

Comorbidities in Heart Failure: How common? How bad?

Zafir, B¹; Paz, H²; Wolff, R³; Salman, N³; Merhavi, D³; Antebi, A²; Schliamser, J¹; Yaniv, N³; Ammar, R²; Lewis, B¹; Amir, O³

¹Lady Davis Carmel Medical Center, Haifa, Israel; ²Lin Medical Center, Haifa, Israel; ³Lady Davis Carmel Medical Center and Lin Medical Center, Haifa, Israel

Background: The extent of comorbidities in Heart Failure (HF) patients is debatable. As many clinical studies in HF exclude HF patients with significant comorbidities, there is an underestimation of this important data. Recent registries suggested that the prevalence of significant comorbidities is higher than previously reported. Accordingly, the purpose of our study was to assess the nature and the prevalence of important comorbidities in our HF clinic patients. Methods: We assessed the records of 500 successive patients in our HF clinic, focusing on their medical background, and specifically on history of hypertension, diabetes mellitus, anemia, chronic renal failure, atrial fibrillation, peripheral vascular disease and malignancies. Result: Of the 500 patients, 355(71%) patients were males, mean age was 67±13. About 290 patients (58%) had ischemic etiology (53% old myocardial infarction and 34% CABG operation), and mean LVEF was 35±16. The patients' comorbidities are elaborated in Table-1:

Co-morbidities	No. (%)
h/o Hypertension	310 (62%)
h/o Diabetes Mellitus	232 (46%)
Insulin Treatment	79 (16%)
Atrial Fibrillation (permanent/persistent)	204 (41%)
Anemia (Hb<12gm/dl)	200 (40%)
Chronic Renal Failure (Cr≥1.5mg/dl)	154 (31%)
Dialysis Treatment	19 (4%)
Peripheral Vascular Disease	93 (9%)
Malignancies	20 (4%)

Conclusions: The prevalence of significant comorbidities is considerably high in HF patients, even when comparing to similar patients with coronary artery diseases. This complex medical background poses a challenge to the treating HF team and may require a multi-disciplinary approach in the care of HF patients.