TOPIC 2 – Heart failure and Cardiomyopathy

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High prevalence of cognitive disorders in Heart Failure patients : results of the EFICARE survey
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Background : Some studies have suggested a high frequency of cognitive disorders in HF patients.

Objective: To determine the prevalence of cognitive disorders in chronic HF elderly patients.

Methods: We assessed in an observational study the cognitive function in consecutive HF outpatients followed by French cardiologists. Patients were included if they were aged ≥70 years, had chronic stable HF and have been hospitalized for HF in the last 12 months. Cognitive function was assessed by the largely used MIS (Memory Impairment Screen). Autonomy was assessed by IADL scale (Instrumental Activities of Daily Living).

Results: A total of 980 patients were enrolled by 291 cardiologists. Mean age was 79±6 years and 66% were men. Feasibility of MIS was high and the test was performed successfully in 94% of patients by cardiologists. Cognitive disorders were observed in 46% of HF patients. Loss of autonomy was observed in 47% of elderly HF subjects and help by nurses at home was needed in 33% of patients.

Patients with cognitive disorders were older (81 years vs 78 years, p<0.001) and more frequently women (41% vs 30%, p=0.001) than those without cognitive impairment. History of stroke, depression and falls were more prevalent in patients with cognitive disorders (15% vs 10%, p=0.03; 22% vs 12%, p<0.001 and 11% vs 5%, p=0.003, respectively). Loss of autonomy including poor adherence to medication was more prevalent in case of cognitive impairment (69% vs 29%, p<0.001). Sodium restriction (79% vs 85%, p=0.003) and physical activity were lower (31% vs 55.5%, p<0.001) in patients with cognitive disorders than in those normal cognitive function.

Conclusions: The prevalence of cognitive disorders was high (46%) in HF elderly patients. These patients were more frail than those with normal cognitive function. The results suggest a poorer prognosis in HF patients with cognitive disorders and justify a longitudinal follow up to determine the impact of cognition on morb-mortality.

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Management of acute heart failure in 2009: the OFICA study
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Aims: OFICA is an observational study of characteristics, management and outcome of acute heart failure (AHF) during hospitalization as well as after discharge.

Methods: A single-day snapshot was performed on 12 March 2009 in French public and private hospitals. Investigators were encouraged to include all hospitalized patients with a diagnosis of AHF, irrespective of the time of admission. Planned hospitalizations and cardiac surgery setting were excluded. Relevant data was recorded about whole hospitalizations as well as medical journeys before inclusion and after discharge. Outcome and change in treatments will be assessed during 12 months after discharge.

Results: The survey included 1817 patients in 170 centers, (77±13y, 45% females, LVEF> 50% in 29% of pts). IV diuretics and inotropic drugs were used in 86 and 14% respectively. Non-invasive and invasive ventilation were used in 12 and 6% of cases. Circulatory support devices were required in 1.7% of cases. Echographic examination and coronary angiography were performed in 83 and 21% of cases respectively. At discharge, diuretics, ACE-I or ARB, beta blockers and aldosterone blockers were prescribed in 84, 65, 53 and 17% of all patients, and in 88, 73, 66 and 25% of patients with LVEF ≤ 0.40. In patients with reduced LVEF, variables independently and significantly associated with the lack of ACE-I or ARB were the absence of diabetes and female gender (X² = 9.9 and 8.5, respectively). Variables independently and significantly associated with the lack of beta-blockers were pulmonary disease, shock at admission, mental disorders, LVEF, severe renal failure and age (X² = 60.2, 12.9, 11.0, 7.1, 6.9 and 5.6, respectively).

Conclusion: The OFICA survey is a valuable tool for analyzing the management of AHF in the real life because of inclusion of unselected patients in different types of hospitals as well as departments. Prescription rate of beta-blockers was high, reaching 66% at discharge of an AHF with reduced LVEF. On the opposite, the rate of prescription of spironolactone at discharge remains low.

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Prospective assessment of incidence of Tako-Tsubo cardiomyopathy
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Background: Tako-Tsubo cardiomyopathy (TTC) is characterized by transient left ventricular (LV) dysfunction. Incidence of TTC has only been estimated by retrospective studies. In a previous retrospective study, we found that TTC prevalence was 0.7% of ACS. The aim of this study was to prospectively assess TTC incidence.

Methods: We performed a multicentric prospective study. All consecutive patients referred for coronary angiography were included in three catheterization laboratories. The institutional review board approved the study protocol, and each patient provided written informed consent. Patients were classified as having (or not) coronary artery stenosis defined as a lesion of at least 50% diameter narrowing. In all patients without significant coronary artery stenosis, a right and left anterior oblique left ventricular angiogram was systematically performed. All these left ventricular angiograms were anonymously randomized and were systematically reviewed by three experts. Finally, we used the CARDIO-ARIF (Agence Régionale d’Hospitalisation d’Ile-de-France) registry, for the assessment of TTC incidence in Ile-de-France.

Results: The study population consisted of 2973 patients (women: 30.6%). Mean age was 63.3 years. An acute coronary syndrome (ACS) was diagnosed in 33.2% of these patients referred for coronary angiography. Twenty TTC were diagnosed (19 women, mean age: 63 years (55-73)). Incidence of TTC was 2% of ACS and 6.6% of ACS in women. Each year, in Ile-de-France, the number of TTC is estimated at 344 cases (95% CI = 216-514) and at 29.7 per 1,000,000 inhabitants (95% CI = 18.7-44.4).

Conclusion: Our prospective study suggests that incidence of TTC is higher than incidence estimated by retrospective studies. Each year, 29.7 new cases of TTC per 1,000,000 inhabitants occur in Ile-de-France.