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CARDIAC FUNCTION AND HEART FAILURE

INCREASING HEART FAILURE HOSPITAL ADMISSIONS WITH DECREASING NEW HEART FAILURE PATIENTS IN NEW JERSEY, 1996-2005

ACC Poster Contributions

Georgia World Congress Center, Hall B5

Monday, March 15, 2010, 3:30 p.m.-4:30 p.m.

Session Title: Epidemiology, Medication and Advanced Directives

Abstract Category: Myocardial Function/Heart Failure--Clinical Pharmacological Treatment

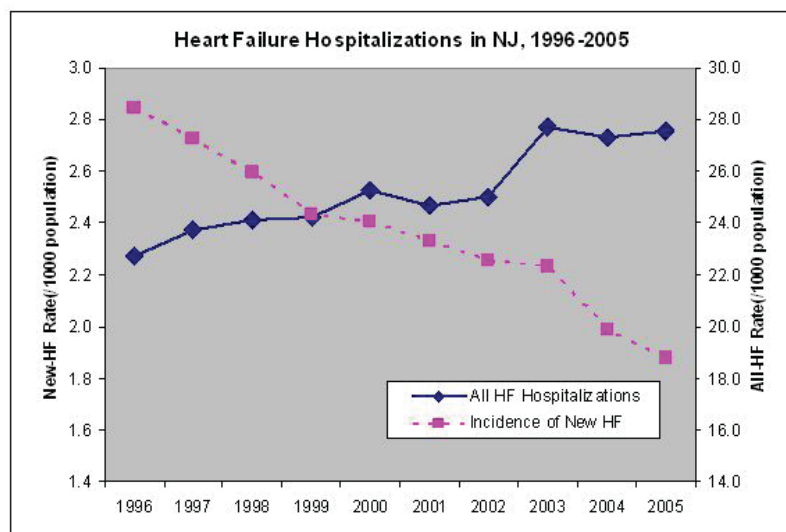
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Background: Heart failure (HF) is a common cause of hospitalizations in the U.S.

Methods: We examined trends of HF (ICD9 428) incidence, HF admissions and factors associated with 30-day and 1-year case fatality using MIDAS, a statewide database.

Results: From 1996 to 2005, there were a total of 1,146,110 admissions with a diagnosis of HF at any of the nine diagnosis fields (All-HF), 106,923 (9.3%) of these were first-time HF hospitalizations for each patient (New-HF). Age-adjusted hospitalization rates for All-HF increased significantly while the incidence of New-HF decreased markedly over the 10-year period. Age (mean 74) and sex distribution (54% women) of New-HF did not change. The rates of co-morbidities increased: hypertension 59.8% to 81.3%, history of myocardial infarction 10.9% to 13.4%, diabetes 32.8% to 38.3% and atrial fibrillation 32.0% to 35.4%, while case fatality decreased (5.8% to 4.5% in-hospital, 23.6% to 21.9% at 1-year). Multivariate Cox models adjusting for demographics, co-morbidities and invasive procedures revealed lower 30-day (HR 0.980 95% CI: 0.970-0.990[/year]) and 1-year (HR: 0.989 95% CI: 0.983-0.994) case fatality in recent years.



Conclusion: The divergent trends of increasing All-HF hospitalizations and decreasing New-HF incidence are due in part to decreased mortality and to higher rates of co-morbidities.