

Abstract No. **24**

Category: **Heart Failure and Cardiomyopathies**

Title: **Survival and associated factors for mortality in patients with heart failure treated in a veterans hospital**

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Abstract:

Background: Heart failure (HF) is part of the burden of cardiovascular diseases and affects 26 million people around the world. The purpose was to determine the survival and associated factors for mortality since the diagnosis of HF at 1 and 3 years, in adult over 60 years of age treated in a Veterans hospital between January 2014 and December 2016.

Methods: Ambispective cohort study of patients older than 60 years with a diagnosis of HF. The follow-up of the death outcome to 1 and 3 years from the diagnosis was done based on government records and telephone calls. Descriptive analysis of the clinical and echocardiographic characteristics stratified by ejection fraction (LVEF). Cox proportional hazards regression model for any cause mortality. STATA 14.0. Study was approval for institutional Ethics board.

Results: 334 patients were analyzed. 42% LVEF > 50%, 21% LVEF 40-49%. Median of age 78,5 (IQR 69,4-82,1) years, men 56,7% (189/334), hypertension 87,4% (202/334), chronic obstructive pulmonary disease 47,6% (159/334), diabetes mellitus 32,9% (110/334), myocardial infarct 21,6% (72/334) NYHA class > II 27,2% (91/334). Median LVEF 45% (IQR 30-58). 100% effective follow-up at 1 and 3 years. Mortality-free survival 86,1% at 1-year and 60,1% at 3-years. Factors associated were age over 70 years OR 1,1 (1,0-1,17), female 2,1 (1,3-3,8), myocardial infarct 1,4 (1,07-1,8), stroke 3,1 (1,2-8,2), chronic kidney disease 2,6 (1,6-4,0), anemia 4,6 (2,2-9,4).

Conclusions: The population of this study was octogenarian and predominantly men, with ejection fraction over 40% similar to other HF registries around the world. Overall mortality-free survival at 1 year and 3 years were higher than observed in other populations in Latin America. Stronger association to mortality were observed for anemia, stroke and chronic kidney disease.