



המרכז הרפואי
הלל יפה

Acute Heart Failure: The Scope of the Problem

Prof Avraham Shotan

Eugine Braunwald: Clinical Manifestation of Heart Failure

Acute vs Chronic Heart Failure

- ◀ The clinical manifestations of HF depend importantly on the **rate** the syndrome **develops** and specifically on whether **sufficient time** has elapsed for **compensatory mechanisms** to become operative ...
- ◀ When a previously normal person **suddenly** develops a serious **anatomical** or **functional abnormality** ... either a marked **sudden reduction in cardiac output** with symptoms due to **inadequate organ perfusion** and/or **acute congestion** ...
- ◀ If the same anatomical abnormality develops **gradually**, or if the patient **survives the acute insult** a host of **compensatory mechanisms develop** ...

Heart Failure Management – Diagnosis and treatment



2013 ACCF/AHA Guideline for the Management of Heart Failure

A Report of the American College of Cardiology Foundation/
American Heart Association Task Force on Practice Guidelines

*Developed in Collaboration With the American College of Chest Physicians, Heart Rhythm Society
and International Society for Heart and Lung Transplantation*

Endorsed by the American Association of Cardiovascular and Pulmonary Rehabilitation

WRITING COMMITTEE MEMBERS*

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Acute Heart Failure

8. The Hospitalized Patient

- HF is the leading cause of hospitalization among pts >65 yrs.
- Recurrent hospitalizations – 50% at 6 months
- 1-year mortality ~30%

Acute Heart Failure

8. The Hospitalized Patient

- **Acute HF syndromes**
- **Acute decompensated HF**
- **Acute de novo HF**

Hospitalized pts with HF can be classified into important subgroups:

- **Acute coronary ischemia**
- **Accelerated hypertension**
- **Acutely decompensated HF**
- **Shock**
- **Acutely worsening right HF**
- **HF decompensation after surgical procedures**

Each HF category has specific etiologic factors leading to decompensation, presentation, management and outcomes

Initial assessment of patient with suspected acute heart failure

Suspected acute heart failure

History / examination
(including blood pressure and respiratory rate)

ChestX-ray	ECG
Echocardiogram or NP (or both)	Oxygen saturation
Blood chemistry	Full blood count

Simultaneously assess for

Ventilation/
systemic
oxygenation
inadequate

Life-threatening
arrhythmia/
bradycardia

Blood pressure
< 85 mmHg
or shock

Acute
coronary
syndrome

Acute
mechanical
cause / severe
valvular disease

**Urgent action
if present**

- Oxygen
- NIV
- ETT and invasive ventilation

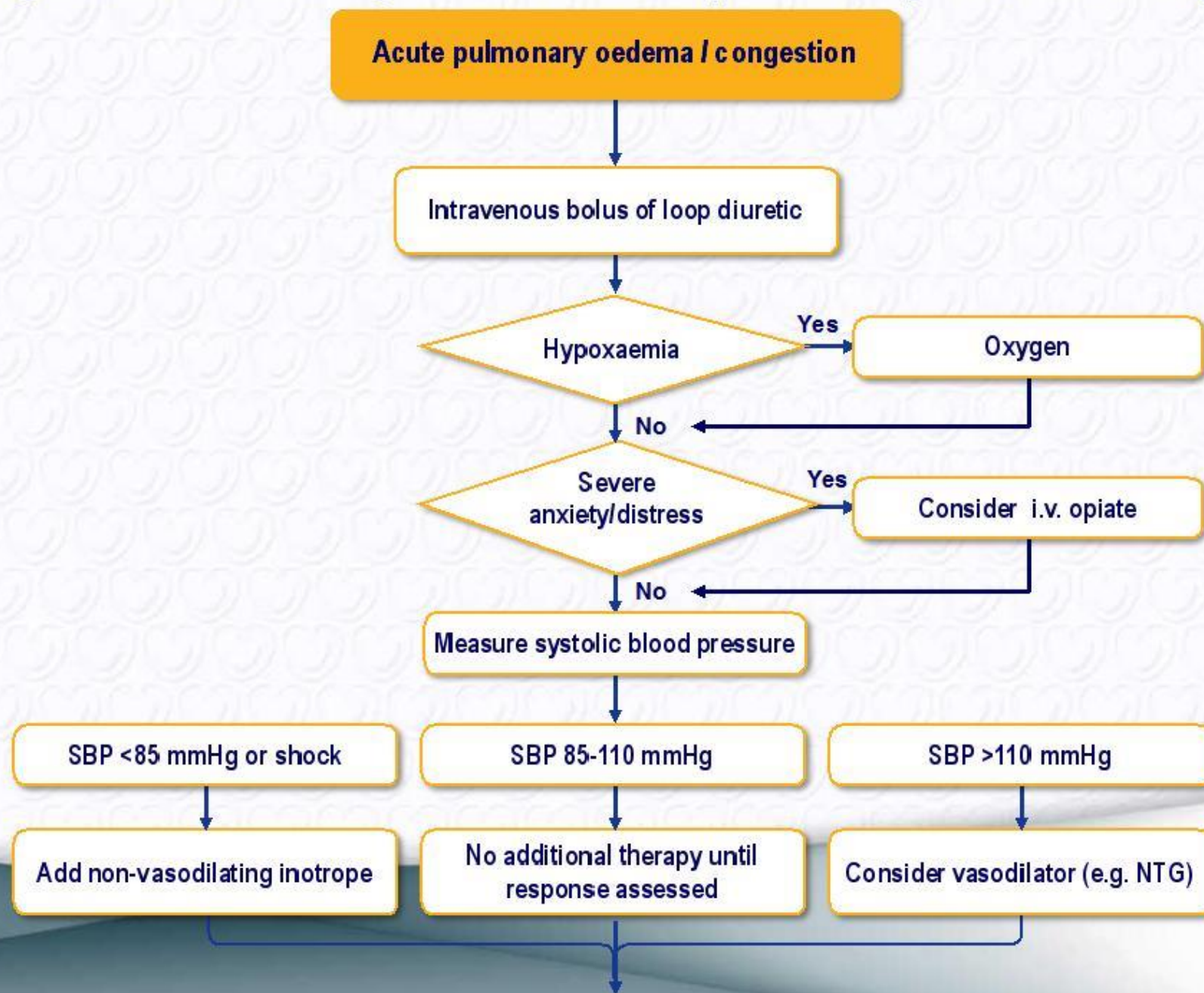
- Electrical cardioversion
- Pacing

- Inotrope/
vasopressor
- Mechanical circulatory support (e.g. IABP)

