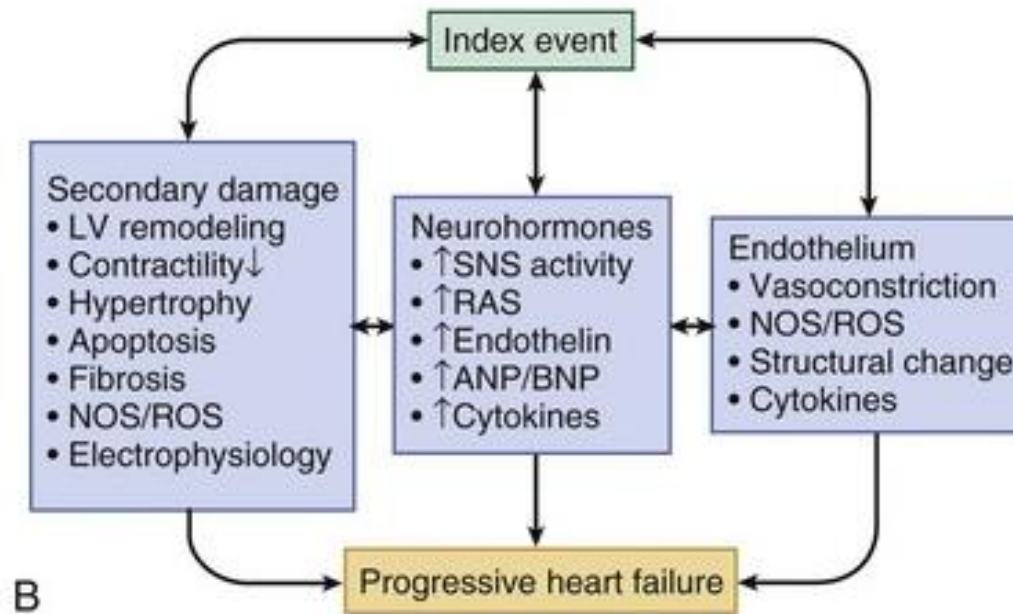
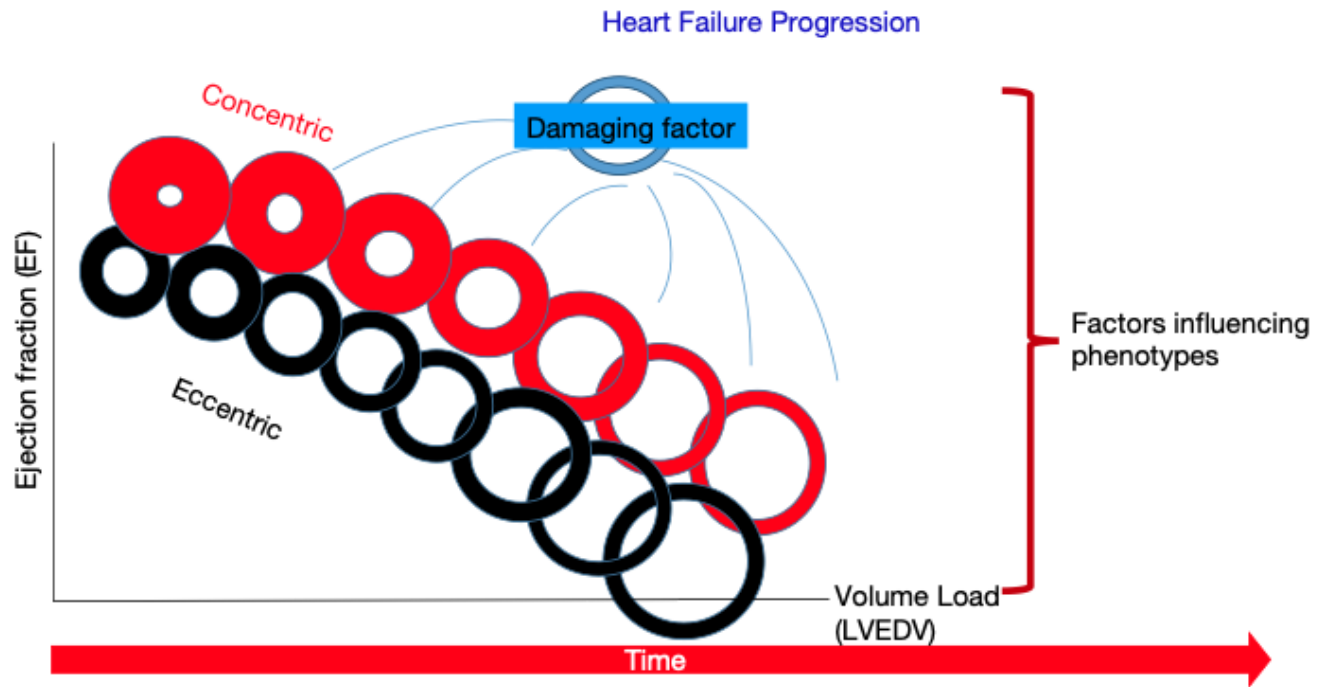
