RESULTS AND SURVEYS ABOUT AWARENESS OF THE MITRAL VALVE PROLAPSE

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ABSTRACT

Mitral valve prolapse continues to arouse considerable interest because of its worldwide prevalence, lack of unanimity in diagnostic criteria, and association with such potentially serious complications as angina-like chest pain, cardiac arrhythmias, sudden death, progressive mitral regurgitation, cerebral embolism, and infective endocarditis. This review includes a discussion of the prevalence of mitral valve prolapse around the world, a critical review of the diagnostic criteria, and a discussion of the pathophysiology of the important complications, with special emphasis on cardiac arrhythmias.

KEYWORDS: Mitral valve prolapse; cardiac surgery; degenerative mitral regurgitation; echocardiography; heart valves; mitral regurgitation.

INTRODUCTION

Mitral valve prolapses (MVP) is a common valve pathology with a spectrum of disease from isolated prolapse to myxomatous, multi-scallop Barlow's disease. The main complications relate to progression of mitral regurgitation, endocarditis, sudden death, and stroke. The timing of intervention in patients with asymptomatic severe mitral regurgitation is controversial. Areas covered: This article reviews the pathophysiology, genetics, clinical features, diagnostic imaging, complications, long-term outcomes, and indications for intervention in MVP [1]. Mitral valve prolapses (MVP) is the most common primary valvular abnormality, associated with various degrees of incompetent function and sequelae, including heart failure and sudden cardiac death. Recent improvements in echocardiographic techniques and new insights into mitral valve anatomy and physiology have rendered the diagnosis of this condition more accurate and reliable. Here we review the genetic etiology, clinical significance, diagnosis, and treatment options for MVP patients [2]. Mitral valve prolapses -Anatomic includes patients with a wide spectrum of mitral valve abnormalities from mild to severe. Symptoms, physical findings and laboratory abnormalities in these patients are directly related to mitral valve dysfunction and progressive mitral regurgitation. Complications related to abnormal mitral valve include infective endocarditis, thromboembolic events, cardiac arrhythmias, progressive mitral regurgitation, rupture of chordae tendineae and congestive heart failure. Individuals with thick mitral leaflets and mitral systolic murmur are at higher risk of developing complications [3]. Prophylaxis for endocarditis and closeness of follow-up should be related to the occurrence of the



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independent risk factors for complications of mitral prolapse (presence of mitral regurgitation, male gender, and age over 45 years), whereas active management and close observation are needed for severe mitral regurgitation and advanced ventricular arrhythmias [4]. Mitral valve prolapse is a common condition that is a risk factor for mitral regurgitation, congestive heart failure, arrhythmia, and endocarditis. Myxomatous degeneration is the most common cause of mitral prolapse in the United States and Europe, and progression of myxomatous mitral prolapse is the most common cause of mitral regurgitation that requires surgical treatment. Myxomatous degeneration appears to have genetic etiology. The genetics of myxomatous degeneration is complex and not fully worked out; it appears to be heterogeneous with multi-gene, multi-chromosomal autosomal dominance with incomplete penetrance [5,11,12]. major complications such as disabling angina-like chest pains, progressive mitral regurgitation, infective endocarditis, thromboembolism, serious arrhythmias, and sudden death may occur. Unless these serious complications occur, most of the patients with mitral valve prolapse need no treatment other than reassurance, including those with atypical chest pain or palpitation unconfirmed by objective data. Therapy with a beta-blocker for disabling chest pain and/or arrhythmias and antiplatelet therapy for cerebral embolic events may be indicated. In occasional patients with significant mitral regurgitation surgery may be necessary [6,7,8,9,10].

MATERIAL AND METHOD

I choose both countries India and Uzbekistan. India's population in 2021 as per world bank is 1.39 billion. Being the world's second-most-populous country and one of its fastest-growing economies, India experiences both challenges and opportunities in context of public health. India is a hub for pharmaceutical and biotechnology industries; world-class scientists, clinical trials and hospitals yet country faces daunting public health challenges like child undernutrition, high rates of neonatal and maternal mortality, growth in noncommunicable diseases, high rates of road traffic accidents and other health related issues. The city of Tashkent was chosen as the capital of the economically developed Republic of Uzbekistan for research. As of December 15, 2020, the population of the Republic of Uzbekistan was 34,550,623. Tashkent is an economically developed "industrial center". Tashkent has large treatment and prevention, specialized, diagnostic and private medical institutions. The city has a population of 2,510,800 in 2019 and a population density of 7,380 people per 1 km². At the national level, this figure is on average 100 times higher than in other regions [13,14,15,16]. I considered the citizens of India through online with the help of social media like Telegram, WhatsApp, etc., Given that the level of medical care in the capital and the level of health literacy of the population should be high, we selected the population of Tashkent for the study. Thus, in terms of key demographic, social and economic characteristics, Tashkent is one of the most industrialized regions of Uzbekistan, and the scientific results based on it are areas with an epidemic situation comparable in terms of Mitral valve prolapse and the level of development of can be used for medical care. This work is a complex organizational, sociohygienic and medical-statistical research [17,18,19,20,21,22]. It provided for the solution of a number of tasks that would allow developing recommendations for nurses on the implementation of an innovative direction for the prevention of Mitral valve prolapse among the population. The choice of research objects was determined in accordance with the tasks and stages of work. The search for literary sources was carried out using the bibliographic databases Web of Science, Scopus, DBLP, Medline. When selecting sources, they paid attention



