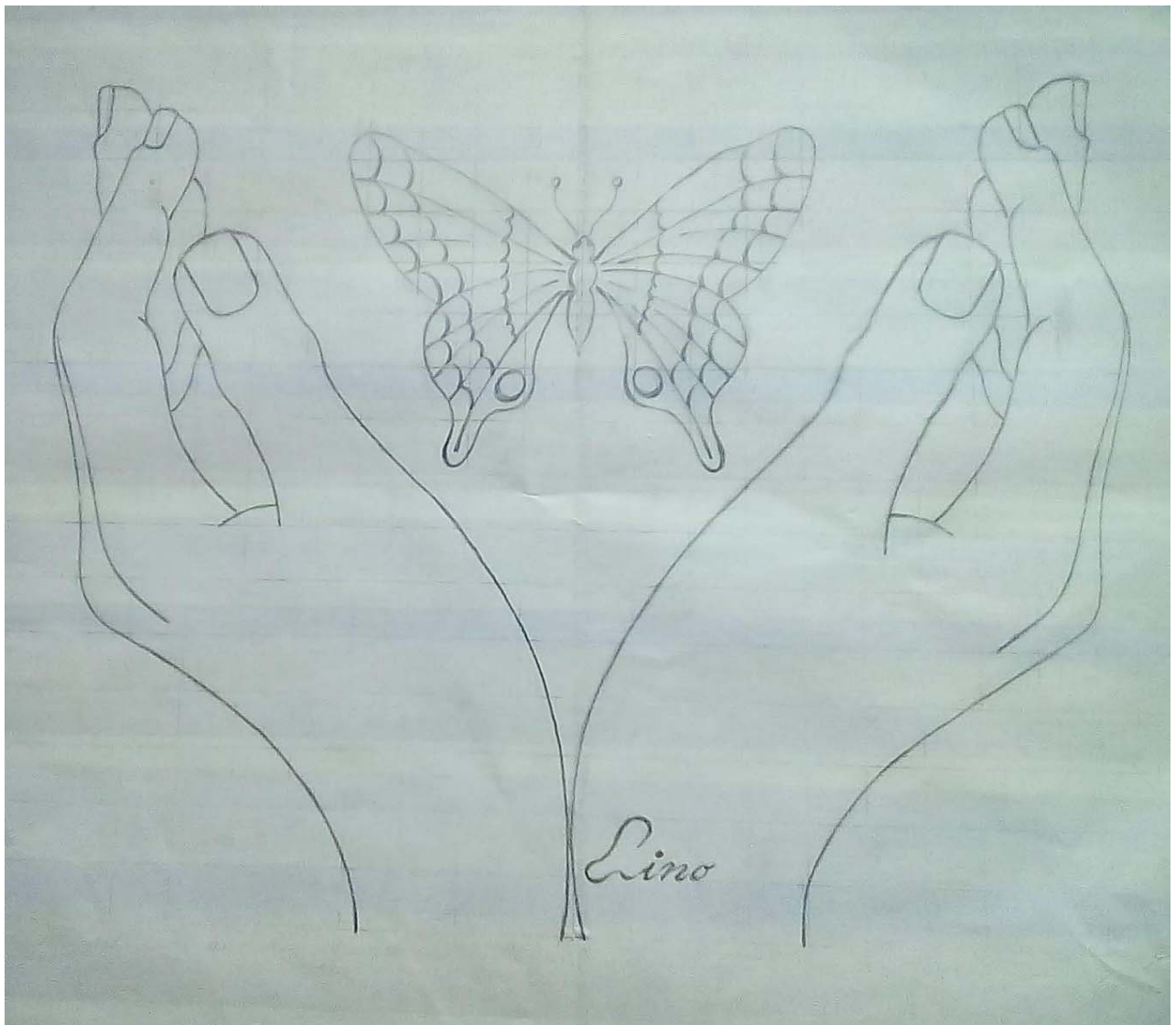


# INTERNATIONAL JOURNAL OF MEDICAL AND NURSING APPROACH (IJMNA)

Volume 4 (issue 1)