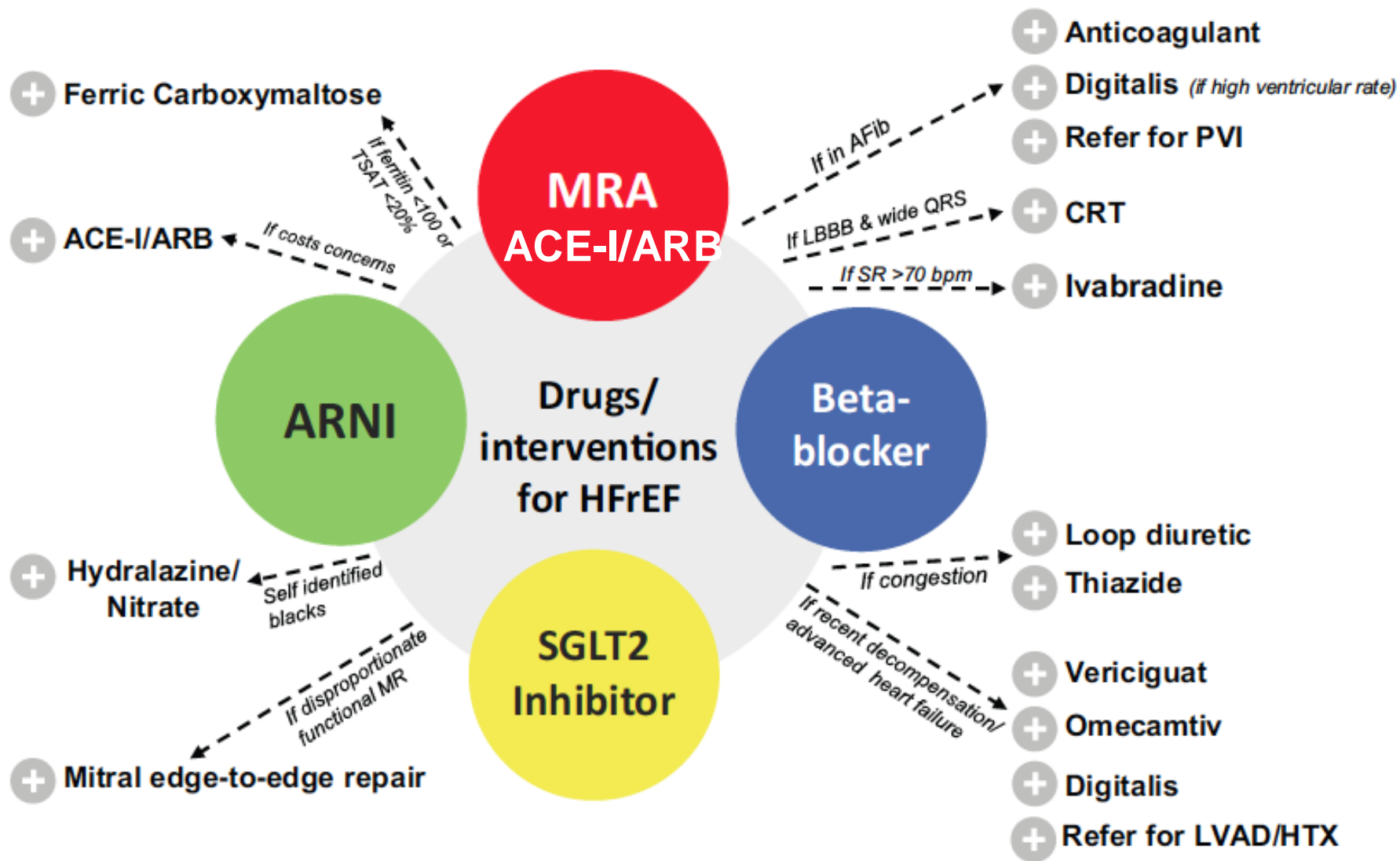


