

The Clinical Outcome of Patients with Chronic Heart Failure Followed in a Specialized Heart Failure Center

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Background: Patients with heart failure (HF) have a poor prognosis. Heart failure centers (HFC) with specialized management programs have been proposed to improve prognosis. We evaluated this at a multidisciplinary HFC operating in Jerusalem during the last two years.

Objectives: To evaluate the clinical outcome of patients with HF treated at the HFC of Clalit Health Services in Jerusalem in collaboration with Hadassah University Hospital.

Methods: We evaluated all patients followed at the HFC with HF for clinical outcome including hospitalizations and death. Three major principles governed the management of the patients: 1. Specialized nurse supervised implementation of care; 2. Joint management of patients with the primary physician; 3. Careful implementation of management guidelines, from lifestyle modification to pharmacologic therapy and all applicable advanced technologies.

Results: A total of 344 patients were included and followed at the HFC for a mean period of 380 ± 227 days; 58% were males with a mean age of 75 ± 11 years. Mean New York Heart Association (NYHA) class was 2.42 ± 0.8 with 45% in NYHA 1-2 class and 55% in NYHA 3-4; 74% suffered from ischemic heart disease, 49% from diabetes and 83% from hyperlipidemia. The overall one-year survival rate was 91%, significantly higher than in a comparable control group of HF patients (N=362), Figure 1. Overall survival during the entire follow-up was 87% with a 93% survival rate in NYHA 1-2 patients and 82% in NYHA 3-4. Hospitalization rate was 37% with 25% in NYHA 1-2 patients and 49% in NYHA 3-4. Event-free survival from death or hospitalization was 56%, with 71% rate in NYHA 1-2 patients and 42% in NYHA 3-4.

Conclusions: Hospitalization and survival rates of patients followed in a HFC, including those with severe chronic heart failure, were significantly better than the dismal expected rates published in the literature. HFC should be considered part of the standard treatment of patients with symptomatic HF.

