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Heart Failure and Cardiomyopathies

MINI-COG PERFORMANCE: A NOVEL MARKER OF RISK AMONG PATIENTS HOSPITALIZED FOR HEART FAILURE

Oral Contributions

Room 145 B

Sunday, March 30, 2014, 8:54 a.m.-9:12 a.m.

Session Title: Challenges in Acute Decompensated Heart Failure

Abstract Category: 12. Heart Failure and Cardiomyopathies: Clinical

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Background: Heart Failure (HF) guidelines recommend screening patients with HF for cognitive impairment (CI), but do not specify an approach. Mini-Cog is an effective ultra-short cognitive 'vital signs' measure, but has not been studied in patients hospitalized for HF.

Methods: We performed a single-center prospective study of adults age ≥ 65 years hospitalized for HF between 7/2012 and 7/2013. Mini-cog, a composite of three-item recall and clock drawing (score range 0-5), was collected as part of routine clinical care. A score of ≤ 2 indicated "high-likelihood of CI", and score 3-5 "low-likelihood of CI." Our primary endpoint was freedom from 30-day readmissions or mortality.

Results: A total of 743 patients completed Mini-Cog (mean age 77 years, 57% men, 76% white). "High likelihood of CI" was prevalent in 24% of cohort, more commonly in women ($P=0.02$), and African Americans ($P<0.01$). Among 720 patients who survived to discharge and did not enroll in hospice, 192 (27%) were readmitted and 9 (1%) died. The 30-day all-cause readmissions or mortality rate was higher in patients with "high likelihood of CI" vs. "low" (readmitted or died 47% vs. 22%, unadjusted HR 2.4 (1.8-3.2), $P<0.0001$, adjusted HR 2.6 (1.8-3.7), $P<0.0001$). The effect of CI on outcome differed by venue of discharge (Figure).

Conclusions: Mini-Cog is a simple tool that can be used to assess cognition of patients hospitalized for HF. Poor performance is associated with poor 30-day outcomes, especially in patients being discharged home.