MODULACIÓ DELS FÀRMACS EN INSUFICIÈNCIA CARDÍACA

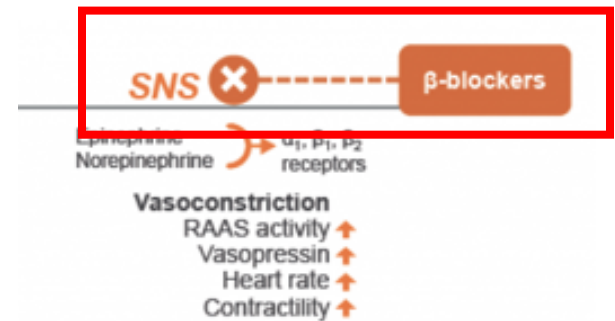
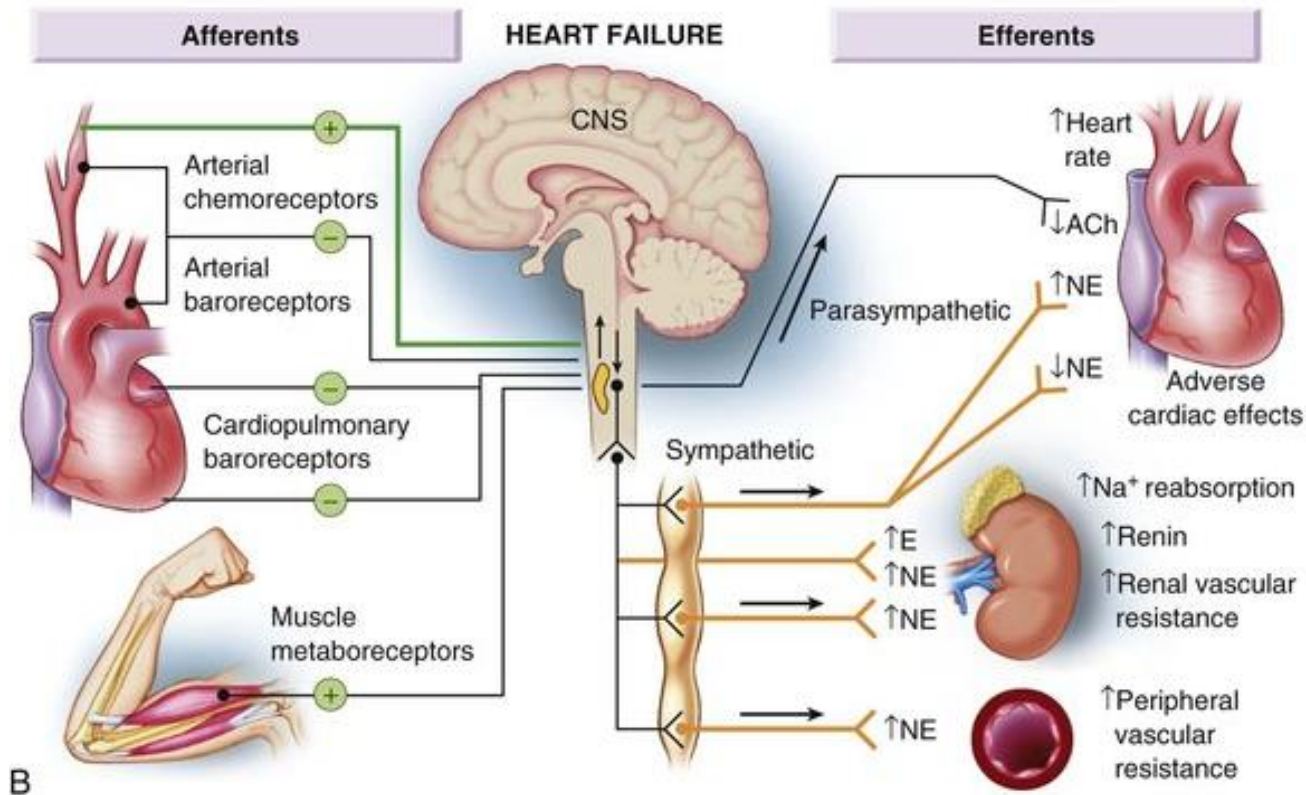
Vanessa Martínez Garcia
Servei de Cardiologia
Althaia, Xarxa Assitencial Universitària de Manresa



