

MANAGEMENT OF HEALTHCARE IN CRHRONICAL VASCULAR DISEASES

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Abstract: Chronic diseases are long-term diseases that develop slowly over time, often progressing in severity, and can often be controlled, but rarely cured. They include conditions such as heart disease and stroke, cancer, diabetes, arthritis, back problems, asthma, and chronical arterial disease. The chronical arterial disease is a stage of permanent blood perfusion insufficiency of the lower and upper extremity. It is known also as a PAD(periphery arterial disease). The aorto-iliac and femoro-popliteal segments are mostly affected, but carotid arteries and upper extremity arteries are not to be subapreciated too. The PAD is caused by the atherosclerosis and diabetes, alone or together. The diabetes causes damage of different size arterial vessels. This process starts from the beginning of the disease. The present report examines the relationship between diabetes, atherosclerosis and the arterial vessels occlusion at different levels with corresponding tissue lost. This report also emphasizes on different treatment approaches in big size vessels damage and the diabetic foot vessel damage. The algorithm in examination of diabetic patients, the different pathways in their treatment were comfirmed: conservative, endovascular, vascular reconstruction and rehabilitation. The varicose veins- superficial lower extremity veins dilatation, are another process of chronical vessels disease. The most important reason of chronic venous disease is correlated with heredical factors and the still of life. The secondary varicose is caused by malformations, traumatism and deep vein thrombosis. The principal way of resolving this problem is the surgical intervention. As in the any case surgical intervention, the right mode of rehabilitation is of a great importance.

Rehabilitation is a branch of medicine that aims to enhance and restore functional ability and quality of life to those with physical impairments or disabilities. WHO also establish the chronical diseases as a helth problems that requires management of long term. The difference of chronical vascular diseases rehabilitation compared with the treatment of acute vascular diseases are: supporting of good health in future and avoiding the complications by improving the comfort of life, that requires permanent healthcare and rehabilitation. The management of healthcare includes a different medical specialists participating, good communication and coordination between them, that improves the access to specialist and reduce the price of healthcare. The specialists participating in multidisciplinary team, have a role as a direct delivers of a healthcare. They also have a role in helping the patients in the process of self management of the disease, were the patient participates too.

Keywords: manegement, PAD, Diabetes, venous disease, rehabilitation

INTRODUCTION

The chronical arterial disease is a stage of permanent blood perfusion insufficiency of the lower and upper extremity. It is known also as a PAD(periphery arterial disease). The aorto-iliac and femoro-popliteal segments are mostly affected, but carotid arteries and upper extremity arteries are not to be subapreciated too. The PAD is caused by the atherosclerosis and diabetes, alone or together.

Atherosclerotic-related cardiovascular disease (CVD) is the leading cause of death in every region of the world. However, during the last 2decades, CHD age-specific death rates fell by greater than 40% in high-income countries. The prolonged survival has translated into growing disease prevalence and a staggering financial burden. It is estimated that 80,700,000 Americans have CVD with an estimated annual cost of treatment of \$448.5 billion. Eight million Americans have peripheral arterial disease (PAD), and PAD disproportionately affects blacks. Particularly troubling is the high prevalence of cardiovascular risk factors in children and young adults. A sedentary lifestyle, abdominal obesity, and poor diets contribute to dyslipidemia and high blood pressure.

In the past few decades there has been an alarming rise in the prevalence of diabetes, particularly type 2. Recently, the Centers for Disease Control and Prevention has estimated

that the prevalence of diagnosed diabetes in the United States was 7.8% in 2004, as opposed to a similar study in 1990 reporting a prevalence of 4.9%—more than a 50% increase over that time period. Most disturbing was a 76% increase in prevalence in the 30- to 39-year-old group. Furthermore, there exists a large group in the population in whom diabetes is undiagnosed, estimated to be about 20% of patients. At present, there are 24 million people with diabetes in the United States and another 57 million who are prediabetics. The increased prevalence of diabetes in the United States is correlated with the rising rates of obesity, which now affects more than 20% of adult Americans. The prevalence of diagnosed diabetes also increases with age, with more than 15% of those older than 65 years in the United States being affected. It is also slightly overrepresented in women versus men.

Another metabolic disorder related with the diabetes in PAD is the metabolism of lipoproteins. Additional evidence has established the essential role of atherogenic lipoproteins in the pathogenesis of atherosclerotic vascular disease, as well as the benefits of lipid management for the primary prevention and amelioration of existing atherosclerotic vascular disease. Although much of the evidence on the management of lipid disorders has resulted from studies on atherosclerotic cardiovascular disease and, to a lesser extent, cerebrovascular disease, this experience is applicable to the prevention and treatment of peripheral artery disease (PAD) because of the common pathophysiology of atherosclerosis in any vascular bed. In addition, studies of lipid management in individuals with PAD have begun to yield important information that has added to our knowledge of the positive benefits of recognizing and managing atherogenic lipoproteins in patients with PAD.

