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Heart Failure and Cardiomyopathies

OCTOGENARIAN PATIENTS WITH HEART FAILURE AND EJECTION FRACTION <45%, PRE-DISCHARGE PRESCRIPTIONS FOR ANGIOTENSIN CONVERTING ENZYME INHIBITORS OR ANGIOTENSIN RECEPTOR BLOCKERS AND LOWER 30-DAY ALL-CAUSE HOSPITAL READMISSION

Poster Contributions

Hall C

Monday, March 31, 2014, 9:45 a.m.-10:30 a.m.

Session Title: Heart Failure and Cardiomyopathies: Prognostic Factors and Determinants of Outcomes in Heart Failure Patients

Abstract Category: 12. Heart Failure and Cardiomyopathies: Clinical

Presentation Number: 1261-180

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Background: Octogenarians represent ~35% of hospitalized older heart failure (HF) patients but they have been systematically excluded from most RCTs of ACE inhibitors or ARBs (ACEI-ARB). In the current analysis, we examined the association of their use with outcomes in octogenarians, especially on 30-day all-cause readmission, a target for reduction in the new Affordable Care Act.

Methods: Of the 3067 Medicare beneficiaries with decompensated HF and EF<45%, discharged alive from 106 U.S. hospitals (1998-2001), 1021 were octogenarians, of which 966 had no contraindications and 642 (67%) received pre-discharge prescriptions for ACEI-ARB. Using propensity scores for ACEI-ARB use, a matched cohort of 245 pairs of patients was assembled and balanced on 32 baseline characteristics.

Results: All-cause 30-day readmission occurred in 16% and 24% of matched patients receiving and not receiving ACEI-ARBs, resp. (HR, 0.65; 95% CI, 0.43-0.96; $p=0.033$; Figure). Similar association was observed for HF readmission (7% vs. 13% for no ACEI-ARB; HR, 0.47; 95% CI, 0.26-0.86; $p=0.015$), but not with 30-day all-cause mortality (7% vs. 9%; HR; 95% CI, 0.43-1.50). HRs (95% CIs) for all-cause readmission, HF readmission and all-cause mortality at 6 month post-discharge were 0.63 (0.49-0.81), 0.57 (0.40-0.81), and 0.78 (0.57-1.08), resp.

Conclusions: Among hospitalized octogenarians with HFREF, ACEI-ARB use was associated with lower 30-day and 6-month all-cause and HF readmissions, but not with all-cause mortality.

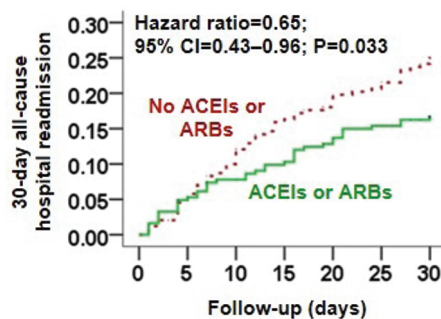


Figure Kaplan-Meier plots for 30-day all-cause hospital readmission in a propensity-matched cohort of octogenarian patients with heart failure and ejection fraction <45%, receiving and not receiving a discharge prescription for ACE inhibitors or ARBs (CI=confidence interval)