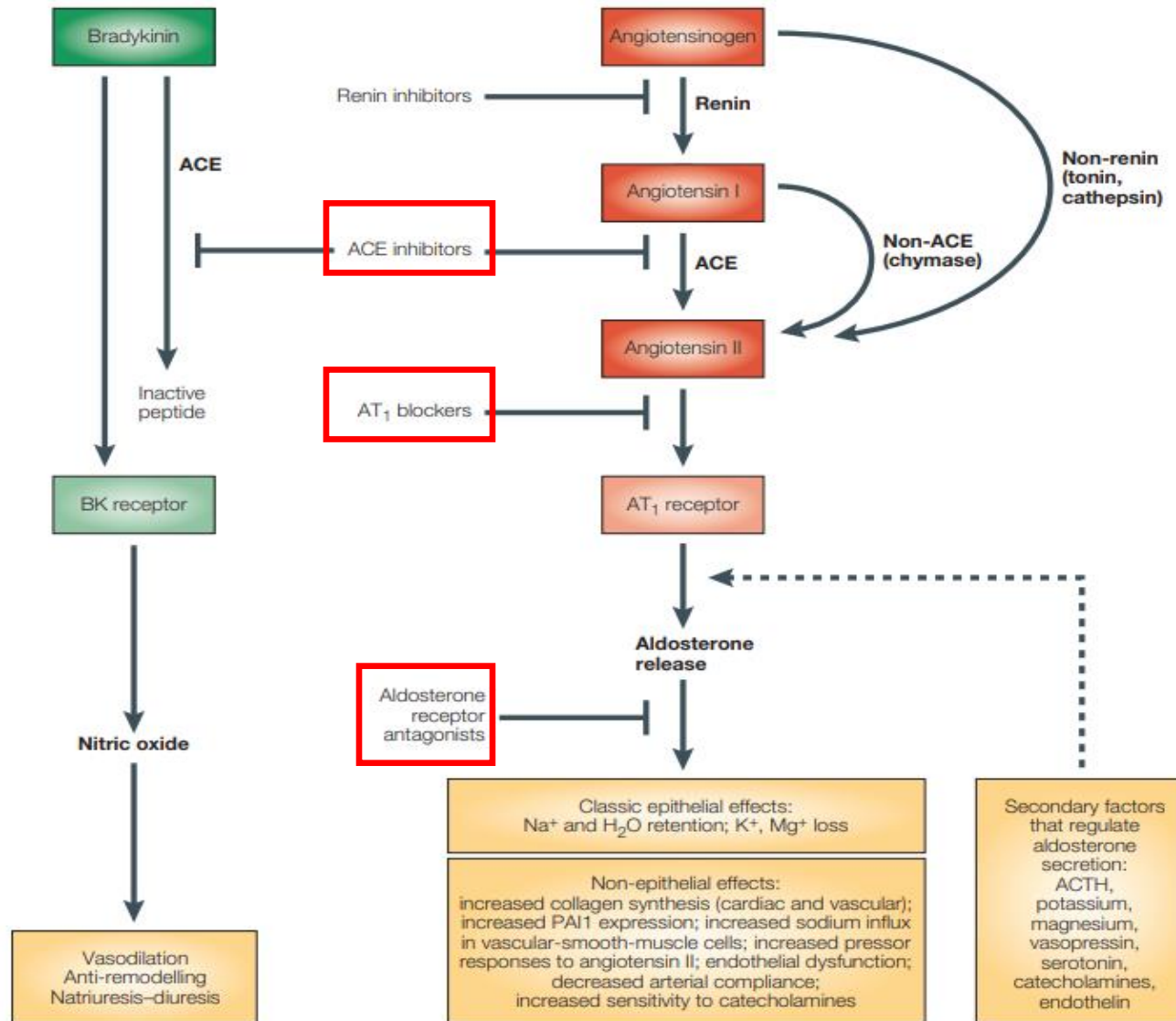




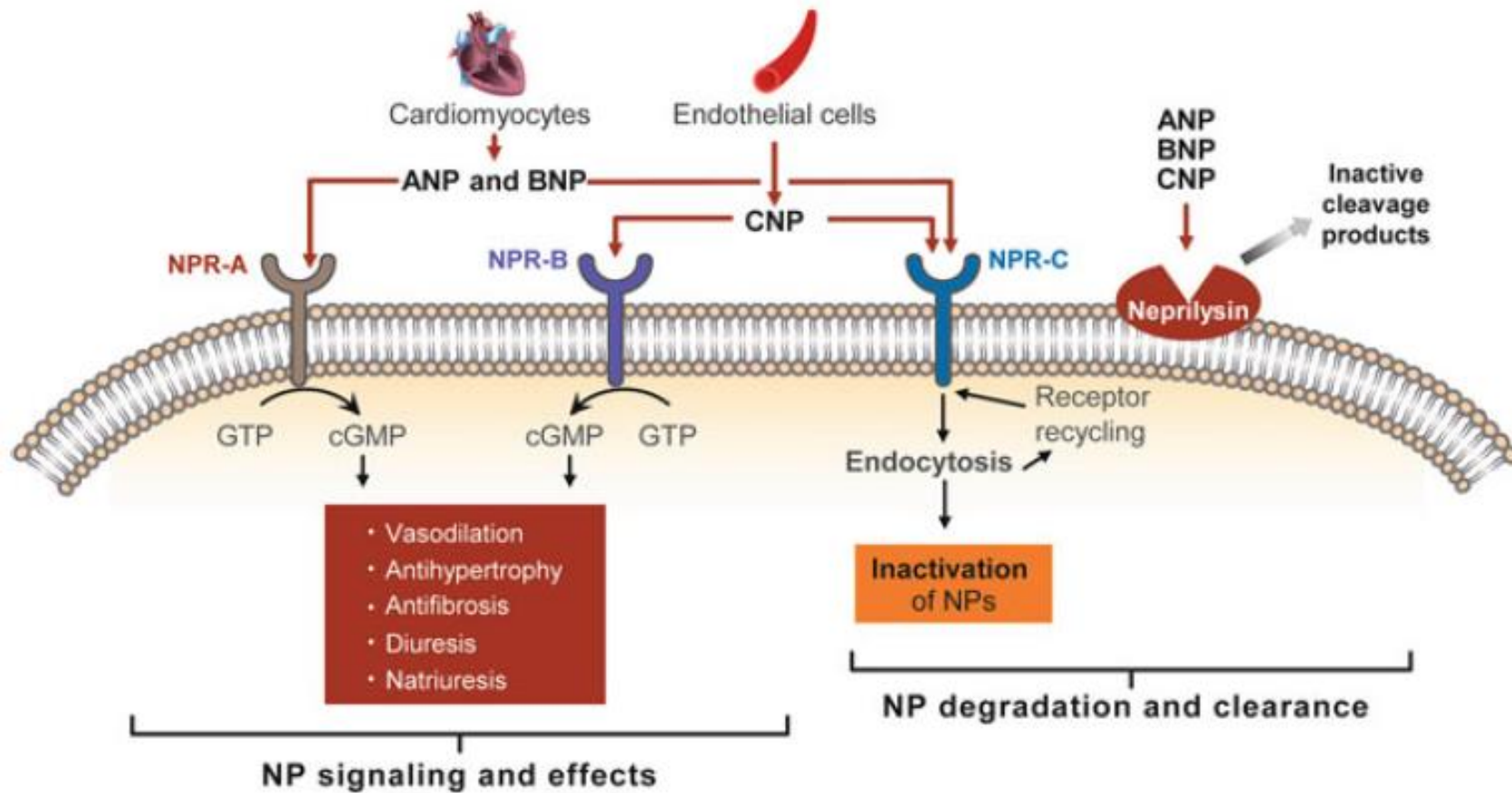
