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Heart failure with preserved ejection fraction in primary and hospital care

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Heart failure with preserved ejection fraction (HFpEF) is as serious as systolic heart failure (HFrEF). Despite these patients are managed in both out-patient Primary Care (PC) and Hospital in- and out-patient Care (HC) there is little information concerning potential differences. The aim of this study is to describe outcomes, comorbidity and management of patients with HFpEF in these populations.

Methods: We used the prospective Swedish Heart Failure Registry in which 16364 patients (age 77.6±10.6, 49.7% women) had HFpEF (EF≥ 40%). 2481 patients were registered in PC and 13833 in HC. Baselines characteristics and Kaplan-Meier curves for all-cause mortality and first hospitalization rates are shown for overall and matched cohorts. The matched cohorts, 2010 patients, were matched for age, gender, systolic blood pressure and renal function.

Results: in the unmatched cohorts 1year-mortality rates were 8.7%, (95% CI 7.7; 9.9) vs. 24.9% (95% CI 24.2 ; 25.6) in PC vs. HC group. Time to first all-cause hospitalization was 401 vs. 219 days. in the matched cohorts mortality rates were 8.3% (95% CI 7.2; 9.6) in the PC group and 15.2%, (95% CI 13.6; 16.9) in the HC group. Hospitalization rates were unchanged. The PC group had less frequency of diabetes (21.5 vs. 30.5%), and atrial fibrillation (47.2 vs. 53.9%) and lower NYHA-class (23.0 vs. 33.3% in class 3 and 4.).

Conclusions: Patients in out-patient primary care with HFpEF have lower mortality, are more seldom readmitted and have less severe comorbidity compared to patients that are hospitalized or seen in hospital-based out-patient clinics. This may indicate a less aggressive type of HFpEF in the primary care cohort.