- Coronary reperfusion
- Antithrombotic therapy

- Echo-cardiography
- Surgical/
percutaneous intervention

Algorithm for management of acute pulmonary oedema/congestion

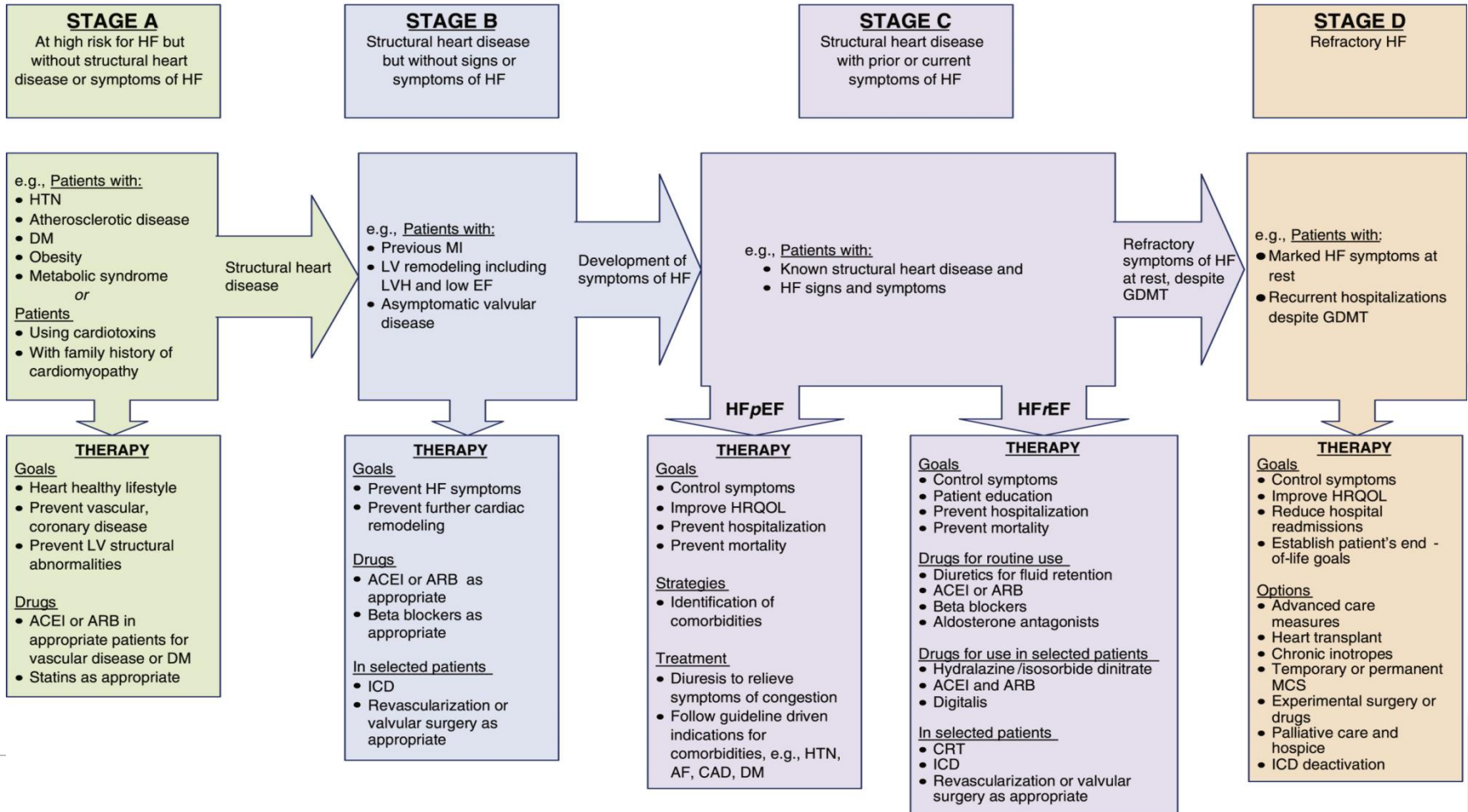


From: 2013 ACCF/AHA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines

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At Risk for Heart Failure

Heart Failure



HFSIS – Heart Failure Survey in Israel 2003



Study Population

25/25 Hospitals

93/98 Internal Medicine Departments

24/25 Cardiology Departments (24 ICCU, 16 Intermediate)

The Steering Committee:

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The Israel Society of Internal Medicine

The Israel Heart Society - The Working Group on Heart Failure

The Israeli National Center for Disease Control (ICDC)

Under the auspices of The Israeli Medical Association

Stages of Heart Failure

- A** At **high risk** for developing HF, but **without structural** heart disease or **symptoms** of HF
- B** **Structural** heart disease, but **without symptoms** of HF

Pre-heart failure

Heart Failure

- C** **Structural** heart disease **with prior** or **current symptoms** of HF
- D** **Refractory HF** requiring **specialized interventions**

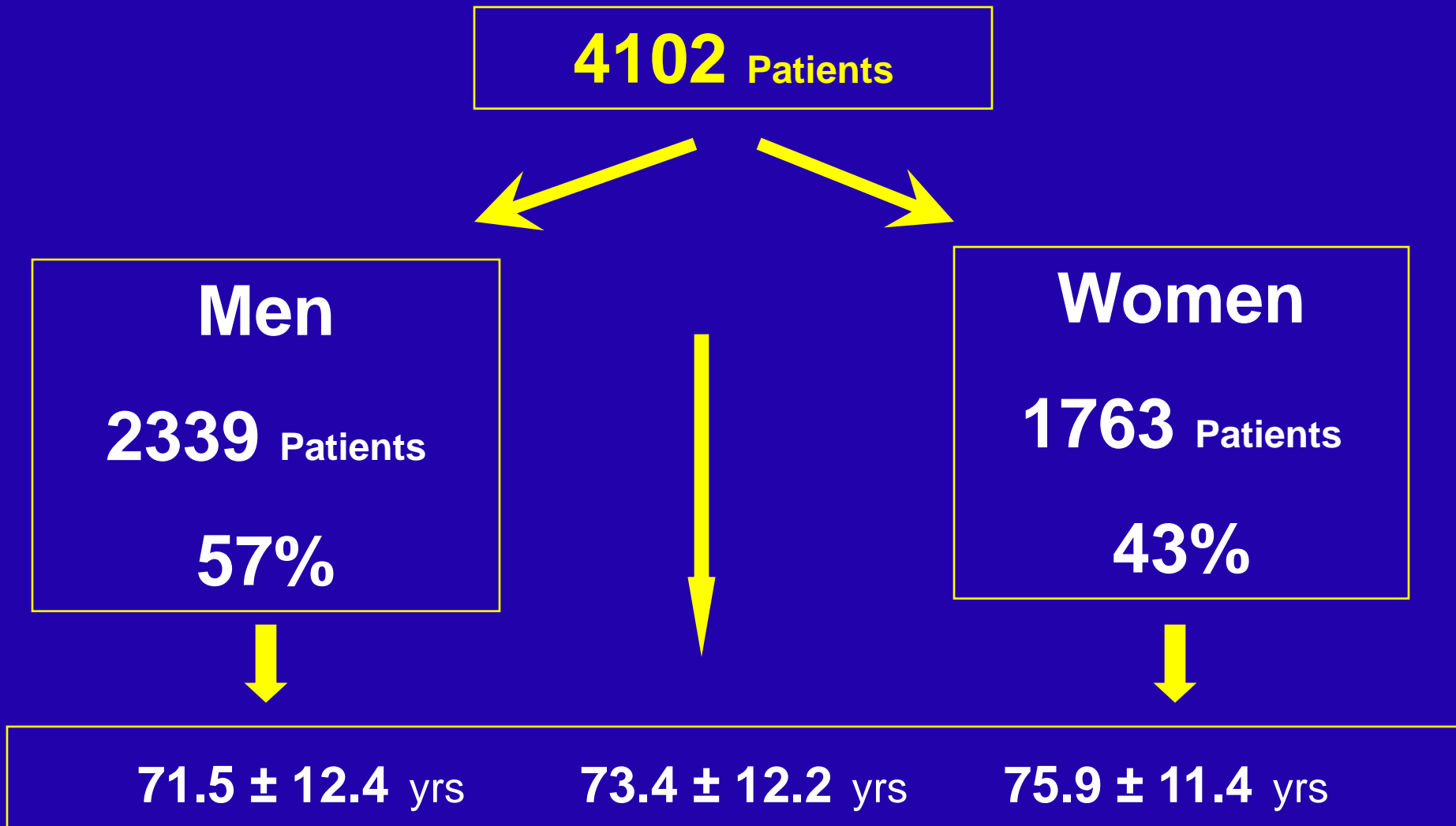
Stages of Heart Failure

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Stages of Heart Failure

- A** At **high risk** for developing HF, but **without structural** heart disease or **symptoms** of HF
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- D** **Refractory HF** requiring **specialized interventions**

HFSIS March-April 2003 – Age by Gender



HFSIS 2003 – Site of 1st Hospitalization

	Department (First)	All* n = 4,066 %
	Internal Medicine	3,223 79.3
	CCU / Cardiology	756 18.6
	Other	87 2.1

* Missing 36

P = 0.001

HFSIS 2003

Type of HF

```
graph TD; A[Type of HF] --> B[Acute]; A --> C[Acute on chronic]; A --> D[Chronic];
```

Acute

724 Patients

18.1%

Acute on chronic

1671 Patients

41.7%

Chronic

1612 Patients

40.2%

***Missing 95**

HFSIS 2003 – Co-Morbidity

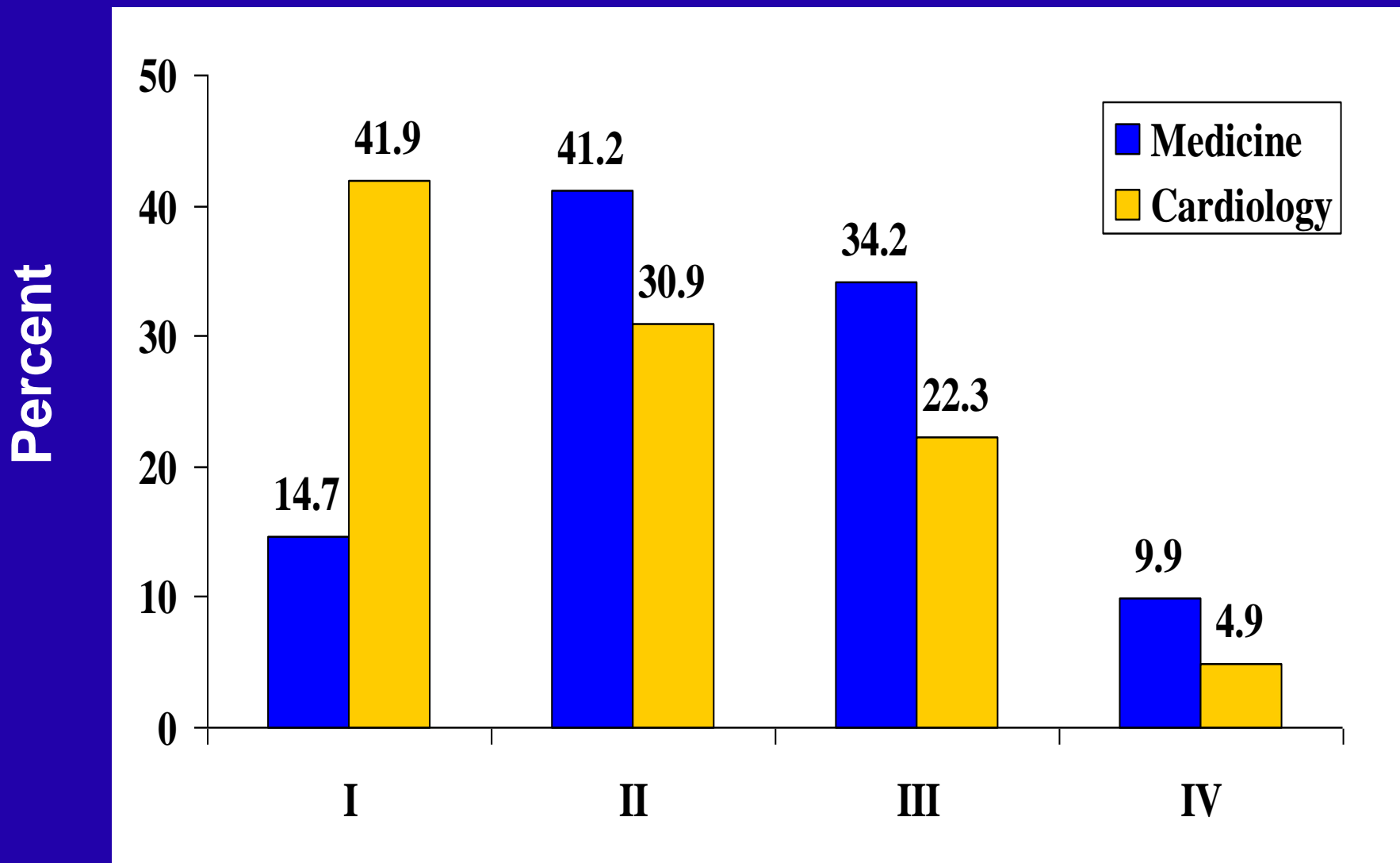
	n = 4,102	%
Ischemic Heart Disease	3,372	82.2
Acute Coronary Syndrome	1,505	36.7
Renal Failure (creat \geq1.5 mg%)	1,672	40.8
Anemia (Hb \leq 12.0 gr%)	2,026	49.4
Hypertension	3,088	75.3
Diabetes Mellitus	2,050	50.0
Insulin treated	514	12.5 (25.1)
P.O.	1,059	25.8 (51.7)
Stroke / TIA	511	12.5
Atrial Fibrillation	1,360	33.2

