Abstract No. **32**
Category: **Heart Failure and Cardiomyopathies**
Title: **Mortality and Hospital Stay in Patients With Acute Decompensation of Heart Failure and Associated Anemia**
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Abstract:

Mortality due to heart failure (HF) (around 2%) remains high in developed countries despite advances about this, and is probably due to failure to follow guidelines or to the fact that some comorbidities are not taken into account, such anemia, which is already considered an independent risk factor for adverse outcomes.

The study aimed to determine the length of hospital stay and mortality in Colombian patients, hospitalized because of HF, with acute decompensation and anemia associated with the purpose to identify risk factors that influence the different outcomes. The study is a observational retrospective cohort, based on the review of 1832 clinical records of patients admitted to the emergency room who were hospitalized with a main diagnosis of heart failure with acute decompensation of any etiology between January 2015 and December 2016 of which 274 met the inclusion criteria. The population was classified according to the definition of anemia of World Health Organization and subdivided into quartiles for its description, under the parameters of OPTIMIZE-IC study.

The study showed a higher prevalence of anemia and HF in men compared to women (61.7% vs. 38.3%) however, there were no statistically significant differences by gender in mortality, but the average of days of hospitalization was 12 days being higher in men compared to women (12.5 days ± 12.3 and 10.6 days ± 9.3, respectively). Age had a significant impact on the development of anemia and HF, with a higher prevalence in those older than 75 years (59.5%) with a higher incidence of mortality between 69 and 74 years. The functional classification of HF showed a statistically significant association with mortality($p < 0.05$). Mortality was higher in patients with functional class III and IV (77%). Chronic kidney disease, ischemic cardiomyopathy and atrial fibrillation did not show a statistically significant relationship with mortality. The prevalence of anemia in the patient with HF was between 30% and 50% compared to 10% of the general population, without significant differences by gender. Finally there was a linear relationship between anemia and mortality, but no significant association with the increased mortality (p 0-448).