December 2022

MEDICAL AND NURSING



**“ONLY USING MEDICAL AND NURSING HANDS... YOUR WINGS CAN FLY AGAIN”**

**Editor-in-Chief:**

**Prof. Gianfranco Raimondi**

**Scientific Director:**

**Dr. Nicola Marchitto**

[www.med-inf.com](http://www.med-inf.com)

# International Journal of Medical and Nursing Approach (IJMNA)

The IJMNA is the official Journal of the Scientific Medical and Nursing Association (Med-Inf).

## EDITOR-IN-CHIEF:

Prof. Raimondi Gianfranco  
(Sapienza University, Rome, (Italy))

EDITORIAL BOARD: Pironti M., Curcio A.,  
Esposito A., Visani N., Taurisano S.

## EDITORS AND INTERNATIONAL BOARDS:

Internal Medicine: Raimondi G.

Emergency Medicine: Nikolopoulos Charalampos

Medical Thecnologya and Statistics: Martynenko A.,  
Barsi L.

Geriatric Medicine: Marchitto N., Paparello P.T.

Cardiology: Raimondi G.

Dermatology: Skroza N.

Endocrinology: Andreadi A.

Clinical Imaging: Gavana M.

Surgery: Casciaro G., Piovanello P.

Nephrology and Dialysis: Di Lullo L., Mobilia P.,  
Taurisano S.

Psychology: Melpignano S., Maragoni G., Pannone  
O.

Reviewer and Translator: Dr.ssa Pacella Chiara

Editor: Centro Copie s.r.l.

Via Appia Lato Itri 37/41

Scientific Director:

Dr. Marchitto Nicola, Rome, Italy

Registration:

Tribunale di Latina n° cronologico 1096/2019 del  
12/08/2019 (RGVG n° 1860/2019).

Med – Inf SCIENTIFIC ASSOCIATION :

Organizational secretariat

Largo Cesare Beccaria n° 4; 04022 Fondi (Latina),  
Italy.

Tel. +39 333-3019781

E-mail: [segreteria@med-inf.com](mailto:segreteria@med-inf.com)

PRESIDENT

Dr. Marchitto Nicola, Roma, Italy

VICE-PRESIDENT

Prof Gianfranco Raimondi, Roma, Italy

SECRETARY

Dr.ssa Paola Tamara Paparello, Venezuela, (EE)

## Role of the Nurse team in chronic heart failure patients.

\* Di Martino N., \*\* Taurisano S., \*\*\* Marchitto N., \*\*\*\* Paparello P.T., \*\*\*\*\* Raimondi G.

\*Nursing student. Sapienza University of Rome (Italy); \*\*Mental Health Dept Latina Sabaudia (Italy),  
\*\*\*AUSL Latina, (Italy); \*\*\*\* Med-Inf Association Fondi, Latina (Italy),

\*\*\*\*\*Sapienza University of Rome (Italy)

**KEYWORDS:** Rotigotine, blood pressure, dysphagia .

Corresponding Authors: Di Martino N. e-mail: [ndimartino@gmail.com](mailto:ndimartino@gmail.com)