HFSIS 2003 – NYHA Functional Class

NYHA – Functional Class (prior to hospitalization)	n = 3,999	%
I	798	19.9
II	1,572	39.3
III	1,267	31.7
IV	362	9.0

Missing 103

HFSIS 2003 – NYHA by Ward



Killip Classification

This classification is usually used for **Acute MI** patients **on admission**

We applied it to **all HF** patients **during the entire hospitalization**

Stage I – **No signs of HF** (no rales at lung bases, no S_3)

Stage II – **Rales** over the lower half of lung fields and/or **S_3**

Stage III – Rales >50% lung fields or **Pulmonary Edema**

Stage II – **Cardiogenic Shock**

HFSIS 2003 – Hospital Course %

Killip Class

(all patients, not only acute MI)

n = 4,099*

%

I

905

22.1

II

1,443

35.2

III

1,527

37.2

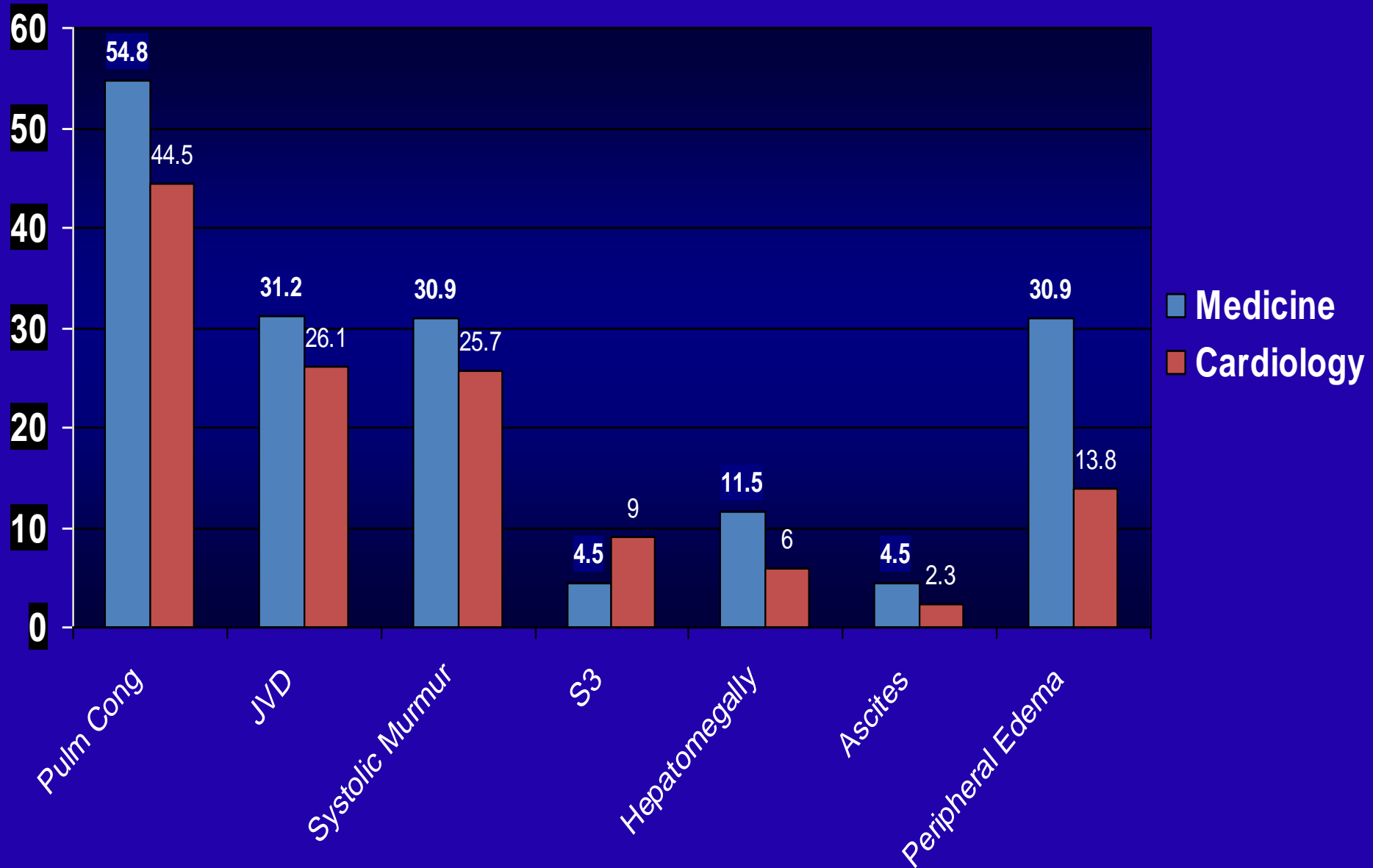
