

Heart Failure

RISK OF HEART FAILURE HOSPITALIZATION OR DEATH FOLLOWING NON-CARDIOVASCULAR HOSPITALIZATION IN PATIENTS WITH MILDLY SYMPTOMATIC HEART FAILURE TREATED WITH CARDIAC RESYNCHRONIZATION THERAPY

Moderated Poster Contributions
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Background: Heart failure hospitalizations are a known risk factor for future heart failure events and death in patients with cardiac disease. However, less is known about the risk for future heart failure events or death in patients hospitalized for non-cardiac reasons.

Methods: We examined the risk for heart failure or death, whichever comes first, among 1,025 CRT-D patients with left ventricular dysfunction and QRS >130 ms with NYHA Class I or II symptoms enrolled in the Multicenter Automatic Defibrillator Implantation Trial with Cardiac Resynchronization Therapy (MADIT-CRT). Multivariate analysis was used to assess the risk of heart failure or death following first cardiovascular hospitalization (CVH) and first non-cardiovascular (Non-CVH) hospitalizations in the CRT-D arm of the trial.

Results: In multivariate analysis, first CVH and first Non-CVH were independently associated with an increase in the risk of heart failure or death (HR=3.50, and HR=2.24, respectively $p<0.001$) when compared to no hospitalization in the CRT-arm of MADIT-CRT (Fig).

Conclusions: Our findings indicate that non-cardiac hospitalizations confer a meaningful and significant risk for heart failure/death in patients treated with cardiac resynchronization therapy.