### ABSTRACT

**Background:** Heart failure (HF) is defined as an alteration of the heart structures or their function that causes the appearance of clinical symptoms (dyspnoea) and clinical signs (edema) and worsens the quality of life of the affected person. **Aim:** The aim of our study is to underline the important role of the sacubitril / valsartan combination in heart failure patients with reduced ejection fraction in a group of elderly subjects often underrepresented in observational clinical studies. **Materials and Methods:** We enrolled 11 elderly patients 9 men (age range 70 - 87, therefore with a mean value of 77 years) and 2 women (age range 50 - 71 therefore with a mean value of 60.5 years) subjecting them to a preliminary echocardiographic evaluation to select only heart failure patients (NYHA III) with a reduction in ejection fraction <35%. A therapeutic switch protocol was established for all enrolled patients in order to suspend therapy with antihypertensive agents of the category of ACE inhibitors and Sartans and start the combination therapy sacubitril / Valsartan at a dosage of 24/26 mg twice. per day. We recorded electrocardiographic activity with digital equipment in beat-by-beat recording mode. We analyzed the T-peak to T-end index by measuring the distance between the peak point of the T wave and the end of the T wave itself (measured on the isoelectric). We studied enrolled patients using a version 2.0 handheld cardio ECG to record standard beat-by-beat ECGs in order to extrapolate data for the variables under consideration. We used the international measurement scale for laboratory test results (creatinine mg / dl; glucose mg / dl; BNP pg / ml). Statistical analyzes were performed using Paired t-test with Sigmatat v. 3.5 statistical analysis program. Qualitative test results are evaluated during a physical examination (decreased dyspnoea, decreased symptom duration, and improved walking test). All patients provided signed informed consent. **Results:** the preliminary data relate to the first 11 patients enrolled in the study suffering from heart failure with reduced ejection fraction <35%. 9 men (age range 70 - 87, therefore with mean value of 77 years) and 2 women (age range 50 - 71 therefore with mean value of 60.5 years) were enrolled in the study and re-evaluated after one month of treatment with Sacubitril. / Valsartan 24/26 mg twice daily. Of the patients enrolled in our study, 4 subjects had moderate renal insufficiency (1.582 mg / dL + 0.722 mg / dL vs 1.524 mg / dL + 0.653 mg / dL with p = 0.550) and 4 subjects with diabetes (123.8

mg / dl) dl + 42.3 mg / dl vs 124.6 mg / dl + 58.3 mg / dl with  $p = 0.916$ ). All patients have hypertension but with acceptable blood pressure values ( $<140/90$  mmHg) and a normal electrolyte balance (due to adjusted doses of different diuretic treatments). All patients were treated with diuretics (furosemide and spironolactone at the same dose during follow-up), beta blockers, ACE inhibitors and ARBs. All patients underwent therapeutic switch from ACE inhibitors or ARBs to the sacubitril / valsartan combination. There are no significant differences in renal failure (1.582 mg / dl + 0.722 mg / dl vs 1.524 mg / dl + 0.653 mg / dl with  $p = 0.550$ ), diabetes (123.8 mg / dl + 42.3 mg / dl vs 124.6 mg / dl + 58.3 mg / dl with  $p = 0.916$ ), BNP (1513 pg / ml + 936.9 pg / ml vs 1122 pg / ml + 935.4 pg / ml with  $p = 0.082$ ), RR variability (858.2 ms + 145.8 ms vs 772 ms + 145.8 ms with  $P = 0.322$ ), LF / HF (0.335 + 0.225 vs 0.373 + 0.241 with  $P = 0.821$ ), T-peak to T- end (89.6 ms + 18.5 ms vs 97.1 ms + 16.3 ms with  $P = 0.340$ ) and corrected QT interval (367 ms + 34.6 ms vs 353 ms + 35.3 ms with  $P = 0.164$ ). Further evaluations are currently underway in order to expand the size of the sample examined. **Discussion and Conclusions:** The Sacubitril / Valsartan combination may represent a new approach useful for the treatment of heart failure in elderly patients with reduced ejection fraction  $<35\%$ . Our first data have given reassuring results but, for now, we have analyzed only a few patients in order to express definitive results. Our studies may represent a new approach to evaluate the stratification of arrhythmic risk and myocardial injury in baseline conditions or during follow-up phases of elderly heart failure patients with reduced ejection fraction.

**Limitation of the study:** Our data have provided encouraging results, but further evaluations are needed in order to apply these results to the whole population.

