

# Prävention der Herzinsuffizienz

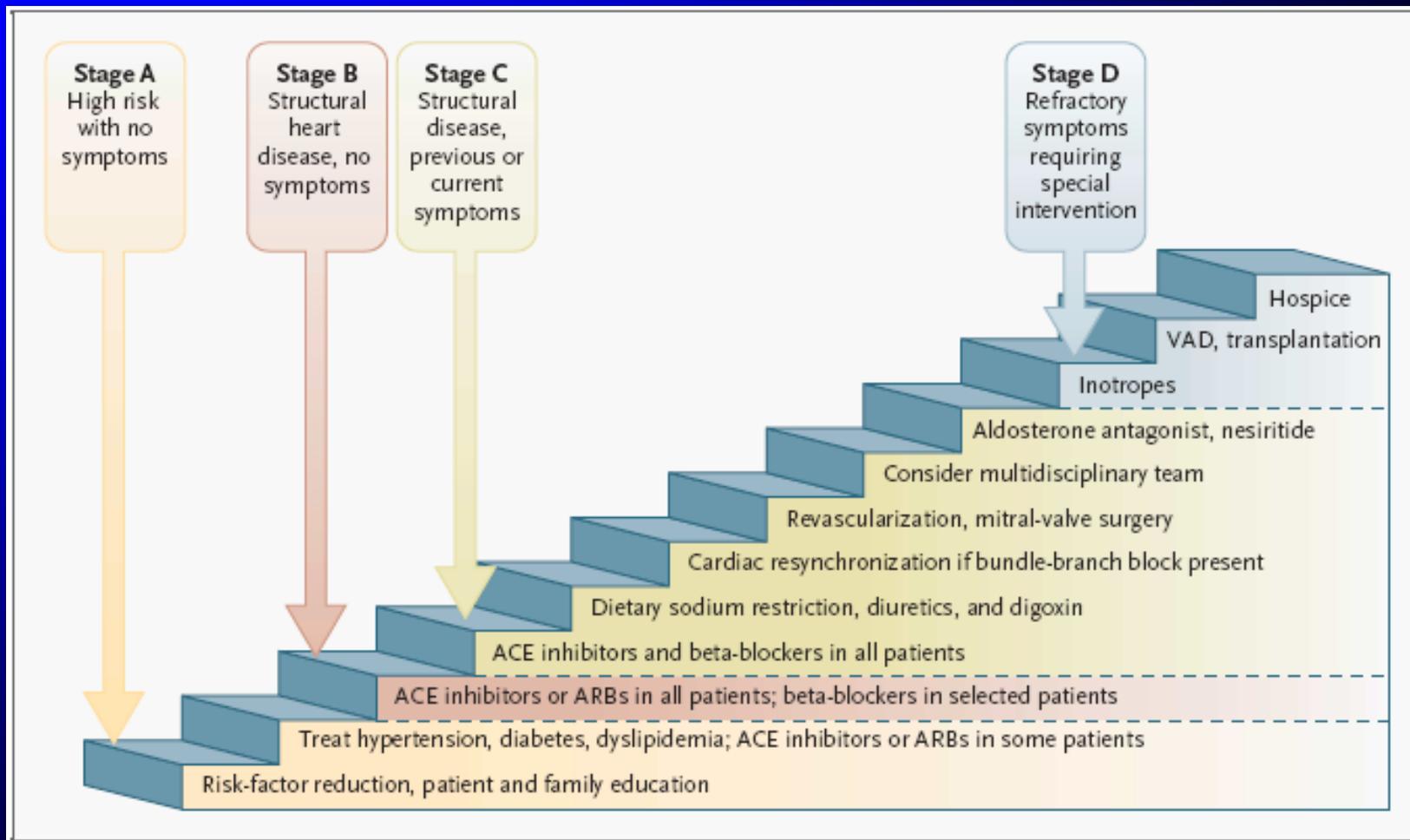
27. Salzburger Herztag, 18.Okt. 2014  
Landesverband Salzburg des österreichischen  
Herzverbandes

Dr. med.

