

Abstract No. **25**

Category: **Heart Failure and Cardiomyopathies**

Title: **Multidisciplinary Heart Failure Specialty units. Experience in four Centers in Colombia**

Primary Author: **jeffrey Castellanos Parada**

Abstract:

Purpose: To describe the demographic characteristics, comorbidities, clinical profile, treatment and costs of healthcare in a population of patients with CHF in four Colombian institutions between baseline and six-month control from 2013 to 2014.

Methods: We performed a descriptive retrospective study of patients admitted in four complexity health institutions in Colombia considering clinical records. Furthermore, the costs were calculated from contributors according to expert consensus. With this information, we created a data base that was processed using descriptive statistics, central tendency and dispersion measurements.

Results: Of the 400 patients included, 61% were men, with a mean age of 65.2 ± 14.5 years. The most part were in the contributory regimen (77.5 %). We detected a high prevalence of previous diseases, the most important ones were benign prostatic hyperplasia, atrial fibrillation, coronary disease and diabetes in 63.2 %, 36 %, 53.7 % and 22.7 % of patients respectively, 40 % of patients were hospitalized with a mean long of stay (LOS) of 6.5 days, half of these patients were admitted to intensive care unit (ICU). Previous pharmacological treatment included Beta blockers in 97.3 %, MRA in 77 %, furosemide in 71.4 %, ARB in 49.8 %, aspirin in 46.6 %, warfarin in 27.3 %, new oral anticoagulants in 12.7 %, ivabradine in 12.5 % and digoxin in 18.3 % of patients. Initial diagnosis cost was 1 162.2 €, in the case of pharmacological treatment, the cost was divided by NYHA I (95.2 €), NYHA II (122 €), NYHA III (136.9 €) and NYHA IV (202 €), rehabilitation costs reached 306.1 €, total hospitalization 1 955.5 € and follow up 168.7 €. The total cost of care was 4 148.6 €. Regarding the variation of clinical and paraclinical characteristics, between the patient admission and six-month control, we observed a slight increase of left ventricular ejection fraction (LVEF) (LVEF of 34.7 % to 39.5 %), a decrease in BNP (2002 pg/mL to 1168 pg/mL) and NT pro BNP (3261 pg/mL to 1741 pg/mL) that results in a 41.6 and 46.6 % of mean reduction respectively. NYHA was also improved. The quality of life of these patients improved 11.3 points when Kansas City Cardiomyopathy Questionnaire (KCCQ) used and 12 points with Minnesota scale.

Conclusions: Among patients with heart failure admitted in four centers in Colombia that were monitored within six months in Multidisciplinary Heart Failure Specialty Units, we observed an improvement of NYHA functional class, quality of life and LVEF. Further studies using experimental designs are necessary to confirm these results.