

Clinical profile of hospitalized patients with acutely decompensated heart failure: single centre results

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Goal: Heart failure(HF) is the leading cause of hospitalization in seniors and it often occurs in >70-year-old subjects. The population of Western countries is getting older, due to better treatment and salvage of patients with cardiovascular diseases. To analyze the clinical profile, management and outcome in patients hospitalized for acutely decompensated heart failure (ADHF).

Patients and Methods: The analysis included 1820 patients with ADHF enrolled in Department of Cardiovascular Diseases, Clinical Hospital Center Rijeka, from June 2006 to June 2012.

Results: The mean patient age was 75.1±10.1, 51% were women. 52% of patients had coronary heart disease, treated hypertension 68%, diabetes mellitus 38%, chronic obstructive pulmonary disease 16%, chronic kidney disease (defined as eGFR <50 mL/min/1.73 m²) 56%, anaemia 40%, cerebrovascular disease 8%. At admission 51% of patients had atrial fibrillation, 15% left bundle branch block, 9% right bundle branch block and 7% had permanent pacemaker. Urea value at admission was 11.6±7.5 mmol/L, and serum creatinine 130.5±61.1 µmol/L. NT-proBNP was performed

in 36% of patients, with an average value of 1323.4±1673.7 pmol/L. Echocardiography was performed in 73% of patients, with average ejection fraction (EF) of 39.3±14.6% and preserved left ventricular EF (defined as EF 45%) in 39% of patients. The mean NYHA class value was 3.7 (3.5 in alive, and 3.9 in deceased patients). Medical therapy included diuretics (98%), beta blockers (82%), angiotensin-converting-enzyme inhibitors or angiotensin receptor blockers (77%), digoxin (27%), mineralocorticoid receptor antagonists (25%), statins (37%), antiarrhythmics in the narrow sense (20%), oral anticoagulants (36%), and dihydropyridines (17%). In-hospital mortality was 15.7% and 1/3 of all deaths was sudden cardiac death. The average length of hospital stay accounted for to 9.9±17.9 days (10.48±5.73 days in patients released alive and 7.0±12 days in deceased patients).

Conclusion: Although the results of our survey differ in some variables, generally they are comparable with the results of other national surveys. Further, it can be considered useful as it utilizes an observational methodology to answer relevant clinical questions and identify some unsolved issues, in other words, in our Centre we can implement future strategic programmes in accordance with the recommendations of the Heart Failure Association of the European Society of Cardiology.

KEYWORDS: heart failure, epidemiology, survey.

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