**Socioeconomic Status and Outcomes of Elderly Patients Hospitalized With Heart Failure**

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**Background:** Prior studies suggest that patients with lower socioeconomic status (SES) experience poorer health outcomes. We sought to determine whether patient SES was related to readmission and mortality in a national cohort of community-based elderly patients hospitalized for heart failure.

**Methods:** We used data from the National Heart Failure Project, a Centers for Medicare & Medicaid Services sample of Medicare beneficiaries hospitalized nationwide with a principal diagnosis of heart failure between 1998 and 1999. Analysis was restricted to patients age 65 years presenting with heart failure (n=25,086). Patient SES was determined using a US Census-derived measure reflecting household income, education, occupation, and home value based on the patient’s ZIP code of residence. ZIP codes were divided into four groups reflecting their relative SES (SES1 = lowest SES; SES4 = highest SES). Multivariable hierarchical logistic regression analyses were conducted to assess the association between SES and outcomes (30-day and one-year mortality and one-year readmission) adjusting for other patient and provider characteristics.

**Results:** There were no SES-associated differences in crude mortality at 30 days (SES1 8.1%, SES2 8.3%, SES3 8.6%, SES4 8.7%, P=0.92) or at one-year (SES1 33.5%, SES2 36.1%, SES3 35.7%, SES4 36.1%, P=0.23). The adjusted relative risks of 30-day mortality remained comparable in all SES groups (SES1 1.13, 95% CI 0.92-1.38; SES2 1.03, 95% CI 0.87-1.22; SES3 1.01, 95% CI 0.85-1.20; SES4 1.00, referent). However, patients of lower SES had a higher adjusted relative risk of mortality at one year (SES1 1.10, 95% CI 1.02-1.19; SES2 1.12, 95% CI 1.05-1.18; SES3 1.04, 95% CI 0.97-1.11; SES4, referent). Lower SES patients also had higher crude one year readmission rates (SES1 71.8%, SES2 67.7%, SES3 67.4%, SES4 65.8%, P=0.003), which persisted after multivariable adjustment (SES1 1.08, 1.03-1.12; SES1 1.01, 0.98-1.05; SES3 1.02, 0.98-1.06; SES4 1.00, referent).

**Conclusion:** Although not associated with short-term outcomes, lower SES may confer an increased long-term risk for mortality and re-hospitalization in elderly patients hospitalized with heart failure.

**Survival Differences Between Hispanic and Non-Hispanic Patients With Cardiovascular Disease Initiating Renal Replacement Therapy in the United States**

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**Background:** The survival advantage of Hispanic patients with cardiovascular (CV) disease is well known in the general U.S. population. Whether the same is true for Hispanic patients who reach end-stage kidney disease (ESKD) is unknown.

**Methods:** We explored survival differences between Hispanic and Non-Hispanic patients new to dialysis with known CV disease (coronary artery disease (CAD), peripheral vascular disease (PVD) and stroke (CVA)) in a national cohort. Patients were initiated on dialysis between 5/1995-12/2000 and followed until 12/2001 using the U.S. Renal Data System. Cox proportional hazards regression evaluated mortality risks with adjustment for sociodemographic characteristics and 18 comorbid indicators recorded at baseline. The cohort was stratified by diabetes.

**Results:** Overall, the prevalence of CAD, PVD and CVA was significantly lower in Hispanics compared to non-Hispanics. The prevalence estimates and adjusted relative hazards (RR) for death for Hispanic vs non-Hispanic patients are shown in the table.

**Conclusions:** The survival of Hispanic patients with known CV disease who receive renal replacement therapy in the United States is substantially greater than that of non-Hispanic patients. This benefit predominantly seen in patients with diabetes mellitus is not explained by baseline differences in measurable comorbidity.

**Is Smoking as Important a Risk Factor for Coronary Heart Disease in Asia as It Is in Primarily Caucasian Populations?**

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**Background:** It is now almost universally recognised that smoking is a leading cause of coronary heart disease (CHD). However, menaced research has been carried out in the West, and many researchers believe that the risk from smoking is less amongst Asians. Partially as a consequence of this, smoking rates amongst men are extremely high in Asian countries, exceeding 70% in some instances. We sought to address this issue by assembling the largest medical database to date from the Asia-Pacific region,