azalır bu da yaşam kalitesinin bozulmasına yol açar (4).

Dispne, egzersiz intoleransı, yorgunluk KKY'nin yaygın semptomları ve belirtileridir (5). KKY'de görülen kardiyolojik semptomlar spesifik değildir. Erken aşamalarda fiziksel efor sırasında görülen semptomlar ilerleyen dönemde istirahatte de görülebilirler. İlerleyen yaşla beraber sadece KKY insidansı değil, aynı zamanda eşlik eden komorbiditelerin insidansı da artış göstermektedir. Bu artış KKY bağlı ya da bağımsız olabilir. Fakat bu komorbiditeler hastalığın prognozunu kötüleştirip hastalığı şiddetlendirebilir. Belirtileri ve semptomları genel olarak tek tip olsa da altında yatan nedenler çok farklı olabilmektedir. Bu yüz-

den tedavisinde etyolojisine göre tedavi yaklaşımları uygulanmalıdır (6,7).

KKY olan hastalarda yapılan çalışmalarda solunum kas kuvvet ve dayanıklılığının da azaldığı bildirilmiştir (8). KKY'e bağlı görülen ventriküler disfonksiyona bağlı kan akışı iskelet ve solunum kaslarında azalmaktadır. Bu da kas kütesinin kaybına yol açar (5). Diyafram kası başta olmak üzere görülen işlev bozukluğu ventilasyonu, dokulara oksijen iletimini ve pulmoner gaz değişimini bozar. KKY hastalarında görülen solunum kas disfonksiyonu dispneye yol açar (9). Sol ventrikül ejeksiyon fraksiyonunun ve sistolik kan basıncının azalması solunum kas zayıflığına yol açan nedenlerdir (10). Ayrıca ejeksiyon fraksiyonu korunan ve ejeksiyon fraksiyonu azalan KKY hastalarında da solunum kas zayıflığı bildirilmiştir (11-13).

KKY'de görülen yorgunluk ve dispne gibi tipik semptomların yanında solunum kas zayıflığı ve beraberinde görülen komorbiditeler hastaların egzersiz kapasitesini ve günlük yaşamını çok yüksek oranda etkilemektedir. Kardiyak rehabilitasyon ise egzersiz kapasitesi, solunum kas kuvveti ve yaşam kalitesinin iyileştirilmesinde etkilidir (14-16).

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