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### Heart failure's comorbidities and polypharmacy in patients over 65 years

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**Background and Aim:** Heart Failure (HF) affects a large percentage of the population in developed countries, especially elderly people (prevalence increases with age) and with many associated diseases.

The aim of this study is to determine the pharmacological profile and comorbidity associated with HF, in elderly population.

**Method:** Observational, descriptive study in Primary Care. The study population were patients diagnosed with HF over 65 years of all health centers of the Ribera's hospital (Alzira, Valencia, Spain). Patient's data were obtained thanks to the clinical records of primary care; recording demographic data, cardiovascular risk factors, comorbidities and pharmacological treatments.

**Results:** A sample of 300 patients were included, of whom 54% were men and with a mean age of 80 years. The mean years of the evolution of disease were 6 years (range 5-15). The comorbidities were: hypertension (86%), hyperlipidemia (54%), atrial fibrillation (48%), diabetes mellitus (46%), valvular disease (39%), anxiety / depression (33%), ischemic heart disease (31%), obesity (29%), chronic renal failure (26%), COPD (23%) and neurological disorders (23%). Patients were prescribed a median of 5 different therapeutic subgroups (range 0-9); 86% were taking diuretics, 58% anxiolytics/antidepressants and 47% lipid lowering agents. Other drugs were: oral anticoagulants (41%) angiotensin II receptors antagonists (40%), beta blockers (39%), calcium antagonists (27%), nitrates (24%), ACE inhibitors (23%) and digoxin (18%).

**Conclusions:** Heart failure patients in primary care are elderly, with a large number of comorbidities and treated with a high number of drugs. The most prevalent comorbidities were hypertension and dyslipidemia. More than 80% consumed diuretics and near 50% antidepressants/anxiolytics or lipid-lowering agents. The studies that examine comorbidity and treatments in HF are important in order to know the real situation of these patients and then improve the quality of care and health of them.