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to experimental articles, literary reviews, the number of their citations over the past year [23,24,25,26].

RESULT

The survey was conducted using information and online technologies. The chart below shows the results of the survey.

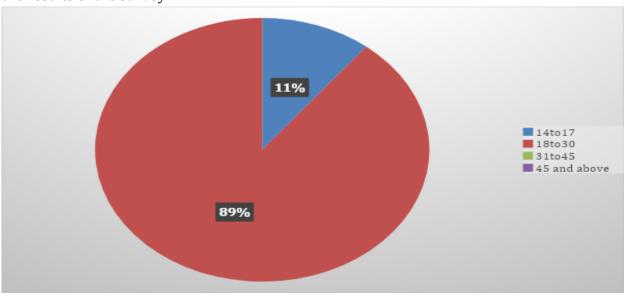


DIAGRAM No:1 Age of participants

The age of the participants was from 14-17 years old (10.7%), from 18-30 years old (89.3%). So this proves that most of the young people responded my survey.

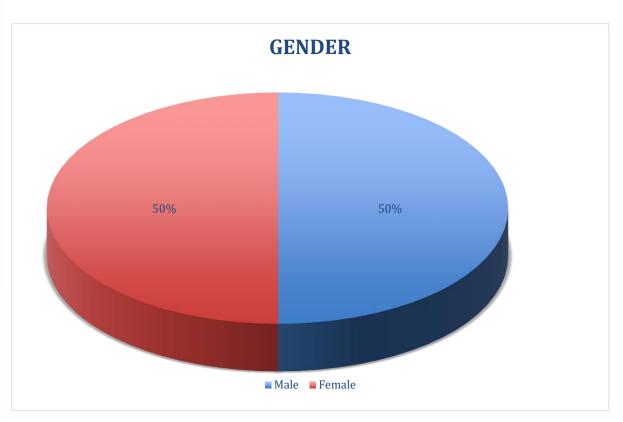


DIAGRAM No: 2 GENDER



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50% of the people who attended my survey was male. 50% of the people who attended my survey was female.

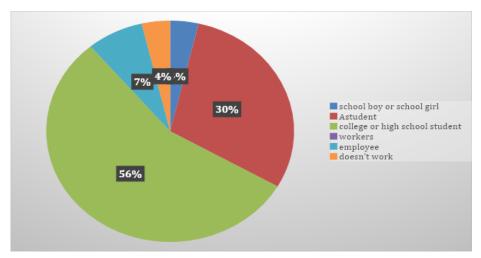


DIAGRAM No.3 At the moment you are

The participants are school boy/school girl (3.7%), Students (29.6%), college or high school students (55.6%), employee (7.4%), doesn't work (3.7%).

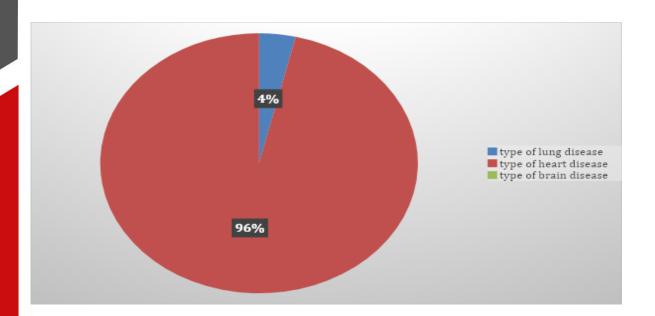


DIAGRAM No: 4

What does mean mitral valve prolapse?