## International Journal of Medical and Nursing Approach:

### GUIDELINES FOR AUTHORS

<http://www.med-inf.com/sottomissioni>

**Manuscripts** have to be double-spaced with two-centimetre margins.

**Head-paper:** To facilitate the review process, manuscripts should contain max, 2 tables and/or 3 figures.

An Original Scientific Article or an Original Case Report have educational value and therefore the evaluation will take into account the originality and the quality of the presentation.

**Original scientific article Include:** Abstract, Background, Materials and Methods, Results, Discussion, Conclusions and References.

**Original Case Report Include:** Abstract, Introduction, Case Report (s), Discussion, Conclusions and References.

**Letters to the Editor:** These are written on invitation and express the authors' viewpoint.

All Manuscripts must be written in English.

**Optionally, Med-Inf scientific secretary, offers our professional copy-editing service.**

The **first page** must contain:

- 1) title (lowercase), without acronyms;
- 2) first name and family name of each author, separated by commas;
- 3) affiliation(s) of author;
- 4) full name and full postal address of the corresponding author. Phone, fax number and e-mail address for the correspondence should also be included;
- 5) three to five key words.

The **last page** should contain:

**Original Articles** (4000 words max, abstract 250 words max, 30 references max, 3/5 tables and/or figures). A maximum of 10 authors is permitted and additional authors should be listed in an ad hoc Appendix.

References must be numbered consecutively in the order in which they are first cited in the text (not

- 1) acknowledgments;
- 2) authors' contributions, e.g., information about the contributions of each person named as having participated in the study;
- 3) disclosures about potential conflict of interests;

If **TABLES** are used, they should be double-spaced on separate pages. They should be numbered and cited in the text of the manuscript.

If **FIGURES** are used, they must be submitted as jpg files, minimum 300 dpi; i).

One column width (7.5 cm) or 2 column widths (16 cm).

A different caption for each figure must be provided at the end of the manuscript, not included in the figure file.

Authors must obtain written permission for the reproduction and adaptation of material which has already been published.

Authors must send the written permission before publication (otherwise the paper cannot be published).

A box with a clear description of the organization will be included in the manuscript. Papers highly polemic, written by an author addressing his own opinion and not an organization position or with a theme of local interest will not be published.

Conclusions and opinions expressed by the authors do not necessarily reflect the policies of the International Journal of Medical and Nursing Approach.

If abbreviations are used in the text, authors are required to write full name+abbreviation in brackets [e.g. Chronic Heart Failure (CHF)] the first time they are used.

alphabetical order), and they must be identified in the text by Arabic numerals in superscript. References to personal

communications and unpublished data should be incorporated in the text and not placed under the numbered

## References

References should be provided directly within the MS-Word document in the References section. References must be prepared as follows:

- more than three authors, cite 3 authors, et al. If the paper has only 4 authors,
- title style: sentence case; please use a capital letter only for the first word of the title;

## PEER REVIEW POLICY

All manuscripts submitted to our journal are critically assessed by external and/or in-house experts. Each paper is first assigned by the Editors to an appropriate Associate Editor who has knowledge of the field discussed in the manuscript. In the first step of manuscript selection if a manuscript does not receive a sufficiently high priority score to warrant publication, the editors will proceed to a quick rejection. The remaining articles are reviewed by at least two different external referees. Manuscripts should be prepared according to the Uniform Requirements established by the International Committee of Medical Journal Editors (ICMJE). Authorship: all persons designated as authors should qualify for authorship according to the ICMJE criteria. Each author should have participated sufficiently in the work to take public responsibility for the content. Authorship credit should only be based on substantial contributions to: 1) conception and design, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; 3) final approval of the version to be published. General supervision of the research group is not sufficient Italian for authorship. Any part of an article critical to its main conclusions must be the responsibility of at least one author. Authors should provide a brief description of their individual contributions. Obligation to Register Clinical Trials: the ICMJE believes that it is important to foster a comprehensive, publicly available database o clinical trials. The ICMJE defines a clinical trial as any research project that prospectively assigns human subjects to intervention or concurrent comparison or control groups to study the cause-and-effect relationship between a medical intervention and a