IV

224

5.4

*Missing 3

HFSIS 2003 – Physical Examination

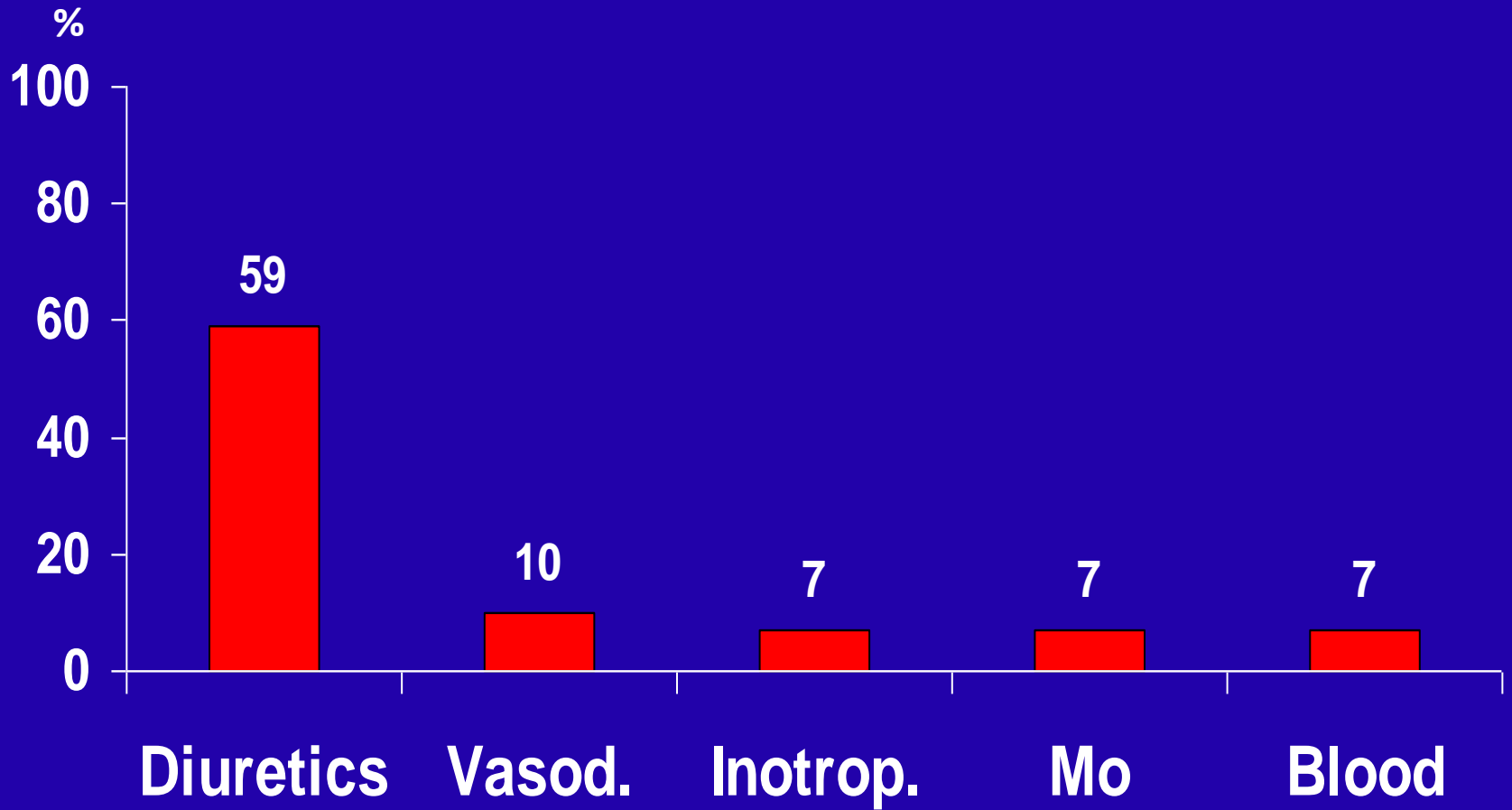


HFSIS 2003 – Left Ventricular Ejection Fraction

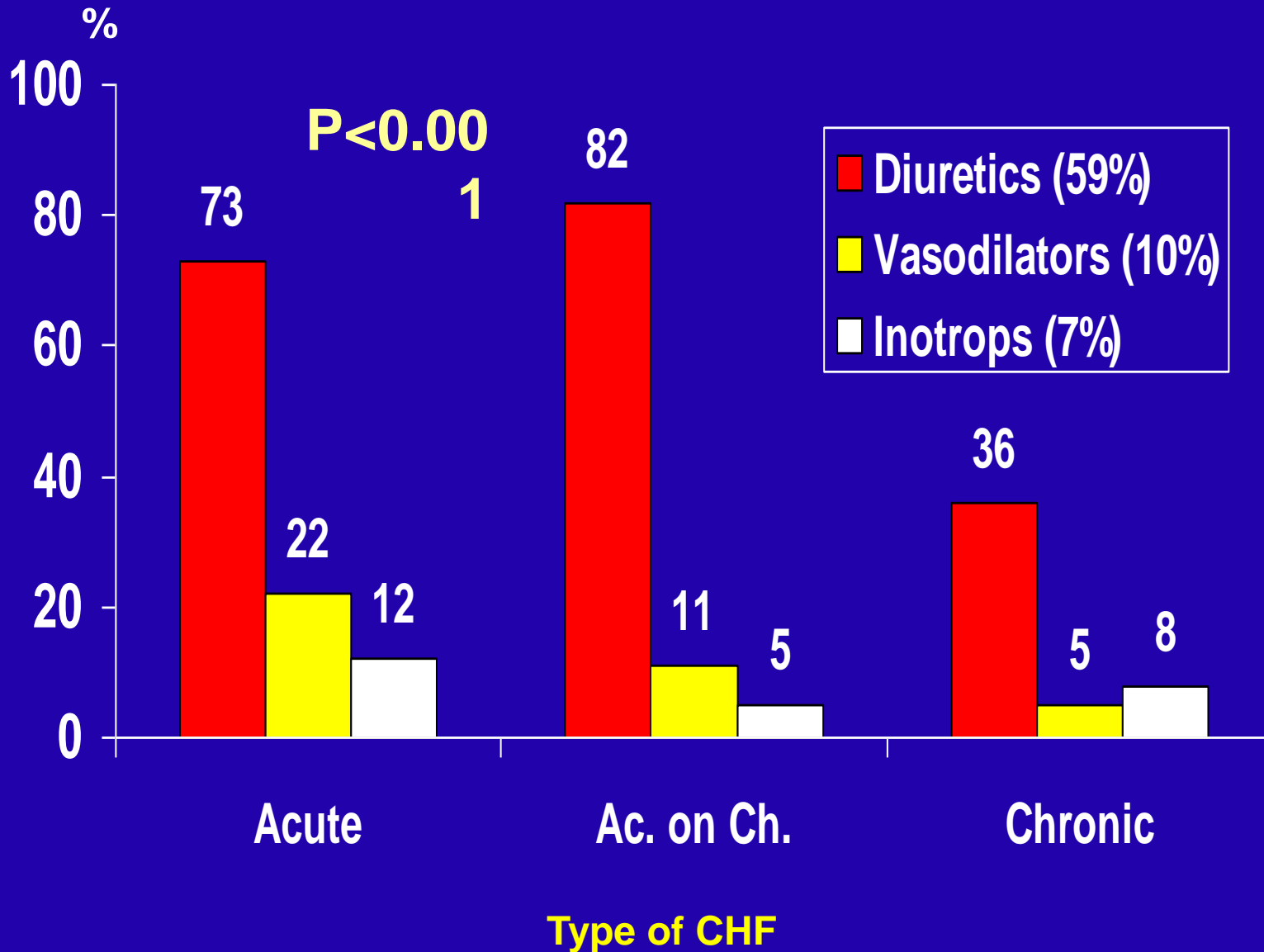
LVEF	n = 2,842*	%
Normal ($\geq 50\%$)	763	26.8
Mild (40-49%)	601	21.1
Preserved ($\geq 40\%$)	1,364	48.0
Moderate (30-39%)	735	25.9
Severe ($< 30\%$)	743	26.1

*Missing 1,260 (echo done – 394)

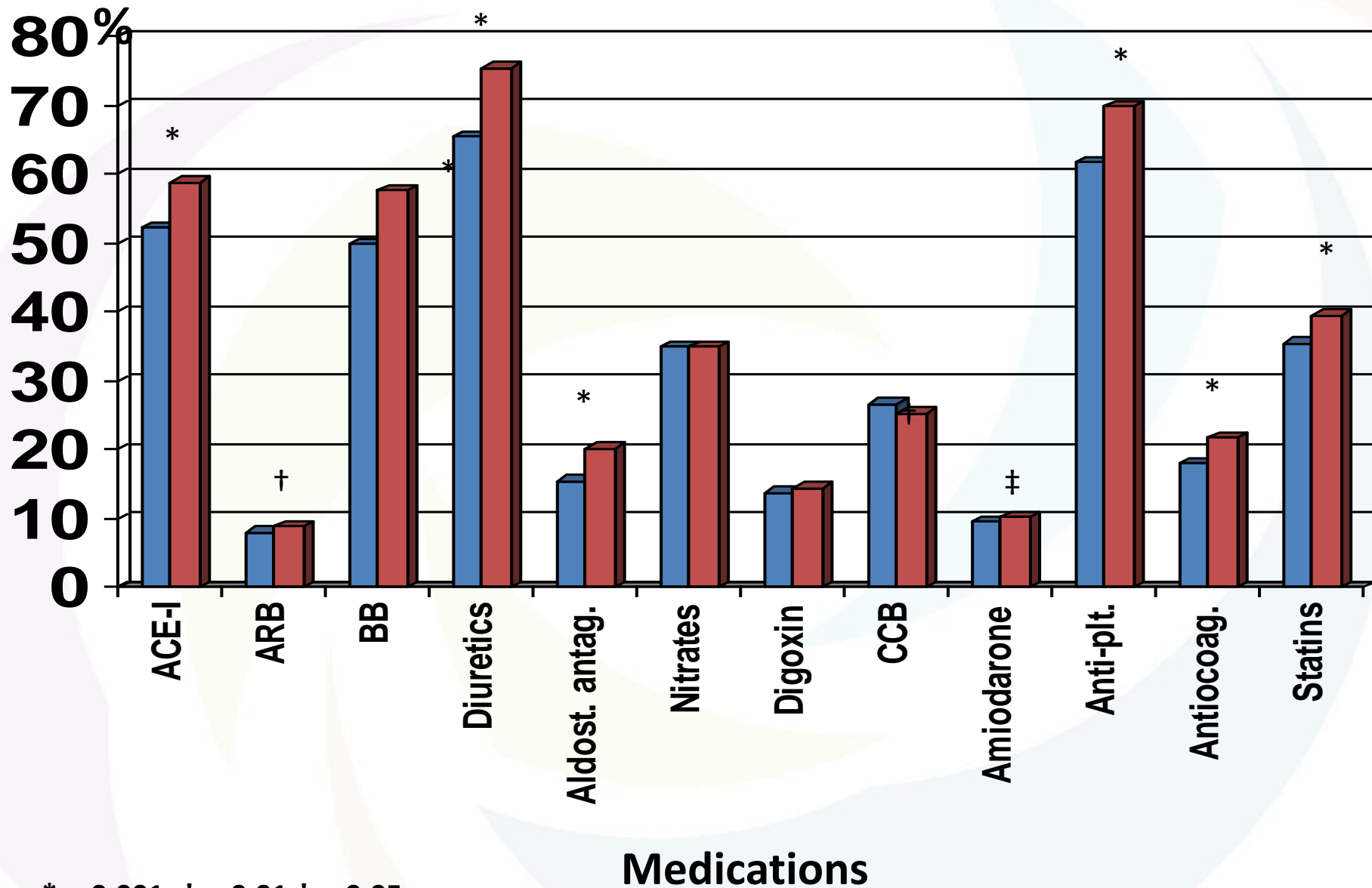
HFSIS 2003 Acute Management



HFSIS 2003 – I.V. Medications



Prehospital **Discharge**



*p<0.001; †p<0.01 ‡p<0.05

HFSIS 2003 – All-Cause Mortality

	Mortality	
Period	HFSIS 2003 n = 4,102 % Age: 73	ACSIS 2002 - STEMI n = 649 % Age: 63
Hospital	4.7	5.1
30-day	7.6	7.1
6-month	18.7	9.9
1-year	28.2	10.9
2-year	40.2	
3-year	50.3	
4-year	57.7	

