

Abstract No. **39**

Category: **Heart Failure and Cardiomyopathies**

Title: **Differences Between Survivors and Non Survivors After an Episode of Acute Heart Failure**

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Abstract:

Background: Acute heart failure (AHF) is a condition requiring immediate treatment because of its morbidity and remaining high mortality. In the last two decades, multiple medications have been tested in clinical trials without finding benefits in the survival of these patients

Methods: We conducted a prospective cohort, single-center study. All consecutive patients that were admitted with AHF between April 2015 and December 2018 were included. Analyses between survivors patients (SP) and non survivors (NSP) were made with chi square test and means for other data.

Results: There were 575 patients with an AHF episode. In-hospital mortality was 6.2 % (36), 63% females vs 36% males ($p < 0.001$). Comorbidities and previous OMT was similar in both groups ($p > 0.05$) In-hospital treatment for NSP included more invasive and non invasive mechanical ventilation, longer stay in intensive care unit (ICU) (10 vs 5), lower hemoglobin level (10.4 vs 12.3) and higher lactate level (1.7 vs 1.3). All NSP received inotropes and 72% received norepinephrine while 40% of survivor patients received inotropes and only 15% received norepinephrine ($p < 0.001$). 55% of all patients (SP and NSP) had acute on chronic heart failure, 13.8% cardiogenic shock, without differences between groups ($p = 0.1$). The main cause of decompensation was acute coronary syndrome in both groups, followed by infections and arrhythmias. The hemodynamic profile of NSP was mainly B (41.6%) and C (33.3%), and in SP was mainly A (17.6%) and B (55.3%).

Conclusion: Coronary artery disease remains as the main cause for decompensation of heart failure. The higher mortality after an AHF was seen more frequently in women with hypoperfusion states that required more ventilatory and higher hemodynamic support in ICU (hemodynamic profiles B and C).