DIRK  STEIN

Facharzt Innere Medizin | Kardiologie

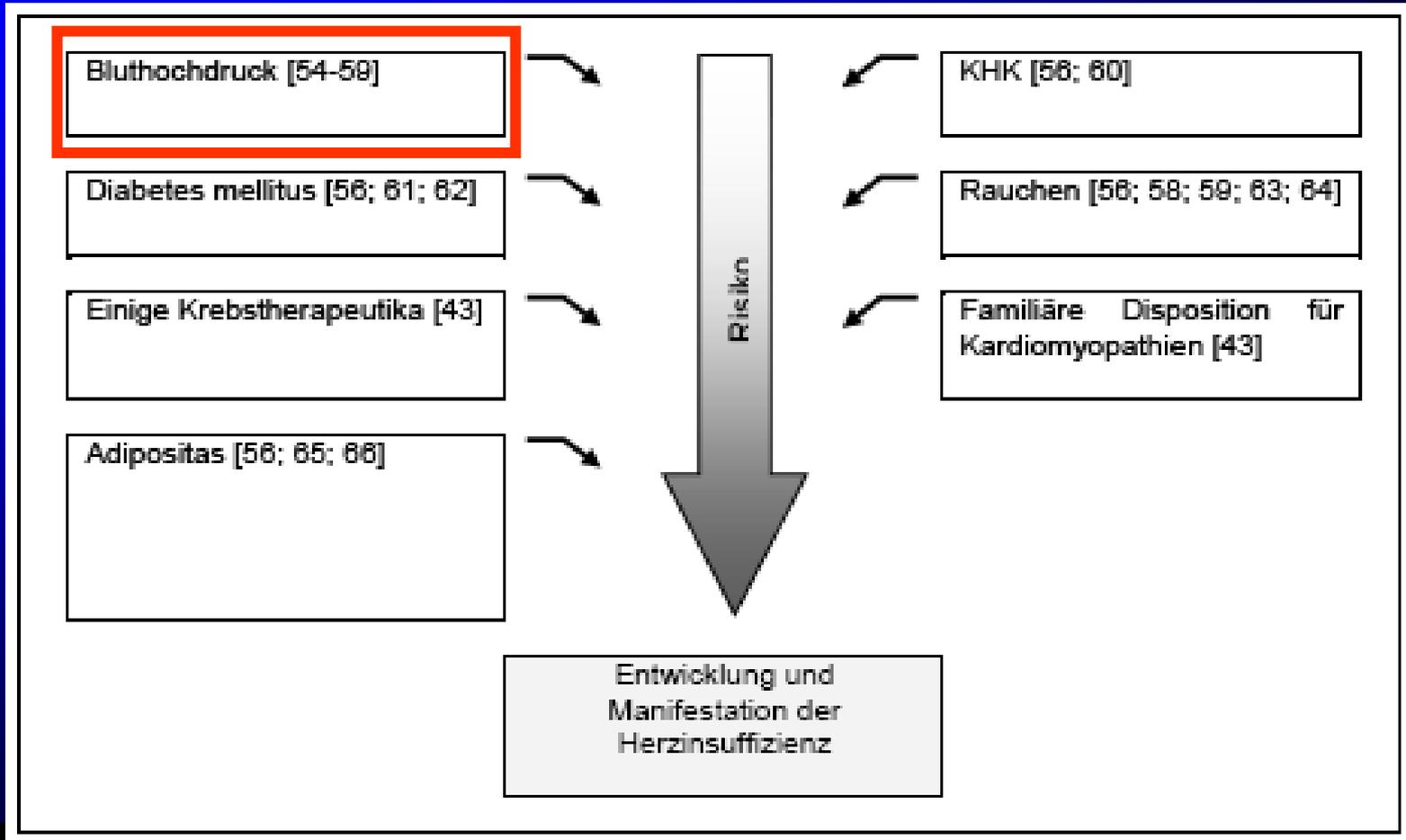
# Herzinsuffizienz-Stadien und Therapie



N Engl J Med 2003;348:2007-18.

