DISSOCIATION BETWEEN HEART FAILURE READMISSION AND MORTALITY AMONG NON-ADHERENT PATIENTS

ACC Moderated Poster Contributions
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Background: Medication non adherence (NA) is a risk factor for Heart Failure (HF) hospitalization. Its impact on mortality, however, is not well defined.

Methods: We studied 998 patients admitted with HF to an urban academic center. Clinical profiles, length of stay (LOS), HF readmissions and mortality were compared for self reported NA patients with those who reported adherence.

Results: Mean age was 64±16 years, 50% were males, 80% were African Americans (AA). 33% reported NA. Prevalence of NA was highest in AA males followed by AA females, Caucasian males and Caucasian females. NA patients had more hypertension (94 vs. 85%, p<0.001), tobacco use (45 vs. 29%, p<0.001), drug use (8 vs. 4%, p<0.001), higher creatinine (2.4 vs. 1.9, p 0.01) troponin elevation (56 vs. 39%, p<0.001), BNP levels (1852 vs. 1169, logrank p<0.001), comparable congestion on Chest Xray (67 vs. 62%, p 0.25) and Ejection Fraction (37±19 vs. 38±20%, p 0.24). NA patients had shorter LOS (median 4 vs. 5 days, p 0.002). 72% NA vs. 29% adherent patients were readmitted in the year post discharge. NA patients were 1.7 times more likely to be readmitted ≥ 3 times in the year post discharge (p 0.026). Mortality at 30 days (HR: 0.7, CI: 0.23-2.25, p 0.57) and at one year (HR: 1.1, CI: 0.79-1.55, p 0.55) was comparable between adherent and NA patients. (See Fig)

Conclusion: Among NA patients, hospitalization does not influence short and midterm mortality. It is conceivable that in these patients volume overload does not carry an adverse prognosis.

![Kaplan-Meier one year survival estimates]