1- SISTEMA NERVIÓS SIMPÀTIC



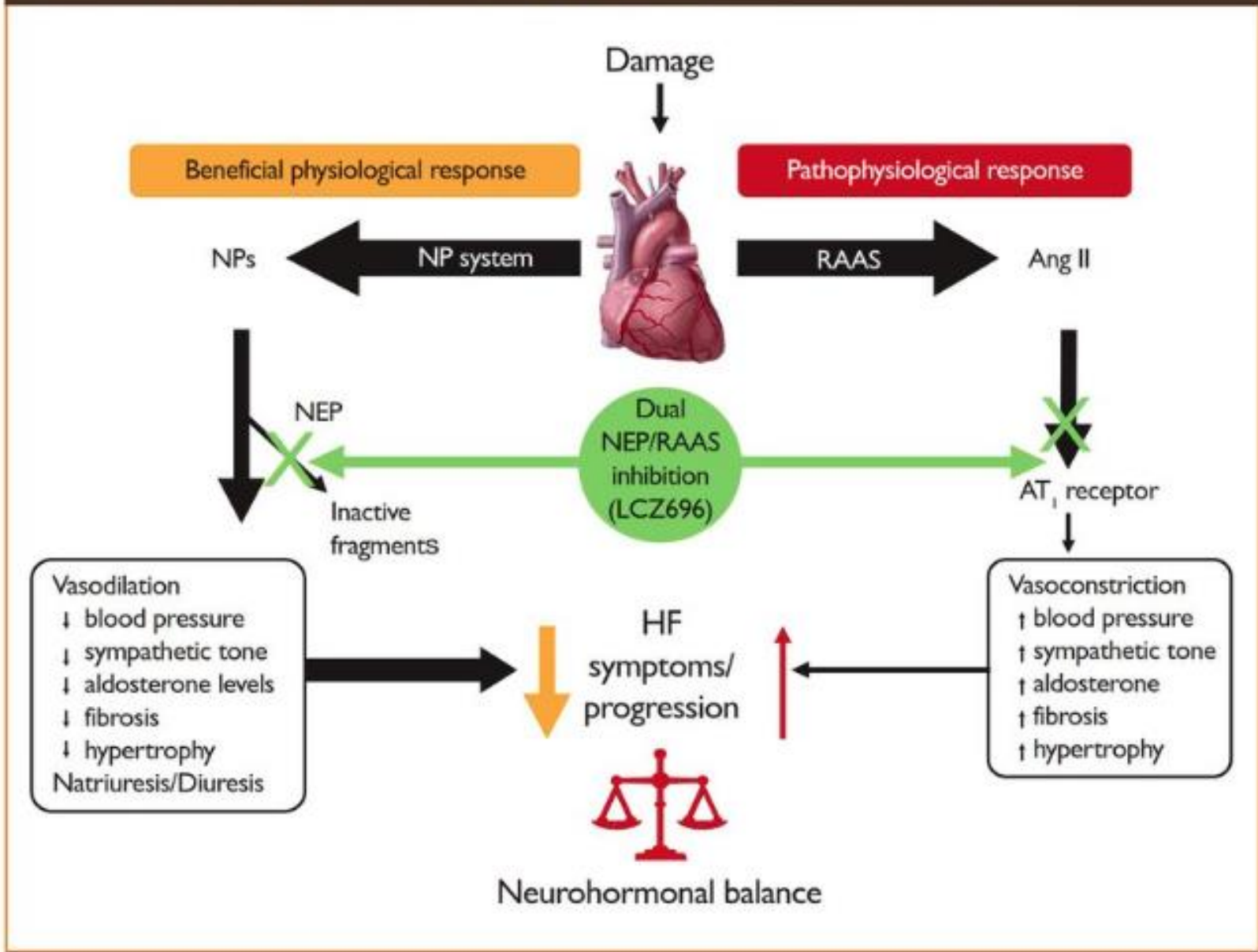
2-RENINA ANGIOTENSINA ALDOSTERONA (RAAA)