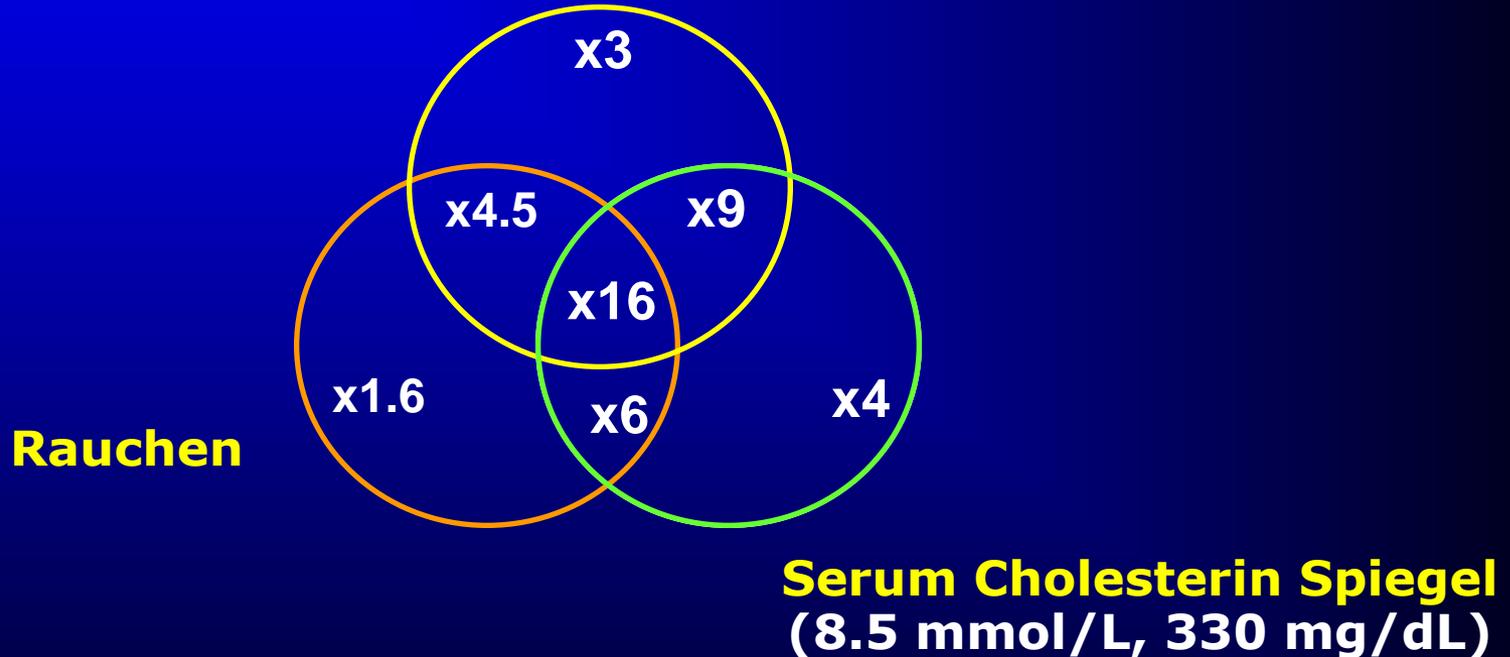


# Wichtigste Risikofaktoren der Herzinsuffizienz

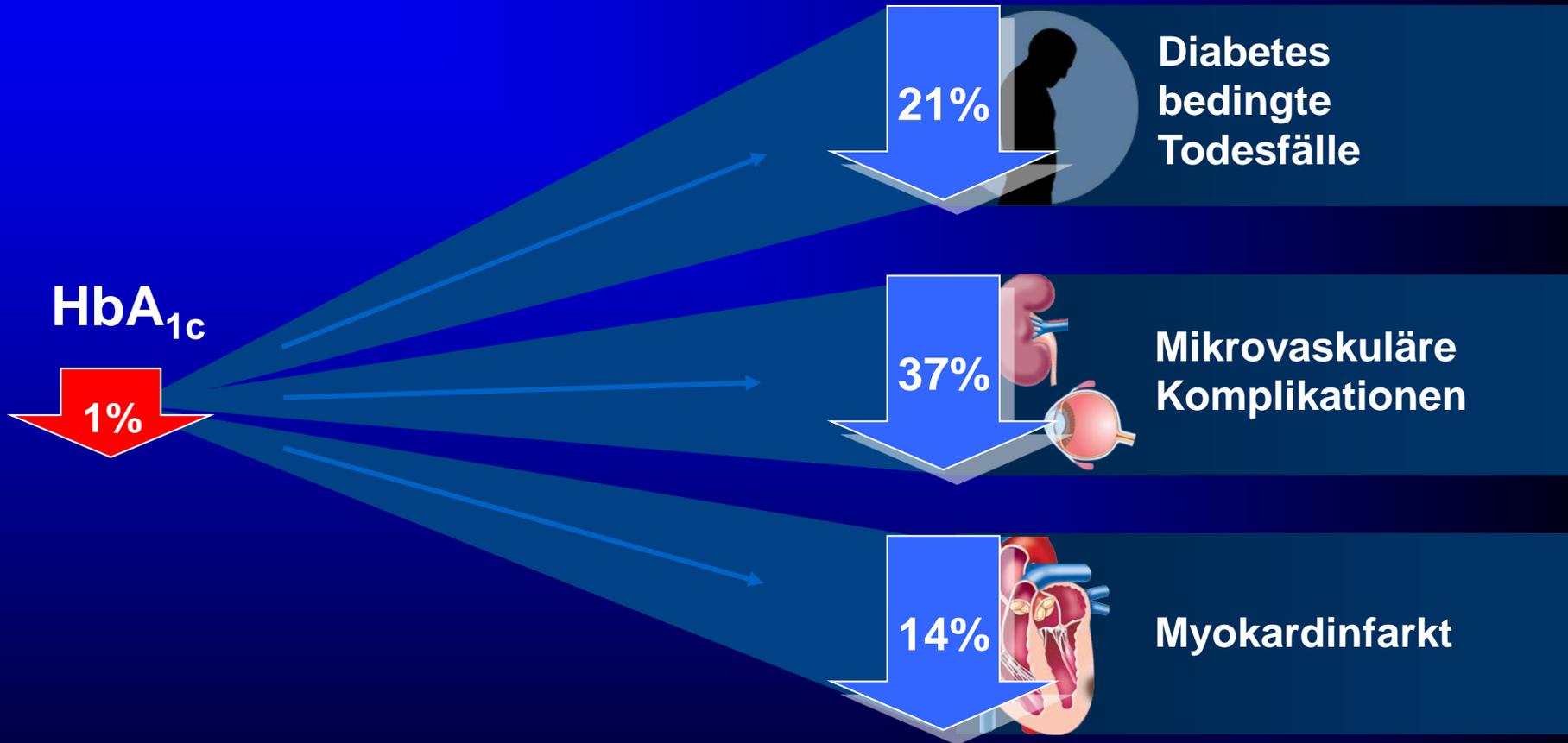


# Kombination von Risikofaktoren erhöht das Herzinfarkt-Risiko überproportional

**Bluthochdruck**  
(SBP 195 mmHg)



# Reduktion von HbA<sub>1c</sub> vermindert das Komplikationsrisiko !



# Fett ist nicht gleich Fett: Transfettsäuren - die unbekannte Gefahr



Transfettsäuren  
entstehen als  
Nebenprodukte  
bei der  
industriellen  
Fetthärtung.

Arnold Schwarzenegger  
verbietet Fast-Food-Fette



# Die „mediterrane Alternative“

**Viel Obst, Gemüse und Salate  
und genügend vom richtigen Fett.**



# Bauchumfang

ein einfach zu bestimmender Risikofaktor

Frauen: 88 cm

Männer: 102 cm



# Bedeutung der Lebensstil-Modifikation in der Therapie der arteriellen Hypertonie

Other risk factors, asymptomatic organ damage or disease	Blood Pressure (mmHg)			
	High normal SBP 130–139 or DBP 85–89	Grade 1 HT SBP 140–159 or DBP 90–99	Grade 2 HT SBP 160–179 or DBP 100–109	Grade 3 HT SBP ≥180 or DBP ≥110
No other RF	• No BP intervention	• Lifestyle changes for several months • Then add BP drugs targeting <140/90	• Lifestyle changes for several weeks • Then add BP drugs targeting <140/90	• Lifestyle changes • Immediate BP drugs targeting <140/90
1–2 RF	• Lifestyle changes • No BP intervention	• Lifestyle changes for several weeks • Then add BP drugs targeting <140/90	• Lifestyle changes for several weeks • Then add BP drugs targeting <140/90	• Lifestyle changes • Immediate BP drugs targeting <140/90