health outcome. Medical interventions include drugs, surgical procedures, devices, behavioural treatments, process-of-care changes, etc. Our journals require, as a condition of consideration for publication, registration in a public trials registry. The journal considers a trial for publication only if it has been registered before the enrolment of the first patient. The journal does not advocate one particular registry, but requires authors to register their trial in a registry that meets several criteria. The registry must be accessible to the public at no charge. It must be open to all prospective registrants and managed by a non-profit organization. There must be a mechanism to ensure the validity of the registration data, and the registry should be electronically searchable. An acceptable registry must include a minimum of data elements. For example, ClinicalTrials.gov (<http://www.clinicaltrials.gov>), sponsored by the United States National Library of Medicine, meets these requirements Protection of Human Subjects and Animals in Research: when reporting experiments on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the committee responsible for human experimentation (institutional and national) and with the Helsinki Declaration of 1975 (as revised in 2008). In particular, Med-Inf Association adopts the WAME policy on Ethics in Research (<http://www.wame.org>). Documented review and approval from a formally constituted review board (Institutional Review Board - IRB - or Ethics committee) is required for all studies (prospective or retrospective) involving people, medical records, and human tissues. When reporting experiments on animals, authors will be asked to indicate whether the institutional and national guide for the care and use of laboratory animals was followed.

## SUBMISSION PREPARATION CHECKLIST

As part of the submission process, authors are required to check off their submission's compliance with all of the following items, and submissions may be returned to authors that do not adhere to 1. The submission has not been previously published, nor is it before another journal for

consideration (or an explanation has been provided in Comments to the Editor). 2. The submission file is in Microsoft Word, or PDF document 3. We fight plagiarism: please understand that your article will be checked with available tools for

discovering plagiarism.

4. The text is double-spaced; uses a 12-point font; employs italics and all illustrations, figures, and tables are placed within the text at the appropriate points, rather than at the end.

5. The text adheres to the stylistic and bibliographic requirements outlined in the Author Guidelines, which is found in About the

6. Please read this advice and download associated files. The International Committee of Medical Journal Editors has recently published in all ICMJE journals an editorial introducing a new "Disclosure Form for Potential Conflict of Interest", with the aim to establish uniform reporting system, we sting differences in current formats or editors' requests.

Authorship: all persons designated as authors should qualify for authorship according to the ICMJE criteria. Each author should have participated sufficiently in the work to take public responsibility for the content. Authorship credit should only be based on substantial contributions to:

1) conception and design, or analysis and interpretation of data;

2) drafting the article or revising it critically for important intellectual content;

3) final approval of the version to be published.

These three conditions must all be met. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient therefore asking you to duly fill in the "Uniform Format for Disclosure of Competing Interests in ICMJE Journals" and upload it on the Web site of the Med-Inf Association your work is involved with or email it back to us, in mind to allow Med-Inf Association to peer-reviewing your work. The document is in Adobe format, it includes instructions to help authors to follow the right procedure and is user-friendly.

Kindly note that the format have to be completed and signed by each author of the work.

