

Abstract No. **19**

Category: **Heart Failure and Cardiomyopathies**

Title: **Clinical Features of Heart Failure in Diabetic Patients in a High Complexity Hospital**

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Abstract:

Background: Cardiovascular disease represents 65% of mortality in diabetic patients. The cardiac compromise related to Mellitus Diabetes can be develop in different ways, where hyperglycemia, hyperinsulinemia and increased free fatty acids play an important role. Although ischemic heart disease is a major problem in this context, cardiomyopathy becomes increasingly important in relation with deterioration of cardiac function (1). The objective is to describe the clinical features of heart failure in a population of diabetic patients in a High Complexity Hospital, during October 2016 to July 2017.

Methods: Observational descriptive cross-sectional study done in the city of Bogota. Data on diabetic patients with heart failure will be obtained from the database of the Diabetes Clinic of the High Complexity Hospital, between October 2016 and July 2017. Following, the description and analysis will be developed on the variables of interest.

Results: The prevalence of heart failure in diabetic patients was 4.91%, of which 74.26% corresponded to male patients. It was found that 12.82% of the patients had reduced ejection fraction, 5.13% were in middle range and 17.95% had TAPSE abnormal (<17mm). Cardiovascular disease in diabetic patients had more myocardial than ischemic compromise, with a prevalence of 38.46% and 23%, respectively.

Conclusion: The prevalence of heart failure in diabetic patients was 4.91%, similar to the prevalence found in literature; however, it was higher in men than in women. It is important to evaluate whether antihyperlipidemic and antihypertensive treatment is appropriate, since the main indicators of cardiovascular risk were high Low Density Lipoproteins (LDL) levels and systolic blood pressure in the stadium of prehypertension. In patients with Mellitus Diabetes type 2, cardiovascular disease with myocardial involvement is prevalent, predominantly systolic dysfunction. To conclude, the behavior of heart failure in diabetic patients of the High Complexity Hospital differs in sex and cardiomyopathy, regarding to reports found in literature.