Despite the general approach of aggressively attempting to salvage limbs, major lower extremity amputations unfortunately continue to be part of all vascular practices. Though often viewed as a failure of treatment, major amputation should be considered an important, definitive treatment option. The convergence of several important factors, such as the aging of the population and the epidemic of diabetes and peripheral arterial disease (PAD), suggests that amputations will be an increasingly important issue facing patients and surgeons. The goal of amputation is to remove all infected, gangrenous, and ischemic tissue and provide the patient with the longest functional limb.

Chronic venous disorders includes a large spectrum of venous diseases from simple telangiectases (spider veins) and reticular veins, varicose veins, leg edema, skin changes, dermal sclerosis, and ulcer formation, which are known as *chronic venous disease* (CVD). Analysis of international prevalence has shown that venous disease is higher in Western and industrialized countries.

The varicose veins- superficial lower extremity veins dilatation, are principal part of chronic venous disease. The most important reason of chronic venous disease is correlated with family history, obesity, older age, pregnancy and female gender and the still of life. The secondary varicose is caused by malformations, traumatism and deep vein thrombosis.

Recent Bulgarian data “DETEKT” have shown that near than 20% of the population has varicose vein disorder. Including the patients with telangiectases (spider veins), this percentage will rise to 30-35 %.

Treatment of superficial venous incompetence can be accomplished by techniques that result in stripping, RFA or Laser ablation, or ligation of the refluxing venous segment, sclerotherapy and phlebectomy.. At the current time, reconstructive procedures have no role in the treatment of superficial venous disease outside of experimental protocols. Each of these techniques has a role in the treatment of patients with symptomatic varicose disease.

GOALS OF REHABILITATION AND MANEGEMENT

Rehabilitation after surgical intervention is of a great importance in treatment and management of chronic vascular diseases. To analyses and for appreciating the vascular disease patient's health status are of a great importance:

- Sex, ages, environment risk factors
- The role of prevention and rehabilitation
- Individual rehabilitation of the physical and psychological patient's staus.
- Professional experience concerning working capacity
- Health knowledge and skills for health style of life.

The management in chronic vascular diseases is appointed to:

- Improvement of personnel qualities ;
- Better motivation for its execution
- Implantation of new technology;

- From drugs approach to biosocial approach that includes prevention; promotion and prophylaxis of health and prosperity of the patient;
- From craft with general requirement to high professional activity;
- Continuous professional qualification;

We can speak about effective management of health care, when they are correct organized, when the hospitalization days are reduced and complications are low. To reach the optimal results of rehabilitation in chronic vascular diseases, the management must to aim to:

- Structure of leadership;
- Financial management;
- Self management;

CONCLUSION

Management and rehabilitation of chronic vascular diseases is a systemic process of:

- Appreciation
- Planning
- Coordination
- Distribution

Of patient's service who needs of long care in condition of dynamic changes, limited resources and permanent rising criterias of health care quality.

BIBLIOGRAPHY

- [1] Воденичаров, Ц., С. Попова, М. Мутафова, Е. Шипковенска, Социална медицина, Изд. ГОРЕКС ПРЕС, С. 2013.
- [2] Борисов, В., Мениджмънт на качеството в здравеопазването, здраве Мениджмънт, Изд. ФИЛВЕСТ, 2004.
- [3] Йосхинова И., Алгоритми за физикална превенция, терапия и рехабилитация на някои често срещани и социално значими заболявания, С. 2007
- [4] Андреев А. Съдови заболявания. Съдова и ендоваскуларна хирургия, София, 2009
- [5] Rooke T., Hirsch A., Misra S. et al. 2011 ACCF/AHA focused update of the guideline for the management of patients with peripheral artery disease (updating the 2005 guideline): A report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. J Am Coll Cardiol 2011, 58(19): 2020-2045 <http://content.onlinejacc.org/article.aspx?articleid=1146931>
- [6] Stevens J., Simpson E., Harnan S. Systematic review of the efficacy of cilostazol, naftidrofuryl oxalate and pentoxifylline for the treatment of intermittent claudication. Br J Surg. 2012 Dec;99(12):1630-8
- [7] Rutherford, Vascular surgery, Vol. 1, Vol. 2, 7-th edition, 2010