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EC EMERGENCY MEDICINE AND CRITICAL CARE
Research Protocol

Cardiovascular Emergency, Risk Factor and Improvement

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Received: February 11, 2020; **Published:** February 26, 2020

Abstract

Cardiovascular disease is the top disease killer worldwide. Cardiovascular emergency is one of commonest diseases admitted in emergency treatments. A number of different factors may impact therapeutic outcomes in the clinic. This editorial highlights current and future cardiovascular emergency therapeutics-including co-morbidity, anesthesia and surgery innovation.

Keywords: *Heart Disease Brain Stroke; Cardiovascular Diseases; Diagnosis; Drug Treatments; Emergency Treatment*

Introduction

Cardiovascular disease is the top disease killer worldwide caused by different damaging factors, such as smoke, diet, physical inactivity and metabolic diseases [1]. Cardiovascular emergency is one of commonest diseases admitted in emergency treatments. A number of risk factors may impact therapeutic outcomes in the clinic [2-5].

Methods

Several pathological factors are associated with therapeutic outcomes for cardiovascular emergency cares:

1. Co-morbidity; obesity and type 2 diabetes;
2. Opposite pathways and cascades in pathological progresses (ischemic or breeding);
3. Narrowing surgery and anesthesia scales may help patients in wider-range;
4. Therapeutic choices for different clinical conditions.

Results

To improve therapeutic outcomes and other economic considerations, several risk factors may be considered; Modern instruments will be utilized for diagnostic improvements and therapeutic options (quick disease localization and therapeutic options-drug or surgery). This needs to update emergency indexing and diagnosis [6,7].

Pathological knowledge enrichment for cardiovascular diseases co-mortality is a future challenge, which may greatly impacts therapeutic benefiting. After considering these risk factors, some unexpected therapeutic failure can be avoided.

Conclusion

Cardiovascular emergency is sudden and pathological diversity. In order to save more lives, different diseases pathology study is required. The final therapeutic outcomes depend on knowledge enrichments and technical innovation-including co-morbidity, patient ages and surgery/anesthesia scale-down.

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Volume 4 Issue 3 March 2020