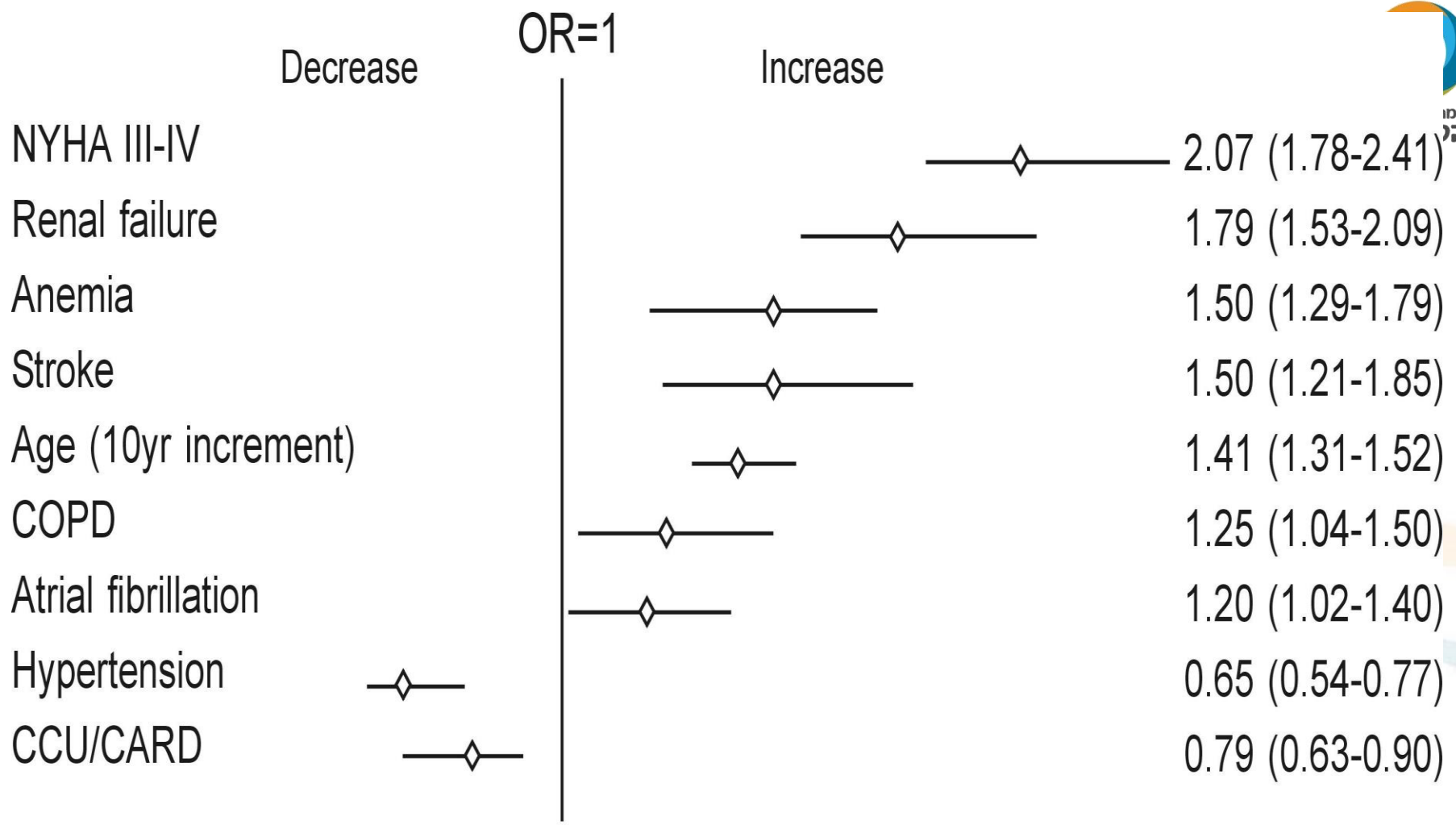


Fig.2: parameters associated with 1 year mortality

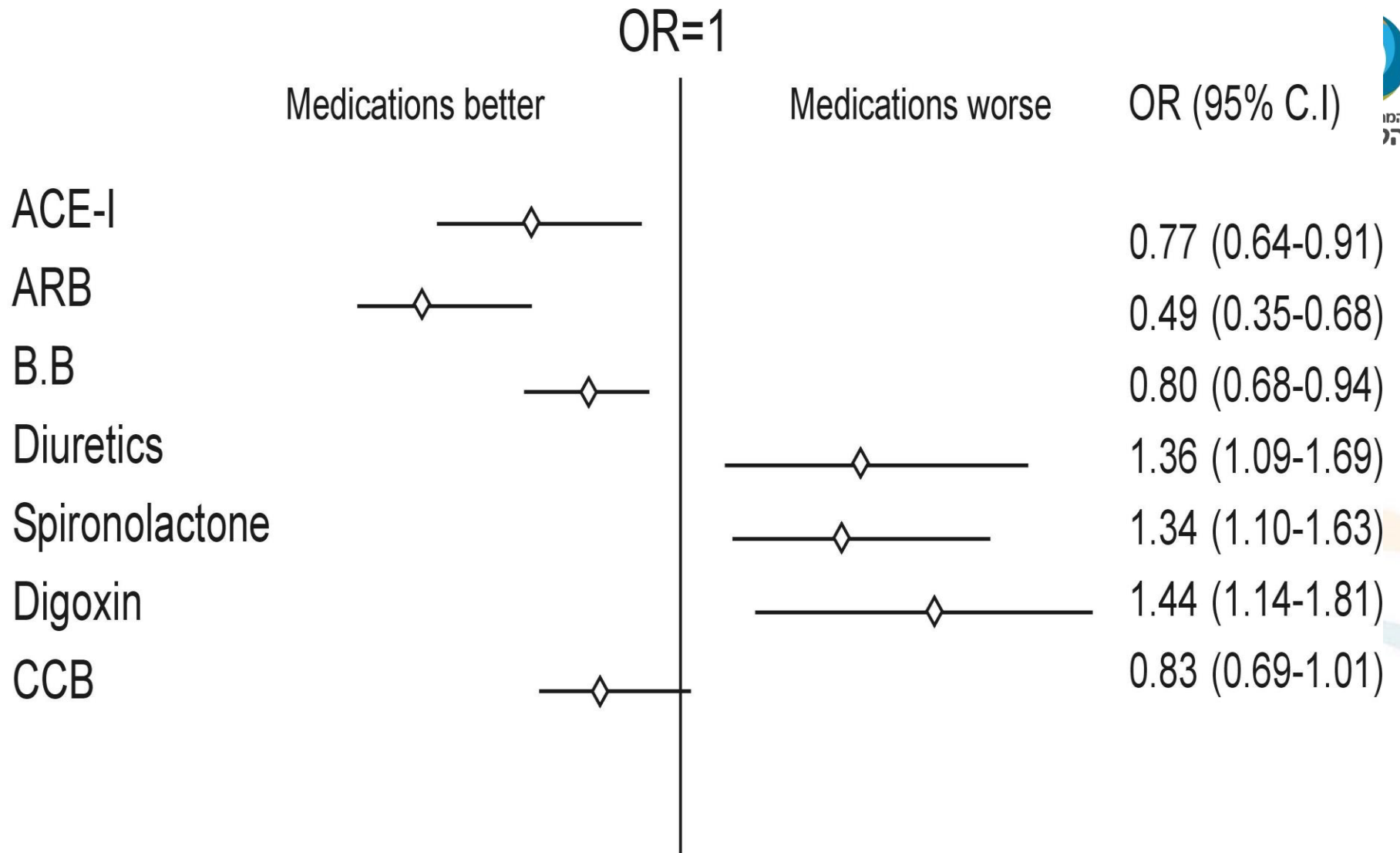
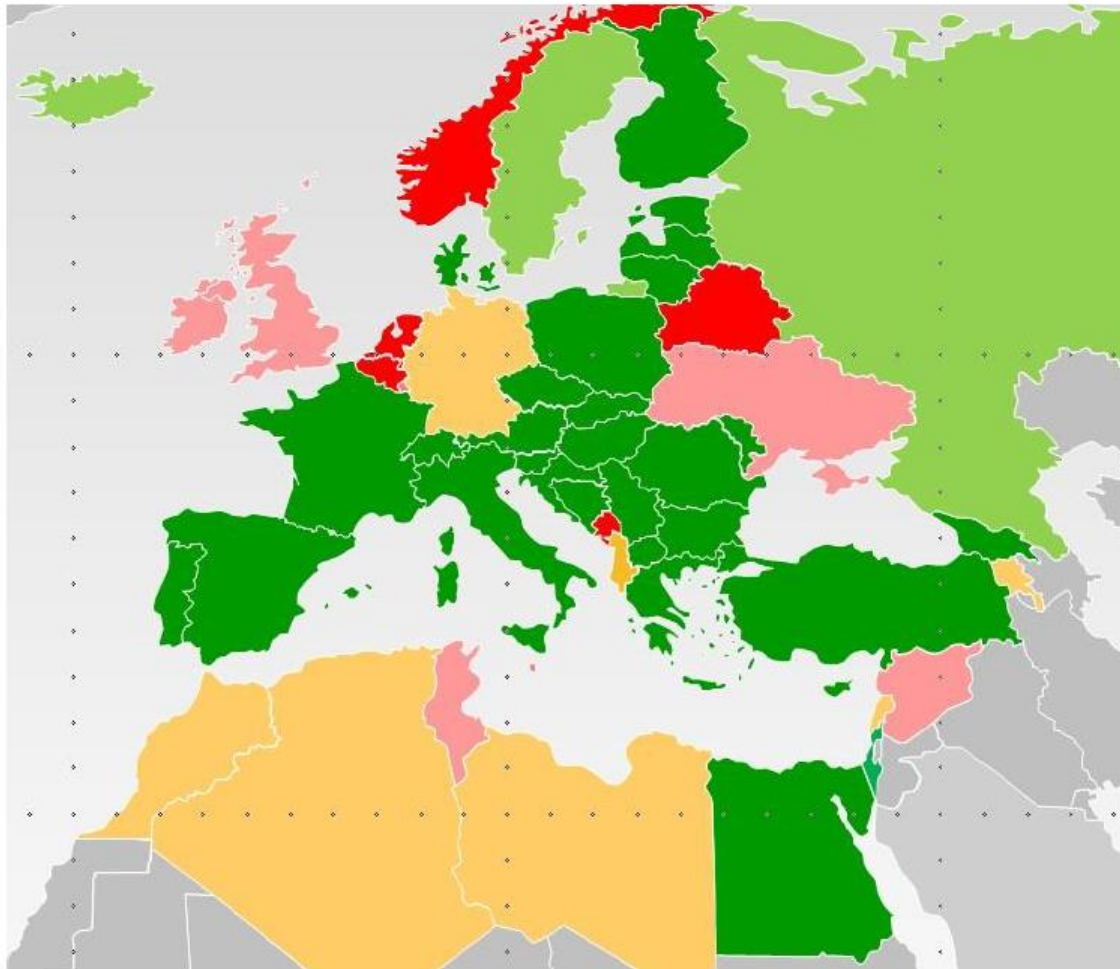