≥3 RF	• Lifestyle changes • No BP intervention	• Lifestyle changes for several weeks • Then add BP drugs targeting <140/90	• Lifestyle changes • BP drugs targeting <140/90	• Lifestyle changes • Immediate BP drugs targeting <140/90
OD, CKD stage 3 or diabetes	• Lifestyle changes • No BP intervention	• Lifestyle changes • BP drugs targeting <140/90	• Lifestyle changes • BP drugs targeting <140/90	• Lifestyle changes • Immediate BP drugs targeting <140/90
Symptomatic CVD, CKD stage ≥4 or diabetes with OD/RFs	• Lifestyle changes • No BP intervention	• Lifestyle changes • BP drugs targeting <140/90	• Lifestyle changes • BP drugs targeting <140/90	• Lifestyle changes • Immediate BP drugs targeting <140/90

BP = blood pressure; CKD = chronic kidney disease; CV = cardiovascular; CVD = cardiovascular disease; DBP = diastolic blood pressure; HT = hypertension; OD = organ damage; RF = risk factor; SBP = systolic blood pressure.

# Empfehlungen der Europ. Gesellsch. für Kardiologie- Zusammenfassung

Regular exercise, i.e. at least 30 min of moderate dynamic exercise on 5 to 7 days per week is recommended.

Increased consumption of vegetables, fruits, and low-fat dairy products is recommended.

Moderation of alcohol consumption to no more than 20–30 g of ethanol per day in men and to no more than 10–20 g of ethanol per day in women is recommended.

Reduction of weight to BMI of 25 kg/m<sup>2</sup> and of waist circumference to <102 cm in men and <88 cm in women is recommended, unless contraindicated.

Salt restriction to 5–6 g per day is recommended.

European Heart Journal (2013)  
34, 2159–2219 (ESC.guideline)

It is recommended to give all smokers advice to quit smoking and to offer assistance.

