Results The mean age was 62.6±10.3 years, 89% were males, 50% NYHA class II and 50% in class III, mean LVEF was 30%. 40% and 60% of patients had respectively obstructive and central/or mixed apneas, with a mean AHI 34.4±14.3/h. Patients of ET+VT group had significantly fewer acute cardiovascular events than those of ET group (2/60 vs. 7/58; 3.3% vs. 15.5%, p<0.05).

Conclusions Ventilation therapy combined with ET in severe CHF patients seems to reinforce benefits of ET alone. Screening of SDB in CR could be proposed in order to optimize the global management of the heart disease.

The author hereby declares no conflict of interest

0440

Patient journey during hospitalization for acute heart failure in cardiology and geriatric departments of greater Paris university hospitals

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Aim Acute heart failure is a major health care problem and data on patient journey before/during/after hospitalization are limited. The aim of this study was to analyze patient journey from pre-hospital to discharge in acute heart failure in a multicentre observational study.

Methods and results This observational study enrolled, one day per week, 257 patients with acute heart failure during five months (September 2014 – February 2015) in 14 departments of Paris (cardiology: 10; geriatrics: 4). Mean age was 77±15 years, 56% were male. First medical contact was an emergency department in 45% of cases, a general practitioner (GP) in 16%, and a cardiologist or a medical ambulance (13%) each.

There was a single medical actor intervention before hospitalization in 78% of cases. 64% of patients were finally admitted through emergency departments. Previous history of heart failure was common (71%) and most frequent precipitating factors were arrhythmia (29%), infection (26%) and non-compliance to medical therapy (16%). Diabetes (28%), chronic pulmonary disease (19%) and cognitive disabilities (18%) were the most frequent co-morbidities. LVEF was preserved (>50%) in 32%. In-hospital stay was 13±12 days and 61% of patients stayed in an intensive cardiological care unit (ICCU) for an average duration of 5.5±3.9 days. 64% of patients were directly discharged home and 21% were transferred to rehabilitation care units. In-hospital mortality was 2.4%.

Conclusion Although heterogeneous patient admission for acute heart failure is made through emergency departments and GPs in the majority of cases, a stay in intensive care unit is observed in 61% of cases. Discharge from hospital is made at home in 2/3 of cases.

Therefore, actions to improve cooperation between professionals in the management of acute heart failure should target emergency departments and GPs.

Abstract 0440 – Figure

The author hereby declares no conflict of interest

0481

Clinical profile of patients hospitalized for acute heart failure in cardiology and in geriatrics. A survey in greater Paris University hospitals

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Background Acute heart failure is a major cause of hospitalizations, particularly in patients over 65 years. The purpose of this analysis was to compare medical demographics of patients referred to cardiology departments and those referred to geriatric departments.

Results Consecutive patients hospitalized for acute heart failure were included in 10 cardiology departments (CD, n=192) and 4 geriatrics departments (GD, n=65) between September 2014 and February 2015. There was no difference in duration of hospital stay (13.1±3.7 vs 11.3±5.6 days, p=0.7). Mean age was different between CD and GD (73.1±15 vs 69.1±7 years, p=0.0001) with a greater proportion of women in CD (57% versus 65%, p=0.0006). Comorbidities were more frequent in geriatric population (p=0.0004). Geriatric patients were more often staying in long stay institutions (13% vs 2.7% p=0.0017) or were living alone with medical support (29% vs 16% p=0.02). Cognitive disorders and falls were more prevalent (47% vs 9%, p=0.0001) and 19% vs 3% (p=0.0001 respectively) and there was a trend for more depressions. Infection was a much more frequent trigger (56% vs 16%, p=0.0001) whereas poor compliance was similar in the two subgroups (16%). Patients referred to geriatrics were more likely to be referred by a general practitioner (23% vs 13%, ns) and by emergency departments (76% vs 28% p=0.016) and less likely to stay in an intensive care unit (13% versus 48%) and to receive nitrates or inotropic support. Fewer patients in geriatrics were discharged home (51% vs 69%, p=0.0001) with more home medical support (43% vs 13% p=0.0001) and more were referred to rehabilitation centers (37% vs 16%, p=0.001).

Conclusion Patients referred to geriatrics departments for acute heart failure have a different patient journey from those referred to cardiology departments. The high prevalence of cognitive disorders makes management of this condition complex and often requires home medical support.

The author hereby declares no conflict of interest

0448

Treatment of acute cardiac failure in the emergency department. Improve our practices? Data from the RESURCOR network

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Rationale Admission of patients with acute cardiac failure (ACF) is common in emergency departments (EDs), but taking care of them is challenging. Based on a retrospective evaluation of clinical practices in a network of 16 hospitals in the French Alps, we developed a programme of improvements. We report preliminary data from the first evaluation of this programme.

Methods We undertook a retrospective evaluation of clinical practices in ACF patients admitted to the ED in 2013 (phase 1). In 2015, following a review of these practices, we implement a set of recommendations, which were evaluated in 2016 (phase 2). The study population comprised patients admitted to the ED with an admission diagnosis of ACF. Data, including patient characteristics and practices, were collected retrospectively from the medical records. We report preliminary data from 155 patients included in phase 1 of this evaluation.

Results Patients’ mean±SD age was 84.3±7.9 years and 63 (41%) were men. Among 38 patients with oxygen saturation <90% or breath rate >30/min