Fig. 3: medications at discharge associated with 1 year mortality

Heart Failure Long-Term Registry

Participating countries as of August 19th, 2013



32 Potential participants (ESC):

- 29 started enrolment
- 3 accepted to merge
National database
(Sweden, Iceland, Russia)

8 Expressed interested
but did not confirm or start

8 Did not answer (Ireland, Luxembourg, Malta, San Marino, Syria, Tunisia, Ukraine, UK)

5 Did not accept (Belarus, Belgium, Montenegro, Netherlands, Norway)

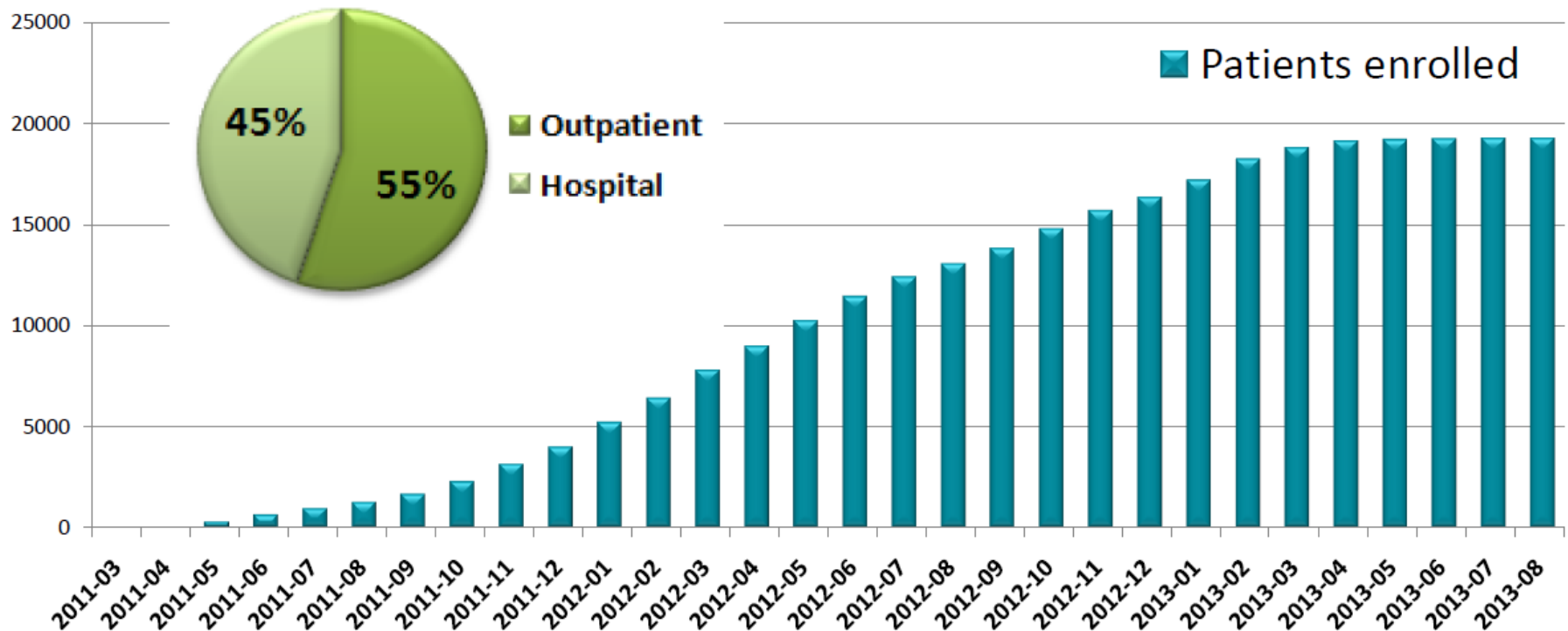
+ Participation of:

