

# Impact of COVID-19 on chronic cardiovascular patients

Pramod Aloor\*

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## EDITORIAL NOTE

Coronavirus disease (COVID-19) had wide transmission and started its community spread globally. Till date 16 million confirmed COVID-19 positive cases worldwide and 6 lakh deaths are recorded. The 70% of deaths are above age of 65 years old among them 40% of deaths are recorded with pre-existing condition of chronic cardiovascular diseases. The rapid increment in positive cases makes the anticipation and control of COVID-19 incredibly genuine. Despite the fact that the clinical signs of COVID-19 are commanded by respiratory symptoms, a few patients have serious cardiovascular risk. However, a few patients with acute cardiovascular diseases (CVDs) may have an expanded risk of death. Consequently, understanding the harm brought about by SARS-CoV-2 to the cardiovascular framework and the hidden systems is of the best significance, with the goal that treatment of these patients can be opportune and compelling and mortality decreased. The pressure of basic ailment and aggravation may join in destabilizing previous cardiovascular disease. Vascular endothelial cell brokenness, irritation related myocardial discouragement, stress cardiomyopathy, direct popular contamination of the heart and its vessels, or the host reaction may cause or exacerbate cardiovascular breakdown, request related ischemia, and arrhythmias. These variables may underlie the watched relationship between cardiovascular illness and death in COVID-19.

Cardiology is brought in probably the most serious COVID cases to help with extracorporeal membrane oxygenation (ECMO) treatment when patients become incredibly hypoxic or their lungs are done working. Different kinds of hemodynamic help, including Impella and intra-aortic balloon pumps (IABP), additionally have been utilized to help COVID patients in cardiogenic stun, in instances of left or right COVID-prompted cardiovascular breakdown or multi-organ disappointment. The recurrence with which COVID-19 patients are hypertensive isn't completely astounding

nor does it fundamentally infer a causal connection among hypertension and COVID-19 or its seriousness, since hypertension is really visit in the old, and more seasoned individuals have all the earmarks of being at specific danger of being contaminated with SARS-CoV-2 infection and of encountering extreme structures and entanglements of COVID-19. However, COVID-19 patients found with cardiovascular diseases are treated using angiotensin receptor blockers and angiotensin converting enzyme inhibitors (ACE).

Studies say that there is no significance evidence to say that COVID-19 is relation with cardiovascular diseases but patients should not discontinue the medication in COVID-19 cases. Patients with chronic cardiac disease should be at utmost care while undergoing any treatment related to cardiac using protective measures while visiting hospitals and in most of the cases the patients should prefer the virtual doctor consultancies or telephonic consultancy. Patient should visit the hospitals in case of emergency situations only. Vaccination is also critical for cardiovascular patient's pneumococcal vaccine and influenza are taken to reduce the greater exposure to COVID-19. Remain at home and self-disengage even with minor symptoms, for example, hack, migraine, gentle fever, until you recuperate. Have somebody bring you supplies. In the event that you have to go out, wear a veil to abstain from tainting others. Maintaining a strategic distance from contact with others will shield them from conceivable COVID-19 and different infections.

In the event that you have a fever, hack and trouble breathing, look for clinical consideration, however call by phone ahead of time if conceivable and follow the bearings of your nearby wellbeing authority. Bringing ahead of time will permit your human services supplier to rapidly guide you to the correct wellbeing office. This will likewise ensure you and help forestall spread of infections and different diseases.

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Vaagdevi College of Pharmacy, Warangal, India

\***Correspondence:** Pramad Aloor, Vaagdevi College of Pharmacy, Warangal, India, Tel: +91949392143; E-mail: aloorpramod@gmail.com

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