ASSOCIATION BETWEEN ANGINA AND OUTCOMES IN HEART FAILURE PATIENTS WITH PRESERVED EJECTION FRACTION: ANALYSIS FROM THE DUKE DATABANK FOR CARDIOVASCULAR DISEASE

Poster Contributions
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Background: Angina pectoris (AP) is a predictor of adverse events in patients (pts) with heart failure (HF) with reduced ejection fraction (EF). The implications of AP in HF with preserved EF (HFrEF) are unknown. We aimed to investigate the outcomes of HFrEF pts with AP.

Methods: HFrEF pts (EF>40%) who underwent coronary angiography at Duke from 2000-2010 with and without AP in the previous 6 wks were analyzed. Time to event was examined using Kaplan-Meier methods for the endpoints of death/myocardial infarction (MI)/revascularization (revasc), death/MI and death/hospitalization.

Results: 6911 pts met criteria for inclusion and 2855 (41%) had AP. Those with AP were older with more hypertension, diabetes, and prior revasc vs. non-AP pts (all P<0.05). AP pts more often received beta-blockers, nitrates, aspirin, and statins vs. non-AP pts (all P<0.05). In unadjusted analysis, AP pts had increased death/MI/revasc (Figure). After multivariable adjustment, those with AP remained at increased risk for death/MI/revasc vs. non-AP pts (HR 1.40; 95% CI, 1.30-1.50), but were at similar risk for other endpoints (both P>0.1).

Conclusion: AP is common in HFrEF pts despite medical therapy and is independently associated with increased major adverse cardiac events. Future prospective studies of angina in HFrEF pts are warranted.