Affiliated Countries: Argentina, Uruguay
Asian Pacific Society of Cardiology

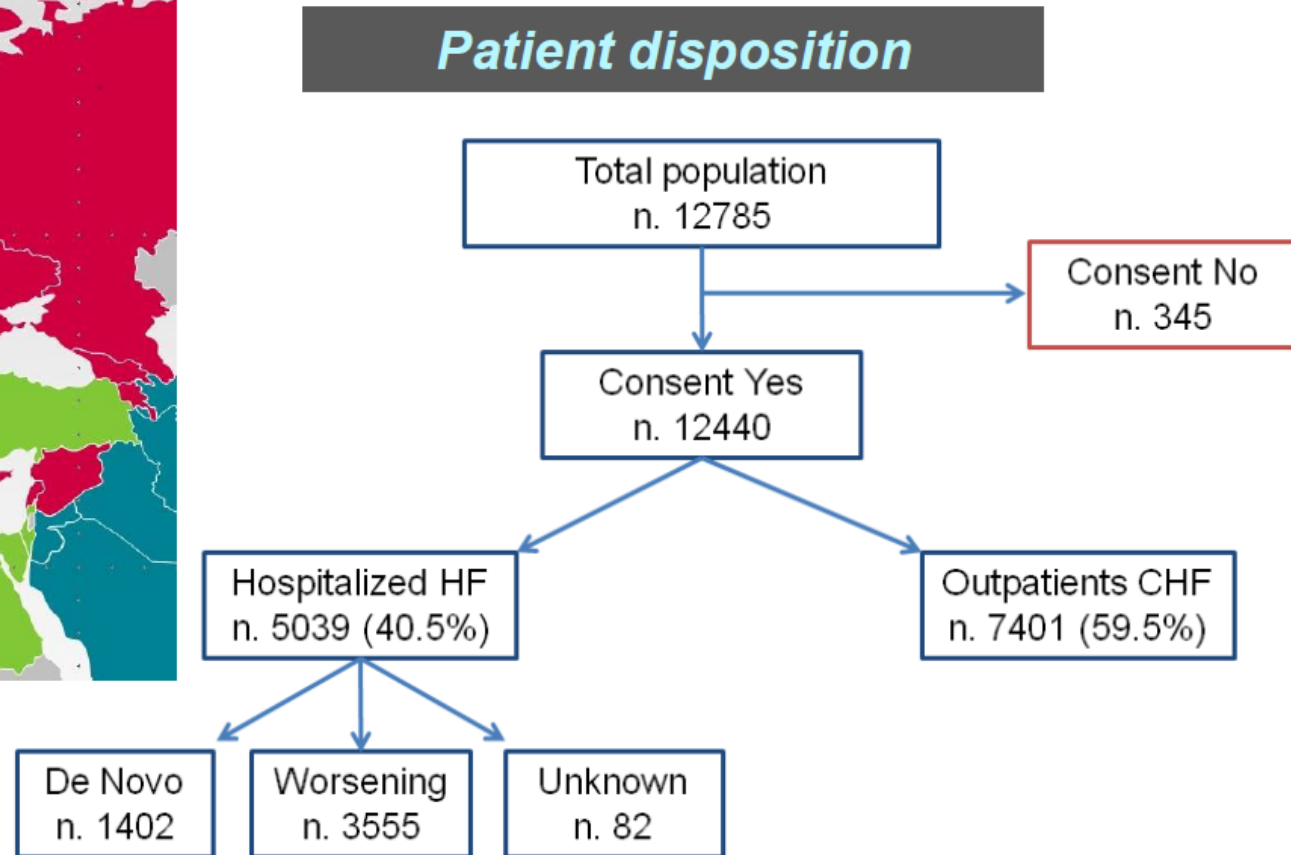
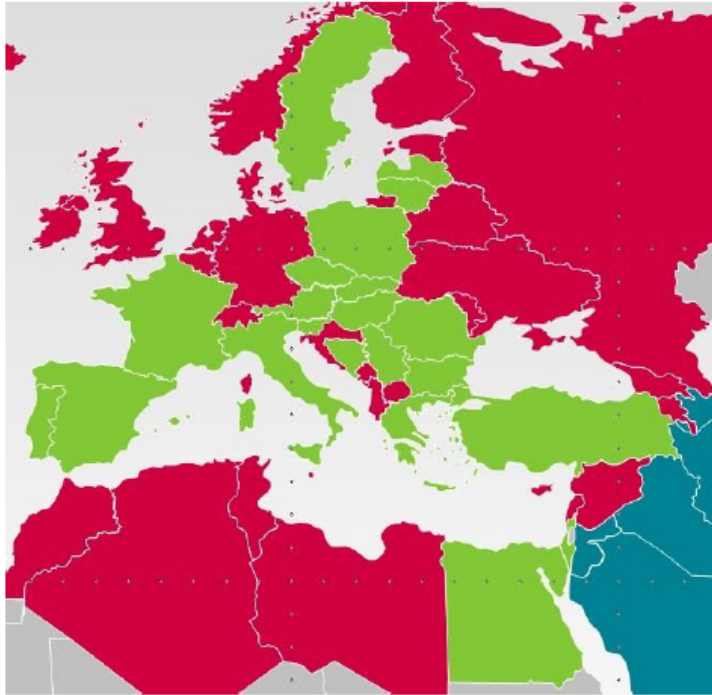
Heart Failure Long-Term Registry

Recruitment by month as of August 19th, 2013

19,241 patients enrolled



12,440 patients from 211 centres of 21 ESC Countries



Maggioni AP, et al: Are hospitalized or ambulatory patients with heart failure treated in accordance with European Society of Cardiology guidelines? Evidence from 12 440 patients of the ESC Heart Failure Long-Term Registry. [Eur J Heart Fail.](#) 2013;15:1173-84

HF LT Registry: Baseline characteristics

	HHF (n. 5039)	CHF (n. 7401)	p
Age (years), median [IQR]	71 [61-79]	66 [57-75]	<0.0001
≥75 years, %	39.5	26.0	<0.0001
Females, %	37.3	28.8	<0.0001
SBP (mmHg), median [IQR]	130 [110-150]	120 [110-136]	<0.0001
HR ≥70 bpm, %	83.0	55.6	<0.0001
EF >45%, %	32.8	23.1	<0.0001
Mitral regurgitation, %	44.4	26.2	<0.0001
Ischaemic aetiology, %	54.0	43.0	<0.0001

HF LT Registry: Comorbidities

	HHF (n. 5039)	CHF (n. 7401)	p
Atrial fibrillation, %	44.0	37.6	<0.0001
Diabetes mellitus, %	38.9	31.8	<0.0001
PAD, %	14.2	12.3	0.0021
Hypertension, %	64.5	58.2	<0.0001
COPD, %	20.2	13.8	<0.0001
Prior stroke/TIA, %	13.0	9.4	<0.0001
Renal dysfunction, %	26.4	18.2	<0.0001
Hepatic dysfunction, %	8.4	3.4	<0.0001
Depression, %	7.9	7.6	0.553

Intravenous and oral treatments of hospitalized HF patients (n. 5039)

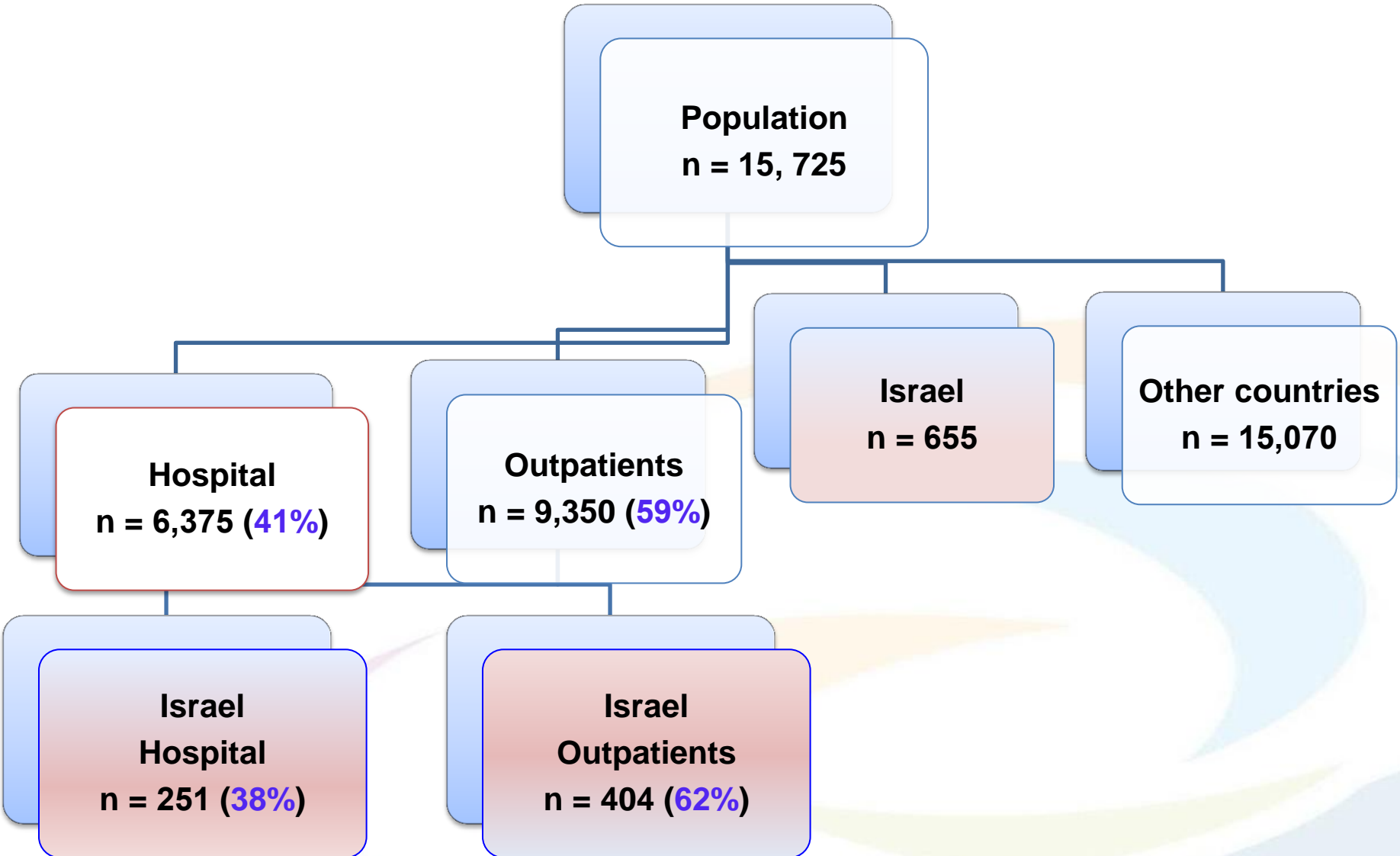
IV treatments at hospital entry (for 296 patients SBP at entry was not reported)

According to 2012 ESC guidelines (*Eur J Heart Fail* 2012; 14:803-869)

	Total (n. 5039)	<85 mmHg (n. 90)	85-110 mmHg (n. 1169)	>110 mmHg (n. 3484)
IV inotropes, %	11.9	73.3	22.3	6.8
IV nitrates, %	20.4	10.0	13.3	23.0
IV diuretics, %	81.5	77.8	82.9	81.1