3- NEUROPEPTIDS

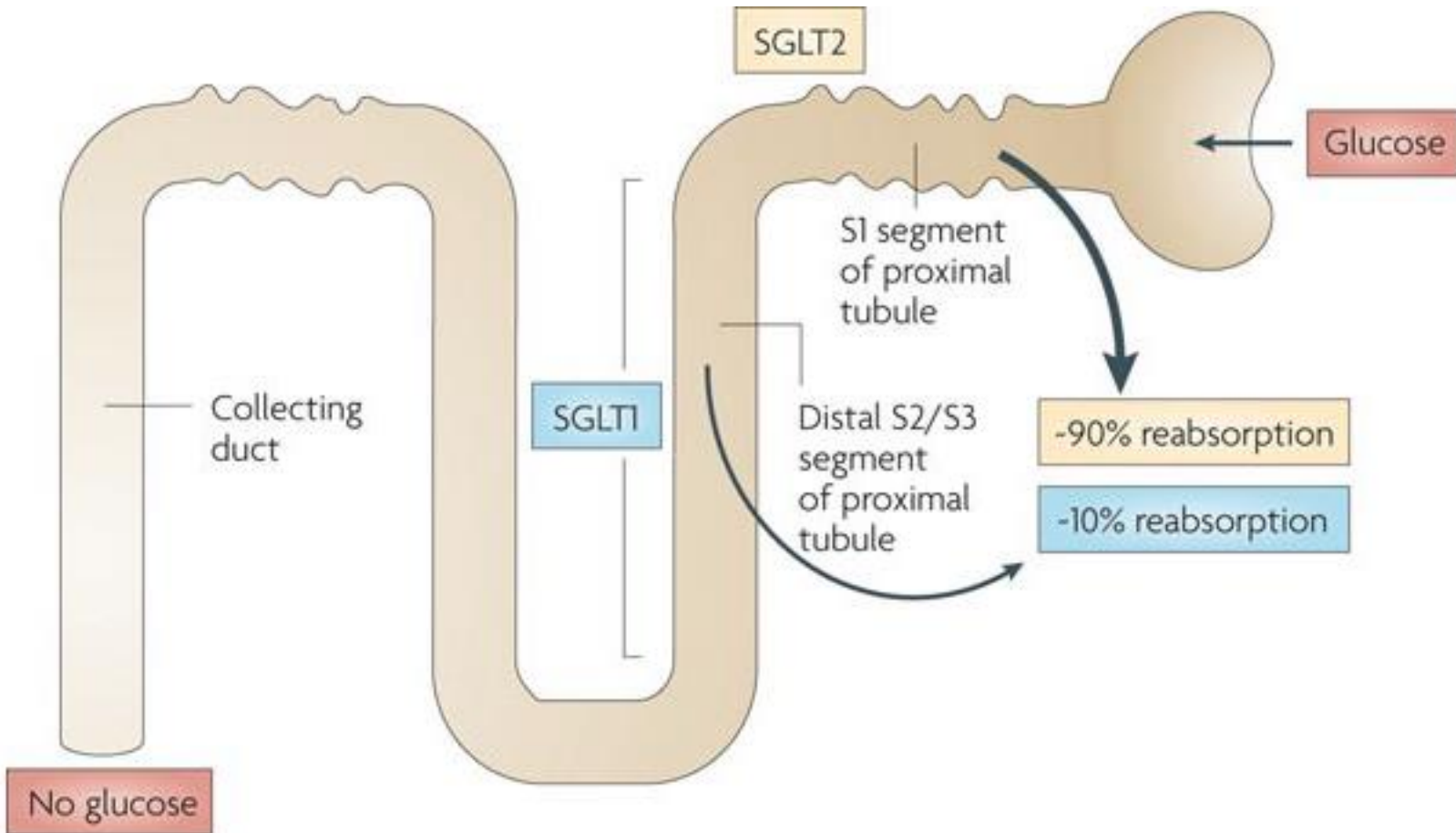


Mechanism of action of LCZ696 (Sacubitril/Valsartan)

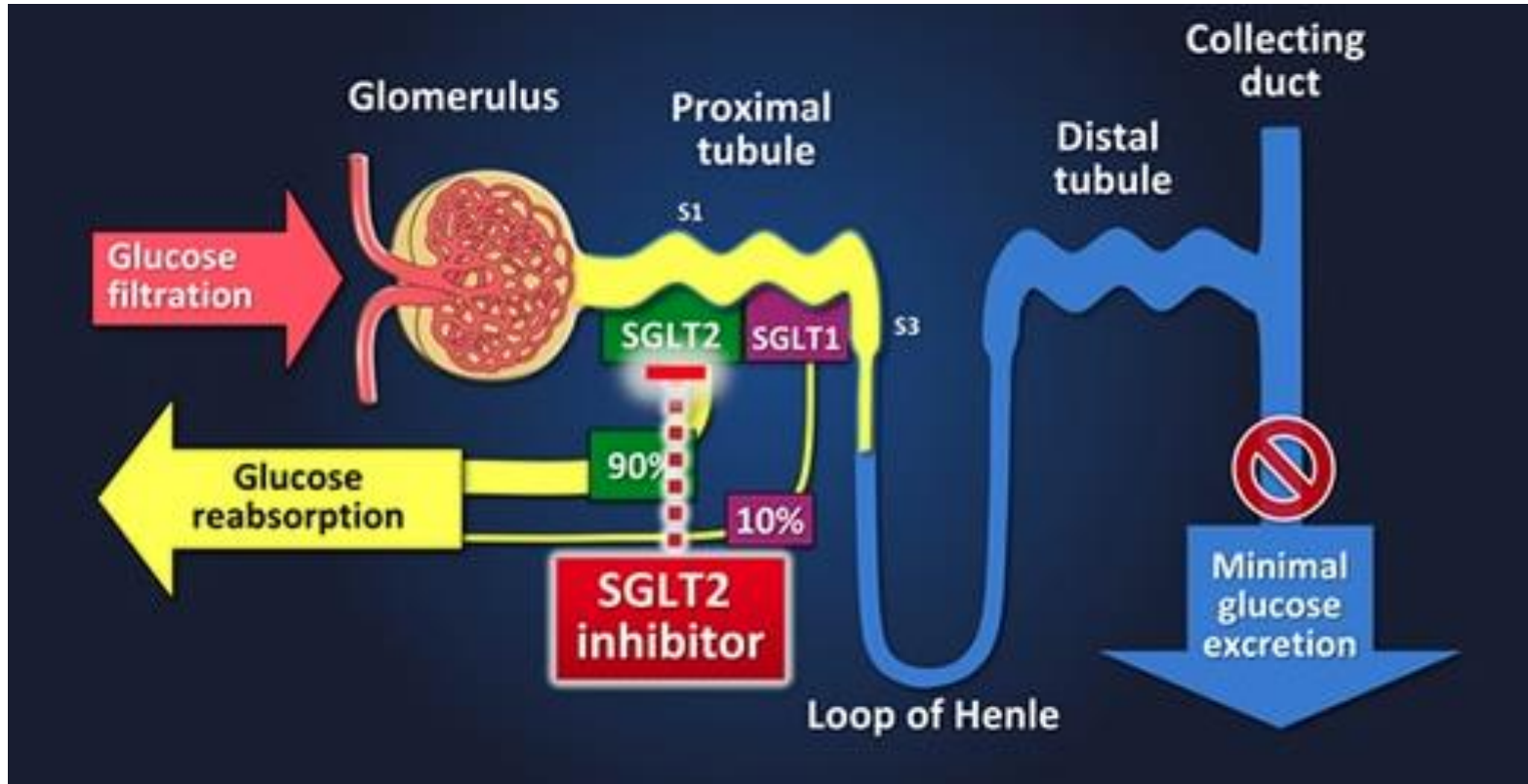


Ramesh R.Dargad, Mahesh R.Prajapati, Rohit R.Dargad, Jai D.Parekh, Sacubitril/Valsartan: A Novel Angiotensin Receptor-Nepriylsin Inhibitor (2010), <https://doi.org/10.1016/j.ihj.2018.01.002>