96.3% people chose correct answer

Most of my respondents correctly said the type of disease so this shows that they are aware of this disease



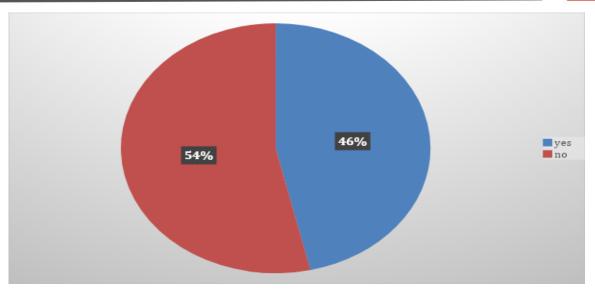


DIAGRAM No:5

5. Mitral valve prolapse is it genetically transferred disease?

53.6% people chose correct answer

So, from this response it proves that nearly half of the participants (46.4%) thinks it's not genetically transferred disease.

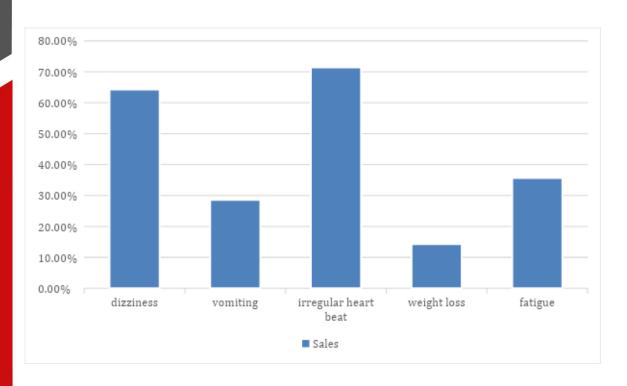


DIAGRAM No:6

6. Normal symptoms of mitral valve prolapse?

The people who chose correct answer were dizziness (64.3%) and irregular heartbeat (71.4%)

Many respondents were aware that if a person gets a heart-related disease, they know what kind of symptoms they might get. If a person is suffering continuously with these symptoms, they should obviously consult a cardiologist.



18% ECG (echocardiography) EEG (electroencephalography) ECG (echocardiography) To be a second of the second of

DIAGRAM **No**:7
7.Diagnosing method for Mitral valve prolapse?
78.6% people chose correct answer

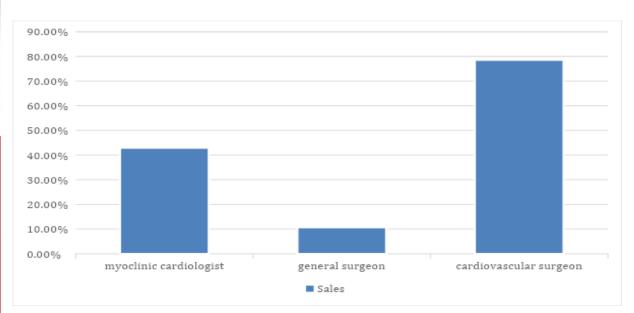


DIAGRAM No:8

8. Which doctors treat mitral valve prolapse?

People who chose correct answer were myoclonic cardiologist (42.9%), cardiovascular surgeon (78.6%).



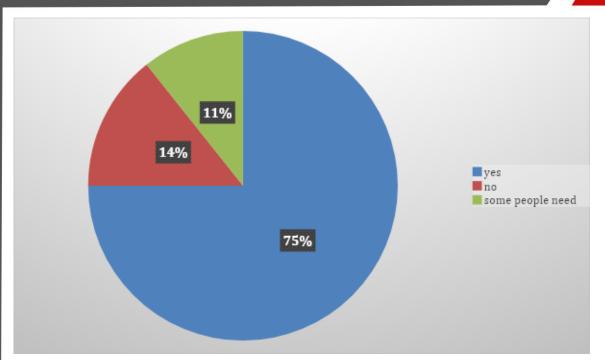


DIAGRAM **No** :9 9.Can Mitral valve prolapse. Patients need treatment? 10.7% people chose correct answer

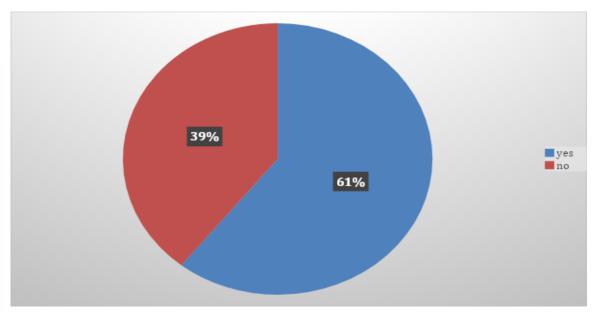


DIAGRAM **No**:10 10.Can you live a normal life with Mitral valve prolapse? 60.7% people chose correct answer



