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Causative factors that contribute to cardiac decompensation of heart failure in patients attended in primary y care setting

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Background: Most knowledge about the main causes of heart failure decompensation and come from hospital setting. Evidence coming from primary care is scarce.

Objective To determine the distribution and importance of potential causative factors that contribute to cardiac decompensation in patients attended in primary care setting and their relation with very short term (<72 hours) hospital admission or death.

Methods: HEFESTOS is a cohort study aimed at knowing the main triggers and the prognosis of some factors related to the heart failure decompensations attended in primary care setting. During the first nine months, patients with heart failure decompensation attended in primary care setting were prospectively followed during one month after the episode.

Results: A total of 177 patients were included. Women represented 50.6% and mean age was 81.4 (8.55) years. Potential causative factors for decompensated heart failure were identified in 83.4 % of cases. More than one factor was identified in 48.4% of patients. Respiratory infection was the most commonly identified factor, present in 32.5%% of cases. Non-compliance with fluid or salt restriction was found in 31.5%, and lack of adherence to the drug treatment was found in 24.3% of patients. Other factors related to decompensation were taking contraindicated drugs (10.2 %), agudization of a pre-existing atrial fibrillation (10.2 %), worsening renal function (7.3%), anemia (5.6 %), inadequate reduction in the diuretic therapy (4.5%), coronary ischaemia (2,8%) and others 2,4%. During the first 72 hours after the visit, 42 patients were hospitalized or died. No causative factor was found to be associated with a higher probability of events.

Conclusions: The main factors related to the heart failure decompensation are respiratory infections and non-adherence to the prescribed measures. A proper management of stable patients would prevent a high number of decompensations.