4- RECEPTOR SGLT-2



INHIBIDORS DEL RECEPTOR SGLT-2

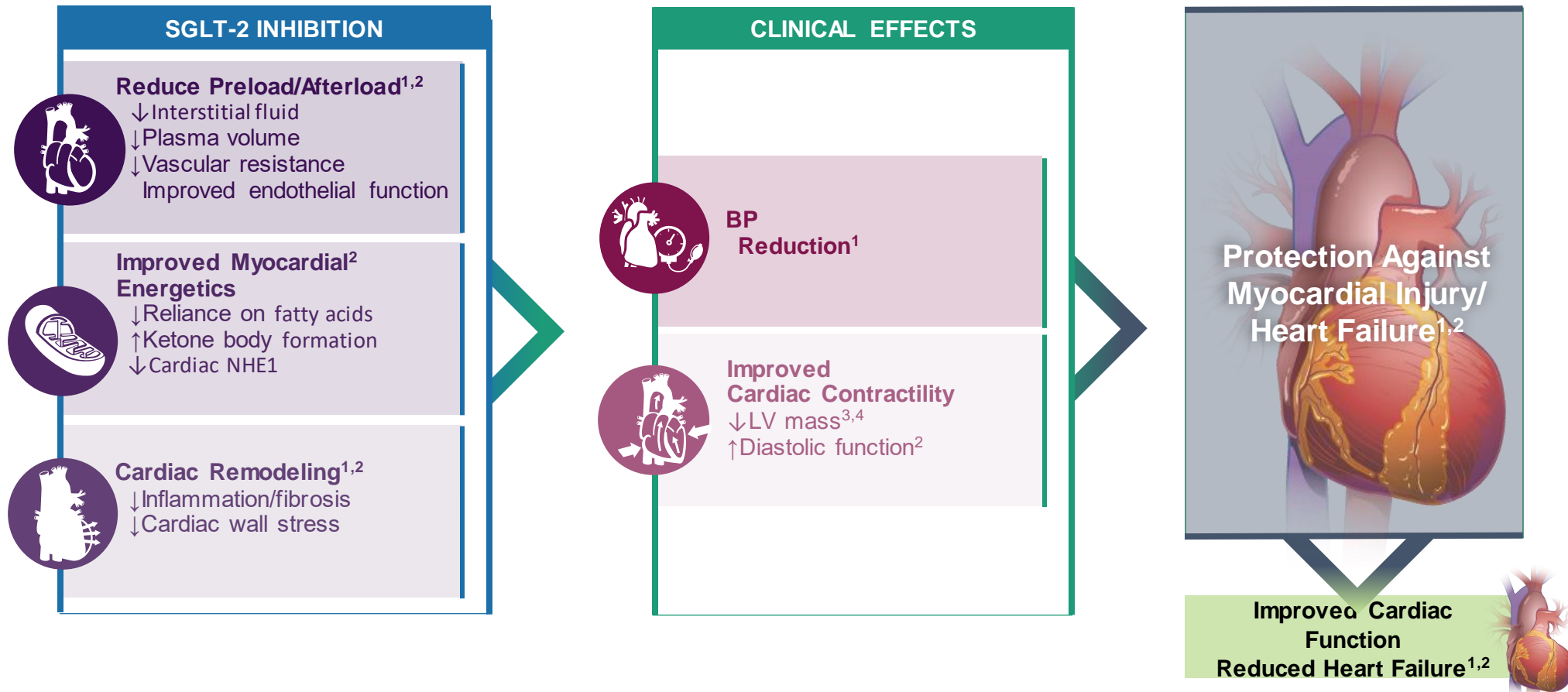


Wright EM. Am J Physiol Renal Physiol. 2001; 280: F10-F18

Lee YJ et al. Kdney Int Suppl. 2007; 106:S27-S35

Han S. Diabetes. 2007;57:1723-1729

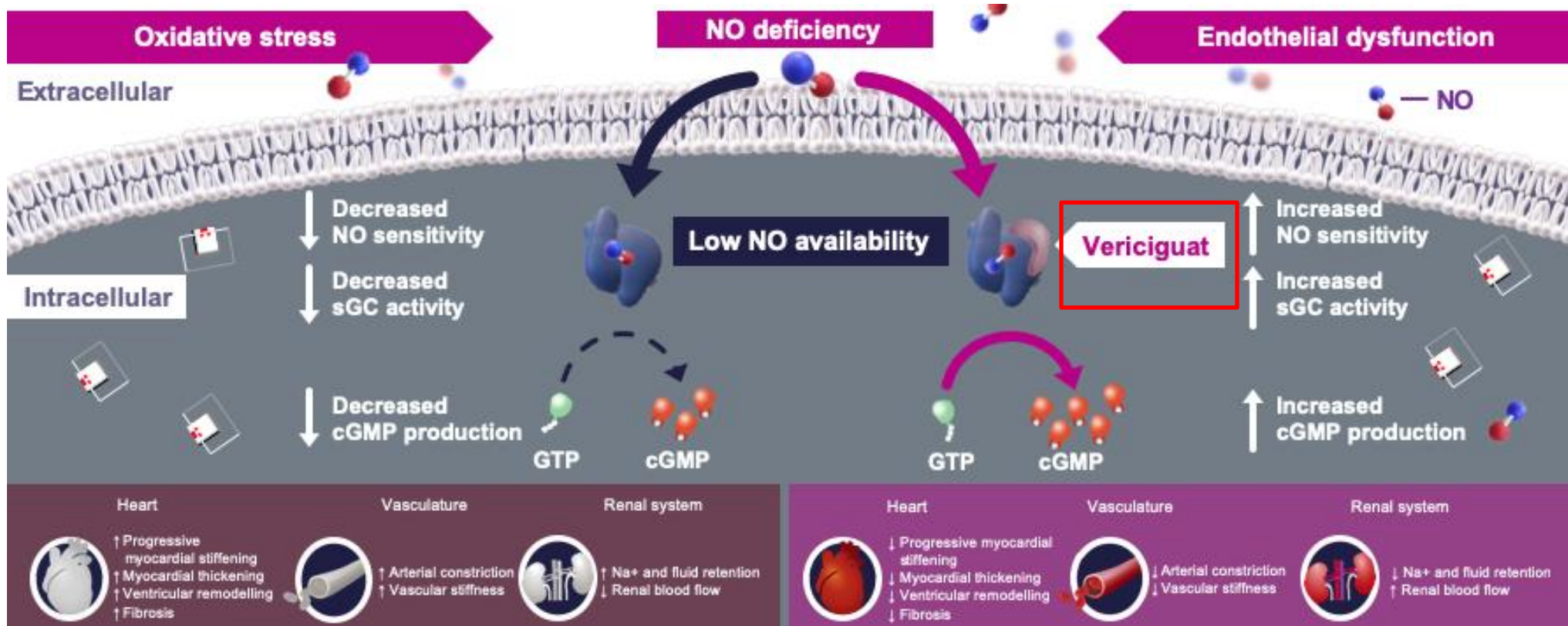
Potential Effects by Which SGLT-2 Inhibition Improves Heart Failure Outcomes



