EP4_108

Safety and Potential Benefits of Supportive Day Care Service for Advanced Heart Failure Patients

Yael Peled, Michael Shechter, Michael Arad, Shlomi Matetzky, Ilan Goldenberg, Dov Freimark

Leviev Heart Center, Sheba Medical Center, Tel Hashomer and Sackler School of Medicine, Israel

Background:

Improved diagnosis and treatment options including pharmacological, electrophysiological and surgical means, led to a declined mortality from acute heart disease and a simultaneous increase in the proportion of patients with Chronic Advanced Heart Failure (CAHF). CAHF is associated with excessive hospitalizations and poor prognosis.

Objectives:

To examine the impact of a single center heart failure day care service on clinical cardiovascular and non-cardiovascular events as well as patient safety.

Methods:

We retrospectively studied all patients admitted to the heart failure day care service at the Sheba Medical Center between 10/2005 and 5/2012.

Results:

Study population comprised 245 patients (207 men and 38 women), mean age of 69.9±10.6 years. Most patients had systolic HF, mean left ventricular ejection fraction of 27%±13, predominantly of ischemic etiology (64.5%). Mean treatment period was 514±489 days. Treatment included intravenous diuretic combinations (99%), low dose (≤5mcg/kg/min) dobutamine (56%), and low dose (≤ 3 mcg/kg/min) dopamine (27%). Additionally, most patients (88%) were treated with beta blockers, 78% by angiotensin converting enzyme inhibitors (ACE-I)/angiotensin receptor blockers while 13% needed dialysis treatment. Hospitalization rate was 2.3 per patient per follow up. On a mean clinical follow up of 5±3 years,139 patients (57%) died, 46% during the first year, thereafter a decrease in annual mortality was observed (31%); the most frequent cause of death (58%) being heart failure exacerbation. Factors associated with improved survival included younger age, better renal function, body mass index>30kg/m², as well as laboratories values including ferrous, high-density lipoproteins, thyroid stimulating hormone, C-reactive protein and vitamin B12. ACE-I, beta blockers and aldactone were more common in the survivors.

Conclusions:

The present study demonstrates the potential benefits and safety of a supportive day care service for CAHF patients and further defines patients who might benefit from such an ambulatory therapeutic program.