

Chapter 1

SCA and SCD: Causes, Symptoms, Prevention, and Detection

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ABSTRACT

The majority of heart disease-related deaths are caused by sudden cardiac death. It is most common in adults between the ages of 35 and 45. Every day, one thousand people are estimated to be involved in emergencies. The number of ongoing challenges and causes of death in the United States remains unchanged. As a result, improved preventive strategies for sudden cardiac arrest and death are required. The majority of deaths occur in emergency rooms or outside of hospitals. The causes are typically unexpected, and mortalities in just 60 minutes of the appearance of illness. This chapter goes into detail about the symptoms, causes, and risk factors for sudden cardiac arrest. Raising public awareness about the importance of prevention strategies is an hourly need.

1 HEART DISEASE AND SUDDEN CARDIAC ARREST (SCA): AN OVERVIEW

Heart diseases affect heart valves, walls, chambers, and muscles. These are termed congenital heart diseases, cardiomyopathy, and heart valve disease. Heart disease exists from birth and complexity grows as one age (Empana et al., 2022). It has to be monitored regularly. Structured heart diseases are abnormalities or issues that happen to the heart leading to health problems. This disease can affect anyone no matter his or her gender, race, etc. Most commonly family history, pregnancy, alcohol consumption, and viral infections can cause these diseases. Adults of age greater than 75, 10% face these conditions (Norris et al., 2022). Valvular regurgitation is the most common among them. The congenital heart conditions make the pumping of the blood difficult. Blood with nutrients and oxygen enables your body cells to survive. Without this, the body organs and tissues may be damaged leading to many health problems and symptoms (Kim et al., 2022). The major causes that develop abnormality and heart disease include drug addiction, aging, where heart valves get deposited with calcium, autoimmune diseases, high blood pressure, high dose radiation exposures, plaque in arteries, etc. These do not have any signs or symptoms

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and suddenly patients may get chest pain, tightness, dizziness, fainting, fatigue, irregular heartbeats, kidney dysfunction, and swelling in the abdomen. The healthcare professionals diagnose the disease during the pregnancy check. The fetal echocardiogram is used to detect structural heart diseases. This technique employs acoustic signals to analyze the baby's heart's functions and features. In a stethoscope, on listening there exists a heart murmur in children and adults. The various tests cardiologists perform include cardiac catheterization, coronary angiogram, echocardiogram, electrocardiogram, exercise stress test, Holter monitor, and imaging tests. On cardiac catheterization, the cardiologists insert a small tube through the artery. This tests pressures within your heart chambers. The heart and blood vessels are seen in close-up images. Cardiologists perform angiography by injecting dye that caterer into the blood vessels. The heart-pumping action can be checked by using an echocardiogram. It is necessary that during pregnancy you reduce the risk of the child having congenital heart diseases. For which it is necessary to maintain a healthy diet, exercise, reduce stress, etc. with heart diseases many people have led stronger lives. If you eat well and exercise regularly, you are helping to prevent coronary heart disease, which is caused by plaque deposits in the arteries and can end up causing chest pain as well as cardiac arrest. A different issue is structural cardiovascular disease. It's a name used to explain deficiencies or abnormalities in the heart's structure, such as its valves. The excellent thing is that structural cardiovascular disease treatments are getting better. While treatment usually is the best choice in some cases, non-invasive catheter-based treatments have decided to take care extra pleasant for patients, with fewer problems and faster improvements. It is always necessary to keep the heart healthy and reduce complications. A healthy lifestyle and regular monitoring can help to lead a fruitful life. Always early diagnosis may lead to successful treatment. People with heart diseases are treated with open-heart surgery (Tu et al., 2022). Open-heart surgery may have medium to high risk. Minimal invasive procedures, short procedure time, no scarring, less blood loss, decreased pain, etc. increase the faster recovery and reduce complications. Minimal invasive procedures allow evaluating the valve functions and blood flow. The mitral clip is designed to treat the whole heart. It is a metal clip covered with polyester fabric. The clip will prevent the blood from flowing in the wrong direction. Today low and middle-income countries face a burden of structural heart diseases. The condition is rheumatic heart disease, Chagos disease, etc. Treatments are readily available in high-income countries. Interventional technology for the diagnosis of structural heart disease is continually growing and has become standard practice in a rising number of centers around the world. The medical community has come to accept the term "structural cardiovascular disease" as a disease category over the last decade. The chronic conditions and equipment described in the previous section, demonstrate that coronary heart intervention incorporates a wide range of treatment options. Considering that the majority of these processes rely on catheter and wire exploitation skills honed by cardiac and peripheral vascular interventionists, it logically follows that interventional cardiologists can also treat structural disease. Nevertheless, there are significant structural disease-specific issues that make the transition more complicated. The first consideration is the role of adjunct therapy image analysis and preprocedural evaluation in structural heart disease treatment. Percutaneous treatment of these procedures is undoubtedly reliant on hemodynamic and endoscopic evaluation, which interventional cardiologists are well-versed in. However, cardiac intervention optimization relies mainly on soft-tissue imaging, entailing mastery of additional modalities such as echocardiography. Furthermore, different imaging modalities, such as intracardiac echocardiography for PFO and ASD closure and transesophageal echocardiography for percutaneous valve implantation, are better suited to different disease processes. The volume of patients and procedures is a second issue (Sridharan et al., 2022). While large catheterization laboratories perform thousands of coronary interventions per year, struc-

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