Background: Low hemoglobin (Hb) is associated with higher mortality in patients with chronic heart failure (CHF) and a reduced left ventricular ejection fraction (LVEF). Whether Hb is an independent predictor of survival and also predicts non-fatal outcomes is unclear. The importance of Hb in CHF and preserved LVEF is unknown.

Methods: The 3 CHARM trials were: i) CHARM-Alternative (n = 2028): LVEF < 0.35; ii) CHARM-Added (n = 2548): LVEF < 0.40 taking an ACE-I; iii) CHARM-Preserved (n = 3025): LVEF > 0.40. Patients were randomised to placebo or candesartan and followed for 37.7 months. Outcomes were compared in those receiving placebo or candesartan and stratified by median Hb. Unadjusted outcomes are shown in the table. In a multivariate analysis Hb was a predictor of survival and also predicts non-fatal outcomes

Results: EE were identified in 90 (76.3%) pts, 61 (51.7%) of those had pulmonary embolism (PE), 29 (24.6%) systemic embolism (SE) and 33 (28.2%) both. The great majority of EE was due to failure to restart BB following hospitalization. BB, 31% were due to failure to restart BB following hospitalization. More vigilance regarding restoration of BB usage following hospital discharge is in order.

Conclusion: Hb is an independent predictor not only of death but also of CHF hospitalization. Hb is as much a prognostic significance in CHF with preserved LVEF as in CHF with a reduced LVEF.

Pulmonary Edema Prognostic Score: A Novel Simple Prognostic Tool for Short-Term Events in Acute Cardiogenic Pulmonary Edema

Marcin Flitowski, Tomasz Waszykowski, Maria Krzemsinska-Pakula, Jaroslaw D. Kasprzak, Medical University of Lodz, Lodz, Poland, Jonscher Hospital, Lodz, Poland

BACKGROUND: Cardiogenic pulmonary edema (CPE) is a common reason of hospitalisation connected with high mortality, but few data are published regarding long- and short-term prognosis and non-prognostic scales are in use.

Methods: Between 1990 and 1999, 3847 necropsies were performed and 118 pts had heart failure bad evolution of these pts.

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