

## Heart Failure

### TREATMENT WITH SPIRONOLACTONE SIGNIFICANTLY REDUCES 30-DAY HEART FAILURE MORTALITY AND REHOSPITALIZATION

Oral Contributions

South, Room 102

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**Background:** Heart Failure (HF) is a growing healthcare challenge worldwide. In recent years, significant efforts have been put into identifying therapies that can help to reduce 30 day HF mortality and rehospitalizations.

**Methods:** 536 acute HF (AHF) patients from 17 experienced centers were evaluated for 30 day HF mortality and rehospitalizations. All patients were treated according to HF guidelines. Serum samples for investigational biomarker analysis were collected prior to discharge.

**Results:** There were 19 deaths and 30 rehospitalizations at 30 days. Patients who were discharged with spironolactone had significantly less 30 day mortality and rehospitalization than patients who were not discharged with spironolactone (HR=0.539, P<0.039). (Figure). The survival benefit of spironolactone remained independent after adjusting for potassium, glomerular filtration rate, Galectin-3, ST-2, and B-type natriuretic peptide. In patients with creatinine levels above median (1.4mg/dL), spironolactone treatment resulted in significantly improved 30 day event free survival (HR=0.389, p=0.01). Whereas in patients with creatinine below median, spironolactone did not improve even free survival.

**Conclusions:** Spironolactone treatment in AHF patients resulted in significantly reduced 30 day mortality and rehospitalization, especially in patients with impaired renal function.

