





# Registri u zatajivanju srca: od *EuroHeart Failure Survey* do Hrvatskog registra zatajivanja srca i *Heart Failure III* registra

## Heart failure registries: from EuroHeart Failure Survey to Croatian Heart Failure Registry and Heart Failure III Registry

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RECEIVED:  
October 26, 2018

ACCEPTED:  
November 5, 2018



**KLJUČNERIJEČI:** zatajivanje srca, registar, dijagnoza, liječenje, prognoza.

**KEYWORDS:** heart failure, registry, diagnosis, treatment, prognosis.

**CITATION:** *Cardiol Croat.* 2018;13(11-12):355. | <https://doi.org/10.15836/ccar2018.355>

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**Uvod:** Registri u zatajivanju srca (ZS) su razvijeni s namjerom da opišu populaciju bolesnika sa ZS te pruže informacije o dijagnosticiranju, liječenju i prognozi bolesnika sa ZS. Cilj ovog rada je pružiti pregled prošlih, aktualnih i budućih europskih registara koji prate ZS i integrirati važne kliničke informacije koje ovi registri pružaju.

**Pacijenti i metode:** U radu su prikazani podaci iz *EuroHeart Failure Survey* (EHFS), *ESC-HF Pilot Survey* (ESC-HF Pilot), *ESC HF Long-Term* (ESC-HF-LT) registra i Hrvatskog registra zatajivanja srca (CRO-HF).

**Rezultati:** Rezultati iz EHFS registra su pokazali da su specifične pretrage kao što su ehokardiografija bile nedovoljno zastupljene u obradi pacijenata kod kojih se sumnjalo na ZS. Nekoliko godina kasnije, ESC-HF Pilot studija koja je sakupila podatke iz 136 kardioloških centara iz 12 europskih zemalja pokazala je da je koronarna bolest srca bila etiologija ZS u oko polovice pacijenata, dok je akutna dekompenzacija ZS bila najčešća akutna manifestacija bolesti. U novije vrijeme, rezultati iz ESC-HF-LT registra pokazali su da je prisustvo šećerne bolesti u ZS bilo povezano sa značajno većim rizicima za neželjene događaje tijekom jednogodišnjeg praćenja vanbolničkih pacijenata sa ZS i da je liječenje šećerne bolesti bilo suboptimalno. Također, kronična opstruktivna bolest pluća kao čest komorbiditet u ZS je bila povezana sa značajno višim rizicima ponavljane hospitalizacije tijekom jednogodišnjeg praćenja pacijenata sa ZS.<sup>1</sup> Podatci prikupljeni u CRO-HF registru su pokazali da žene i muškarci imaju značajno drugačije karakteristike u ZS. Tako su žene imale veći udio ZS sa očuvanom sistoličkom funkcijom lijeve klijetke, uz više vrijednosti lipida i urične kiseline u odnosu na muškarce, dok su muškarci imali značajno niže vrijednosti hemoglobina i sniženu istisnu frakciju lijeve klijetke u usporedbi s ženama.<sup>2</sup> Konačno, posljednja verzija registra za ZS, HF III registar, će nastaviti sa sakupljanjem važnih informacija o populaciji pacijenata sa ZS u suvremenoj kliničkoj praksi.

**Zaključak:** Registri su važan izvor informacija o karakteristikama, dijagnozi, liječenju i prognozi pacijenata sa ZS i kao takvi će nastaviti pružati relevantne kliničke informacije u budućnosti.

### LITERATURE

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**Introduction:** The Heart Failure (HF) surveys and registries have been developed with the intention to characterize this patient population and to improve diagnosis, treatment, and prognosis according to established guidelines of the European Society of Cardiology (ESC). We aimed to provide an overview of past, current, and future European HF registries and to integrate clinical information obtained from these registries.

**Patients and Methods:** The data of EuroHeart Failure Survey (EHFS), ESC-HF Pilot Survey (ESC-HF Pilot), ESC HF Long-Term Registry (ESC-HF-LT-R) and Croatian Heart Failure Registry (CRO-HF-R) were analyzed.

**Results:** The results from EHFS published more than a decade ago suggested that specific clinical investigations for patients with suspected HF such as echocardiography were not performed as frequently as recommended by the ESC. Several years later, the ESC-HF Pilot Survey that encompassed 136 cardiology centers from 12 European countries showed that ischemic etiology of HF was reported in about half of the patients while acute decompensation of HF was the most common clinical profile of acute HF. More recently, results from ESC-HF-LT-R showed that the presence of diabetes markedly increased the risk of 1-year adverse events in HF outpatients and that diabetes treatment was suboptimal. Likewise, the chronic obstructive pulmonary disease frequently coexists in HF and is associated with an increase in all-cause and HF-related hospitalizations during the 1-year follow-up.<sup>1</sup> Data acquired from the CRO-HF-R revealed that disease presentation in HF might differ between women and men. For instance, women had a significantly higher proportion of HF with preserved left ventricular ejection fraction and had higher lipid and uric acid levels compared to men, while men had significantly lower hemoglobin levels and reduced left ventricular ejection fraction compared to women.<sup>2</sup> Finally, latest established version of European HF registry, HF III Registry will continue to gather relevant information about this patient population in modern clinical practice.

**Conclusion:** Registries are an important source of information about characteristics, diagnosis, treatment, and prognosis of HF patients and as such will continue to provide a relevant clinical information in the future.