EuroObservation – Heart Failure Long-Term Registry

13/1/2014



EuroObservation – Heart Failure Long-Term Registry

13/1/014



	Hillel Yaffe n=228	Carmel n=455	Odds Ratio (±95% CI)	Israel n=655	Other Countries n=15,070	Odds Ratio (±95% CI)
Outpatient	105 (46%)	299 (70%)	0.37 (0.26-0.51)	404 (62%)	8,946 (59%)	1.10 (0.94-1.29)
Hospital	123 (54%)	128 (30%)	2.74 (1.96-3.82)	251 (38%)	6,124 (41%)	0.91 (0.77-1.07)

Outpatients – Baseline Characteristics

	Hillel Yaffe n=105	Carmel n=299	Odds Ratio (±95% CI)	Israel n=404	Other Countries n=8,946	Odds Ratio (±95% CI)
Age (yrs) [IQR]	69 (62-76)	67 (59-77)		68 (60-77)	65 (56-74)	
Age > 65 (%)	78	84	0.73 (0.38-1.39)	82	61	2.87 (2.07-3.98)
Gender – Male (%)	88	71	2.90 (1.45-5.46)	75	71	1.22 (0.97-1.54)
Ischemic Etiology (%) (Coronary angiography)	63	52	1.57 (1.00-2.48)	55	36	2.13 (1.74-2.60)
Diabetes Mellitus (%)	50	50	1.00 (0.64-1.56)	50	30	2.36 (1.93-2.88)

Outpatients – 12 months Follow-Up

NYHA III & IV (%)	25	40	0.50 (0.28-0.90)	35	21	1.96 (1.49-2.59)
Death (%)	11.4	16.4	0.64 (0.31-1.35)	14.6	8.1	1.94 (1.37-2.75)

Hospitalized Patients – Baseline Characteristics

	Hillel Yaffe n=123	Carmel n=128	Odds Ratio (±95% CI)	Israel n=251	Other Countries n=6,124	Odds Ratio (±95% CI)
Age (yrs) [IQR]	77 (69-85)	78 (71-84)		77 (70-85)	69 (60-78)	
Age > 65 (%)	78	84	0.73 (0.38-1.39)	82	61	2.87 (2.07-3.98)
BMI (Kg/m ²)	28.7	28.0		28.7	27.7	
Gender – Male (%)	58	58	1.03 (0.62-1.70)	58	63	0.82 (0.64-1.06)
Sys BP (mmHg),	139	138		138	130	
Heart rate (bpm),	81	83		82	89	
LVEF (%)	35 (30-60)	55 (35-60)		45 (30-60)	38 (29-50)	
Clinical Trials (%)	4	2		3	3	

Hospitalized Patients – Baseline Characteristics

	Hillel Yaffe n=123	Carmel n=128	Odds Ratio (±95% CI)	Israel n=251	Other Countries n=6,124	Odds Ratio (±95% CI)
Ischemic Etiology (%) (Coronary angiography)	54	30	2.74 (1.63-4.61)	41	29	2.13 (1.74-2.60)
Ischemic Etiology (%) (No coronary angiography)	10	15	0.62 (0.29-1.34)	12	28	0.37 (0.25-0.54)
Non-Ischemic Etiology (%)	37	55	0.46 (0.28-0.77)	46	43	1.13 (0.87-1.45)
Current smoking (%)	27	5	>5.0 (2.60-14.98)	16	17	0.91 (0.65-1.29)
AF – Permanent (%)	24	14	1.97 (1.03-3.76)	19	26	0.67 (0.48-0.92)
AF – Persistent (%)	2	15	0.09 (0.02-0.42)	8	6	1.43 (0.90-2.27)
AF – Paroxysmal (%)	13	32	0.32 (0.17-0.60)	23	10	2.63 (1.93-3.57)
Diabetes Mellitus (%)	58	52	1.33 (0.81-1.50)	55	38	1.98 (1.54-2.55)

Hospitalized Patients – Baseline Characteristics

	Hillel Yaffe n=123	Carmel n=128	Odds Ratio (±95% CI)	Israel n=251	Other Countries n=6,124	Odds Ratio (±95% CI)
Stroke/TIA (%)	26	21	1.32 (0.73-2.36)	23	12	2.27 (1.68-3.07)
PVD (%)	18	25	0.65 (0.35-1.20)	21	14	1.67 (1.23-2.28)
Valvular surgery (%)	6	8	0.82 (0.31-2.15)	7	5	1.41 (0.86-2.32)
COPD (%)	24	21	1.15 (0.64-2.09)	22	20	1.18 (0.87-1.60)
Chronic Kidney Dis (%)	64	62	1.11 (0.67-1.86)	63	24	> 5 (4.11-6.96)
Current Cancer (%)	4	14	0.26 (0.09-0.72)	9	4	2.12 (1.36-3.31)
HF previous hospitalization (%)	34	37	0.89 (0.53-1.50)	35	31	1.20 (0.92-1.57)
NYHA I & II (%)	11	44	0.15 (0.61-1.49)	27	16	2.06 (1.55-2.74)
NYHA III & IV (%)	89	56	> 5 (3.36-12.89)	73	84	0.49 (0-.37-0.65)

Hospitalized Patients – Baseline Characteristics

	Hillel Yaffe n=123	Carmel n=128	Odds Ratio (±95% CI)	Israel n=251	Other Countries n=6,124	Odds Ratio (±95% CI)
Hemoglobin (gr%)	11.7	11.7		11.7	12.7	
Creatinine (mg%)	1.3	1.2		1.3	1.2	
Sinus Rhythm (%)	63	52	1.57 (0.95-2.60)	57	59	0.91 (0.70-1.17)
Atrial Fibrillation / Flutter (%)	24	41	0.46 (0.27-0.78)	33	32	1.05 (0.80-2.11)
Paced Rhythm (%)	13	7	1.98 (0.84-4.66)	10	7	1.38 (0.90-2.11)
QRS duration (ms)	100 (86-121)	80 (80-120)		90 (80-120)	100 (81-120)	

Hospitalized Patients – Hospital Treatment

	Hillel Yaffe n=123	Carmel n=128	Odds Ratio (±95% CI)	Israel n=251	Other Countries n=6,124	Odds Ratio (±95% CI)
No Inotropic Support (%)	99	94	7.06 (0.86-58.23)	97	88	4.12 (2.03-8.36)
Dobutamine (%)	0	1		0.4	5	0.07 (0.01-0.53)
Dopamine (%)	1	5	0.17 (0.02-1.41)	3	3	1.06 (0.49-2.29)
Levosimendan (%)	0	0		0	1.4	
Norepinephrine (%)	0	0		0	0.7	
Nitrates IV (%)	2	3	0.78 (0.17-3.54)	3	22	0.10 (0.05-0.22)

Hospitalized Patients – Baseline Characteristics

	Hillel Yaffe n=123	Carmel n=128	Odds Ratio (±95% CI)	Israel n=251	Other Countries n=6,124	Odds Ratio (±95% CI)
Echo-Doppler performed (%)	80	40	4.17 (2.38-7.30)	64	80	0.44 (0.34-0.58)
Rt Heart Catheterization (%)	0	1		0	2	
CRT / D Implanted (%)	15	3	> 5 (1.74-16.19)	9	3	2.73 (1.72-4.32)
CRT / D Indicated (%)	11	6	1.93 (0.78-4.77)	9	8	1.04 (0.66-1.62)
ICD Implanted (%)	13	8	1.76 (0.77-4.06)	10	6	1.76 (1.16-2.68)
ICD Indicated (%)	7	5	1.61 (0.55-4.65)	6	9	0.60 (0.36-1.02)

Hospitalized Patients – Medications

	Hillel Yaffe n=123	Carmel n=128	Odds Ratio (±95% CI)	Israel n=251	Other Countries n=6,124	Odds Ratio (±95% CI)
ACE-I / ARBs (%)	73	66	1.38 (0.80-2.37)	70	78	0.67 (0.50-0.88)
Beta Blockers (%)	79	73	1.40 (0.78-2.51)	76	73	1.13 (0.85-1.52)
MRA (%)	28	9	4.06 (1.95-8.46)	18	57	0.17 (0.12-0.23)
Diuretics (%)	97	87	4.25 (1.38-13.10)	92	82	2.45 (1.54-3.88)
Digitalis (%)	15	5	2.96 (1.19-7.37)	10	26	0.31 (0.20-0.47)

Hospitalized Patients – 12 months Follow-Up

	Hillel Yaffe n=107	Carmel n=80	Odds Ratio (±95% CI)	Israel n=187	Other Countries n=2,224	Odds Ratio (±95% CI)
Death (%)	21.5	27.5	0.72 (0.37-1.42)	24.1	23.3	1.04 (0.74-1.48)
NYHA I & II (%)	34	70	0.22 (0.10-0.50)	46	73	0.32 (0.22-0.46)
NYHA III & IV (%)	66	30	4.45 (2.01-9.85)	54	27	3.11 (2.15-4.50)
Re-Hospitalization No. 1 (%)	79	70	1.63 (0.83-3.18)	75	46	3.46 (2.45-4.89)
Re-Hospitalization No. 2 (%)	66	51	1.86 (0.92-3.74)	60	45	1.85 (1.28-2.67)



Thank You