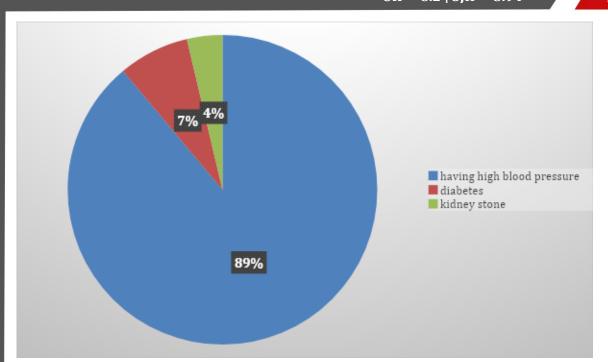


DIAGRAM **No**: 11 11.What can make Mitral valve prolapse worse? 88.9% people chose correct answer

In this survey we can see most of the people knew about the mitral valve prolapse is heart related disease 93.6%. Mitral valve prolapse is a type of heart valve disease that affects the valve between the left heart chambers. The flaps (leaflets) of the mitral valve are floppy. They bulge backward (prolapse) like a parachute into the heart's left upper chamber as the heart squeezes. But nearly half of the people thought that this is not transferred from genetically but it is genetically transferred disease.

MVP can be sporadic or familial, demonstrating autosomal dominant and X-linked inheritance. Three different loci on chromosomes 16, 11 and 13 have been found to be linked to MVP, but no specific gene has been described.

Some people thought that mitral valve prolapse cause fatigue 35.7% and vomiting 28.6% but it's cause irregular heartbeat 71.4%, dizziness 64.3%.

Here some people confused with ECG Echocardiograph 78.6% and ECG Electrocardiograph 17.9%.

A standard echocardiogram, also called a transthoracic echocardiogram (TTE), can confirm a diagnosis of mitral valve prolapse and determine its severity. Sometimes, a transesophageal echocardiogram (TTE) may be done to get more-detailed images of the mitral valve[27,28,29,30].

Most of the people aware about which doctor we should prefer for Mitral valve prolapse 78.6%.

Cardiologists and cardiac surgeons who specialize in valvular heart disease evaluate each patient and make a joint decision on the best treatment approach. Treatments may include non-surgical therapies, catheter-based procedures, or surgery. Most of the people thought the person who affected by mitral valve prolapse they should need treatment 75% but actually the person who get affected they can live normal life some of the people only need



the treatments. This is heart related disease so mostly everyone aware about the which thing make it worse.

DISCUSSION

When analyzing the efficiency of knowledge assimilation, the compared options, in contrast to the analysis of minimizing costs, are characterized by greater or lesser, but not equivalent, efficiency. In this regard, it is important to assess the degree of feasibility of the analysis, depending on the level of reliability of the data. The test results were expressed in points. Participants' results were calculated using Microsoft Excel software. The assessment of the effectiveness of the assimilation of knowledge was calculated based on the application of the proposed methodological recommendation in practice. Thus, each participant of the survey, on average, increased his theoretical and practical level of knowledge in the field of mitral valve prolapse and its prevention by almost half.

CONCLUSION

We identified 14 genetic loci that are associated with MVP. Multiple analyses identified candidate genes including two transforming growth factor- β signaling molecules and spectrin β . We present the first PRS for MVP that could eventually aid risk stratification of patients for MVP screening in a clinical setting. These findings advance our understanding of this common valvular heart disease and may reveal novel therapeutic targets for intervention.

We share our experience of surgical repair of mitral valve bileaflet prolapse in pediatric patients. Several surgical methods are considered to be used to repair the MV due to the high complexity of lesions. Anatomic correction or functional correction in our reports almost reaches the same result, while functional correction means simpler operation.

This how-to article provides clinical and useful data to manage athletes with mitral valve prolapse and to distinguish high-risk athletes carrying the features of arrhythmic mitral valve prolapse.

RECOMMENDATION

Eat a heart-healthy diet. Eat a variety of fruits and vegetables. Choose low-fat or fatfree dairy products, poultry, fish, and whole grains. Avoid saturated and trans- fat, and excess salt and sugar.

Maintain a healthy weight. If you are overweight or have obesity, your health care provider might recommend that you lose weight.

Get regular physical activity. Most people with mitral valve prolapse are able to do daily activities and exercise without restrictions. Aim to include about 30 minutes of physical activity, such as brisk walks, into your daily fitness routine. If mitral valve prolapse causes severe regurgitation, your provider may recommend certain exercise limitations.

Manage stress. Getting more exercise, connecting with others and practicing mindfulness are some ways to reduce stress.

Avoid tobacco. If you smoke, quit. Ask your health care provider about resources to help you quit smoking.

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