

Acute Cardiology: A Critical Approach to Cardiovascular Emergencies

Michel Mories^{*}

Department of Emergency Medicine, George Washington University, Washington, USA

DESCRIPTION

Acute cardiology is a specialized field of medicine that focuses on the diagnosis and treatment of cardiovascular emergencies, such as heart attacks, strokes and cardiac arrests. These life-threatening conditions require rapid and precise interventions to minimize damage and improve outcomes. The study explores the importance of acute cardiology, the common conditions that fall under its scope and the strategies used to manage these emergencies.

Acute cardiology is a critical aspect of modern medicine, as cardiovascular diseases are the leading cause of death and disability worldwide [1,2]. According to the World Health Organization (WHO), approximately 17.9 million people die from cardiovascular diseases every year, accounting for 31% of all global deaths. In the United States alone, it is estimated that over 800,000 people experience a heart attack every year [3].

The acute care setting is where patients receive immediate attention and treatment for cardiovascular emergencies. This includes emergency departments, Intensive Care Units (ICUs) and cardiac catheterization laboratories. Acute cardiologists work closely with other healthcare professionals, such as emergency medicine physicians, intensivists and cardiologists, to provide comprehensive care [4-7].

Some of the most common conditions that fall under the scope of acute cardiology include, acute coronary syndromes (ACS), including heart attacks and unstable angina. Cardiac arrhythmias, such as atrial fibrillation and ventricular tachycardia. Cardiac arrest and sudden cardiac death. Heart failure and cardiogenic shock. Aortic dissection and rupture. Pulmonary embolism and deep vein thrombosis [8].

Acute cardiologists use a variety of diagnostic tools and techniques to diagnose and treat cardiovascular emergencies. These includes, Electrocardiography (ECG) to monitor cardiac rhythms and detect abnormalities. Echocardiography to visualize cardiac structures and function. Cardiac biomarkers, such as troponin and creatine kinase, to detect myocardial damage. Stress tests to assess cardiac function and identify areas of ischemia. Cardiac catheterization to visualize coronary arteries and perform interventions [9].

In addition to these diagnostic tools, acute cardiologists employ a range of therapeutic strategies to manage cardiovascular emergencies. These includes, medications, such as thrombolytics, beta blockers and nitrates, to reduce ischemia and stabilize cardiac rhythms. Invasive procedures, such as coronary angioplasty and stenting, to open blocked coronary arteries. Electrophysiology studies to identify and treat abnormal heart rhythms. Cardiac pacing and defibrillation to restore normal cardiac rhythms.

In recent years, there has been a significant shift towards a more personalized approach to acute cardiology. This involves customizing treatment strategies to individual patient needs and characteristics, such as age, sex and comorbidities. Additionally, there has been a growing emphasis on improving patient outcomes through multidisciplinary care teams and evidencebased guidelines [10].

CONCLUSION

In conclusion, acute cardiology is a critical field of medicine that requires rapid and precise interventions to manage cardiovascular emergencies. By understanding the common conditions that fall under its scope, the diagnostic tools used to diagnose these conditions and the therapeutic strategies employed to manage them, can better appreciate the importance of acute cardiology in improving patient outcomes. Ultimately, the goal of acute cardiology is to provide high-quality care that is customized to individual patient needs. By working together with other healthcare professionals and grab evidence-based guidelines, that can continue to improve patient outcomes and reduce mortality rates from cardiovascular emergencies.

REFERENCES

- Huizar JF, Gonzalez LA, Alderman J, Smith HS. Sulfonylureas attenuate electrocardiographic ST-segment elevation during an acute myocardial infarction in diabetics. J Am Coll Cardiol. 2003;42(6): 1017-1021.
- 2. Culic V, Eterovic D, Miric D. Meta-analysis of possible external triggers of acute myocardial infarction. Int J Cardiol. 2005;99(1):1-8.

Correspondence to: Michel Mories, Department of Emergency Medicine, George Washington University, Washington, USA, E-mail: michelmories@org.edu

Received: 30-Aug-2024, Manuscript No. EGM-24-33802; Editor assigned: 03-Sept-2024, Pre QC No. EGM-24-33802 (PQ); Reviewed: 18-Sept-2024, QC No. EGM-24-33802; Revised: 25-Sept-2024, Manuscript No. EGM-24-33802 (R); Published: 02-Oct-2024, DOI: 10.35248/2165-7548.24.14.320

Citation: Mories M (2024). Acute Cardiology: A Critical Approach to Cardiovascular Emergencies. Emergency Med. 14:320.

Copyright: © 2024 Mories M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Mories M

- 3. Dobrzycki S, Baniukiewicz A, Korecki J. Does gastro-esophageal reflux provoke the myocardial ischemia in patients with CAD?. Int J Cardiol. 2005;104(1):67-72.
- Meine TP, Roe MT, Chen AY. CRUSADE Investigators Association of intravenous morphine use and outcomes in acute coronary syndrome: Results from the CRUSADE Quality Improvement Initiative. Am Heart J. 2005 Jun;149(6):1043-1049.
- Marsan RJ, Shaver KJ, Sease KL. Evaluation of a clinical decision rule for young adult patients with chest pain. Acad Emerg Med. 2005;12(1):26-31.
- Gersh BJ, Stone GW, White HD, Holmes DR. Pharmacological facilitation of primary percutaneous coronary intervention for acute myocardial infarction: Is the slope of the curve the shape of the future?. JAMA. 2005;293(8):979-986.
- 7. Peacock WF, Hollander JE, Diercks DB, Fonorow G, Emerman CL. Morphine for acute decompensated heart failure: valuable adjunct or a historical remnant?. Acad Emerg Med. 2005;12(5): 97-98.
- 8. Teerlink JR, Massie BM. Nesiritide and worsening of renal function: The emperor's new clothes?. Circulation. 2005;111(12):1459-1461.
- Abella BS, Sandbo N, Vassilatos P. Chest compression rates during cardiopulmonary resuscitation are suboptimal: A prospective study during in-hospital cardiac arrest. Circulation. 2005;111(4):428-434.
- 10. Waxman DA, Husk G. Single indeterminate-range troponin is associated with inpatient mortality in patients presenting to an emergency department. Acad Emerg Med. 2005;12(5):133.