The Pathophysiology of Heart Failure

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Medication treatment focuses to control the primary cause of heart failure. Medications effective in augment fluid removal, and enhance tissue perfusion. These goals are achieved through the use of ACE inhibitors, aldosterone, and beta-blocker medications. ACE inhibitors improve the neurohormonal response of the heart by preventing systemic vasoconstriction and vasodilation. Beta-adrenoceptor blockers (ARBs) also inhibit the RAAS and decrease systemic vasoconstriction. Angiotensin receptor blockers (ARBs) also inhibit the RAAS and decrease systemic vasoconstriction. They have fewer side effects than ACE inhibitors and are more effective in diastolic failure, in which the left ventricle is thickened and cannot relax properly. Thiazide diuretics are used to decrease sodium and water retention. Angiotensin receptor blockers (ARBs) also inhibit the RAAS and decrease systemic vasoconstriction. They have fewer side effects than ACE inhibitors and are more effective in diastolic failure, in which the left ventricle is thickened and cannot relax properly. Thiazide diuretics are used to decrease sodium and water retention. They decrease preload and prevent fluid overload, thereby improving heart function. The combination of beta-blockers, ACE inhibitors, and diuretics is considered the standard of care for heart failure. The Heart Failure: A comprehensive review of medical therapy, 2014.}

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