LV=left ventricular; NHE1=sodium-hydrogen exchanger 1.

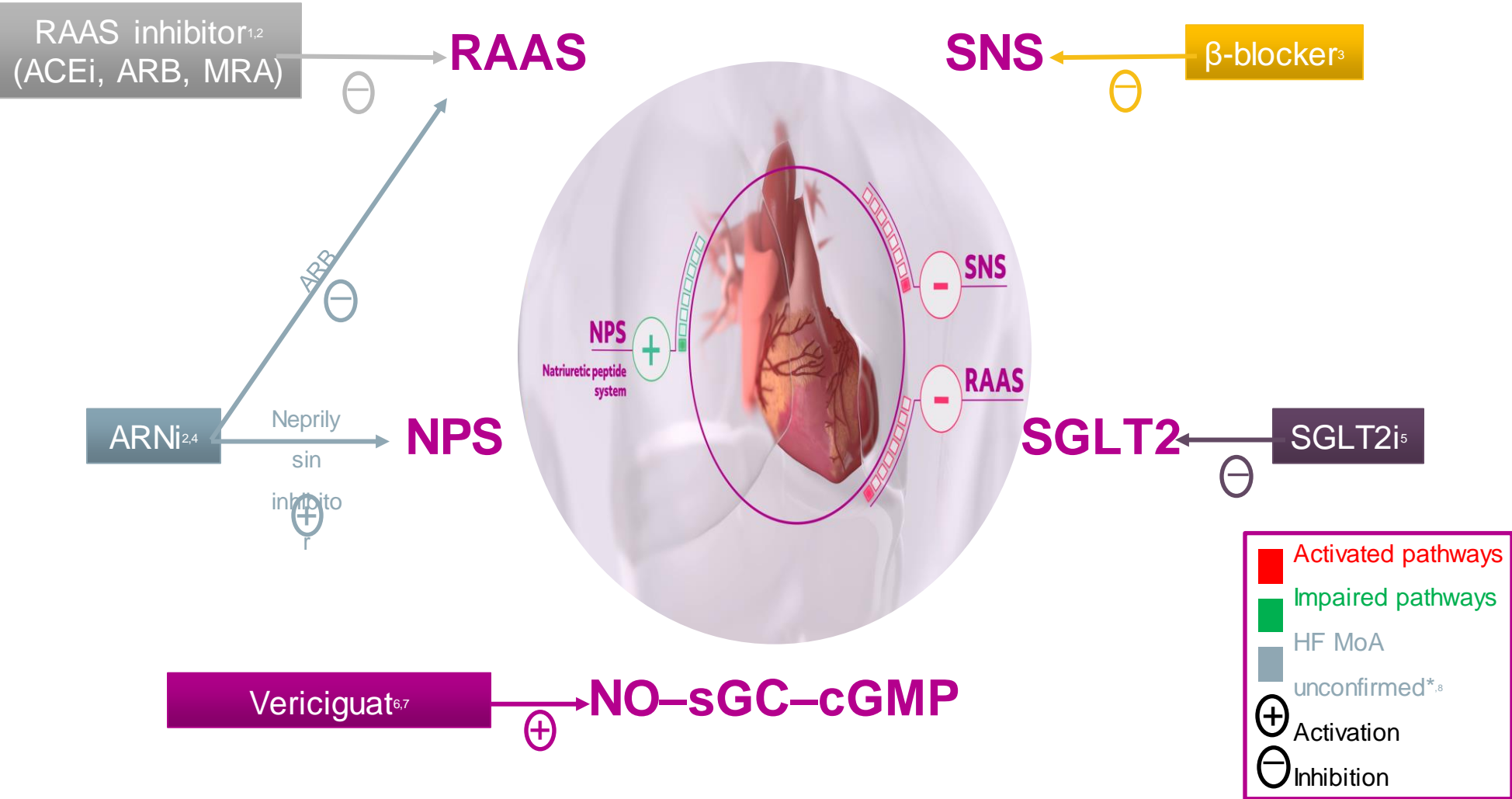
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5. NO-sGC-cGMP



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RESUM



*The mechanism(s) by which SGLT2is mediate their cardioprotective effects is unclear but there are several postulated mechanisms which include improving haemodynamics, controlling sympathetic stimulation, inhibiting fibrosis and cardiac remodelling, improving cardiac efficiency and output, modulating the overall cytosolic sodium and calcium concentrations, and altering the adipokine levels.^a

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