### **Copyright notice**

Med-Inf Association has chosen to apply the Creative Commons Attribution to all manuscripts to Non-Commercial 4.0 License (CC BY-NC 4.0) be published An Open Access Publication is one that meets the conditions: following two The author(s) and copyright holder(s) grant(s) to all users a free, irrevocable, worldwide, perpetual right of access to, and a license to copy, use, distribute, transmit and display the work publicly and to make and distribute derivative works, in any digital medium for any responsible purpose, subject to proper attribution of authorship, as well as the right to make small numbers of printed copies for their personal use 2, A complete version of the work and all supplemental materials, including a copy of the permission as stated above, in a suitable standard electronic format is deposited immediately upon initial n at least one online repository that is supported by an academic institution, scholarly society, government agency, or other well-established organization that seeks to enable open access, un- publication i restricted distribution, interoperability, and long-term archiving. Authors who publish with this journal agree to the following terms 1. Authors retain copyright and grant the journal right of first publication with the work simultaneously licensed under a Creative Commons Attribution License that allows others to share the work with an acknowledgement of the work's authorship and initial publication in this journal. 2. Authors are able to enter into separate additional contractual arrangements for the non-exclusive distribution of the journal's published version of the work (e.g., post it to an institutional repository or publish it in a book), with an acknowledgement of its initial publication in this journal. 3. Authors are permitted and encouraged to post their work online (e.g., in institutional repositories or on their website) prior to and during the submission process, as it can lead to productive exchanges).

### **PRIVACY STATEMENT**

Privacy is an important concern for users of our site and is something that Med-Inf Association takes very seriously. Below you will find our policy for protecting users' personal information. Registration on our website is optional and voluntary. Browsing and viewing articles on our website does not require any personal information to on be submitted from users. Nor do these functions require the user's browser to be set to accept cookies. Some other services published on our website do require the use of cookies and information such s name, e-mail, etc. This is necessary for security reasons and to enable us to be able to assure standards of scientific integrity. Users may submit further personal information (e.g. details of research areas of interest) in order to take advantage of present and future personalization facilities on our website. In accordance with European Union guidelines, registrants may

decline to provide the information requested. They should be advised, however, that Med-Inf Association may be unable to deliver its services unless at least the information necessary for security and identification purposes is provided. In order to offer the best possible service to users, PAGE Press tracks the patterns of usage of pages on the site. This enables us to identify the most popular articles and services. Where users have provided details of their research areas of interest, this information can be linked to them, helping Med-Inf Association to offer scientists, the most relevant information based on their areas of interest. User information will only be shared with third parties with the explicit consent of the user. Publishing a scientific manuscript is inherently a public (as opposed to anonymous) process. The name and e-mail address of all authors of a Med-Inf Association manuscript will be available to users of Med-Inf Association. These details are made available in this way purely to facilitate scientific communication. Collecting these e-mail addresses for commercial use is not allowed. Med-Inf Association itself send unsolicited e-mails to authors, unless it directly concerns the paper they have published on Med-Inf Association journals (IJMNA). Med-Inf Association reserves the right to disclose members' personal information if required to do so by law, or in the good faith and belief that such action is reasonably necessary to comply with a legal process, respond to claims, or protect the rights, property or safety of Med-Inf Association, employees or members

ARTICLE/CASE REPORT/ LETTER SUBMISSION: 250,00 € ITALY; 300,00 € ABROAD (SHIPPING COSTS)

#### SUBSCRIPTIONS

100,00 (Italy): students)  
180,00 (abroad) 50,00( Support One number 25,00+ shipping costs

Send requests to [segreteria@med-inf.com](mailto:segreteria@med-inf.com) specifying the name of the journal and the type of subscriptions.

### **INTERNATIONAL JOURNAL OF MEDICAL AND NURSING APPROACH**

All the articles published on the International Journal of Medical and Nursing Approach are redacted under the responsibility of the Authors. The articles contained in the journal may not be published or reprinted without the express written permission of the publisher. According to the article 13 of the Legislative Decree 196/03 all the personal data regarding the readers will be processed both manually and informatically. Personal data provided are used to send the present publication and further editions of the journal to the readers, in addition to informational and advertising materials. Personal data are processed in conformity with the article 11 of the Legislative Decree 196/03 and may be disclosed to third parties with which Med-Inf association has a contractual relationship related to the distribution of the journal. The Data Controller is Mad-Inf Association, located in Cesare Beccaria square, n. 4, 04022 Fondi (LT), Italy, to whom the readers may address for updates, integrations or cancellation as provided for in the article 7 of the Legislative Decree 196/03.