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Heart Failure and Cardiomyopathies

PREDICTORS OF READMISSION OR DEATH AMONG PATIENTS WHO WERE DISCHARGED ALIVE WITH A FIRST DIAGNOSIS OF HEART FAILURE IN A STATEWIDE DATABASE

Poster Contributions
Poster Hall, Hall A/B
Sunday, March 11, 2018, 9:45 a.m.-10:30 a.m.

Session Title: Defining Risk, Prognosis and Stratification Tools
Abstract Category: 13. Heart Failure and Cardiomyopathies: Clinical
Presentation Number: 1188-104

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Background: Heart failure (HF) readmissions are common and are associated with high expense and mortality. However, there are scant data on the factors associated with readmission or death pertaining to all patients admitted in a specified geographic area.

Methods: Using the Myocardial Infarction Data Acquisition System (MIDAS), a statewide longitudinal database of all admissions for cardiovascular disease, we examined the fate of 131,710 patients discharged alive with a first diagnosis of HF. The predictors of readmission for HF, readmission for any cause, and all-cause death (ICD9 428.XX) were examined during a 13-year follow-up period.

Results: At 13 of years follow-up, 56.7% had been readmitted for heart failure and 35.5% readmitted for causes other than heart failure, resulting in 92.2% being readmitted for any cause. Death occurred in 69.4% of the patients. Cox regression identified male gender, Black race, diabetes, hypertension, coronary heart disease, chronic kidney disease, and chronic obstructive pulmonary disease as important predictors of death ($p<0.0001$), readmission for any cause ($p<0.0001$) and readmission for HF ($p<0.001$). Commercial insurance was associated with better outcomes ($p<0.0001$).

Conclusion: Heart failure carries a dire long-term prognosis. Among heart failure patients discharged alive, readmissions for this condition account for 61.5% of the total. Attention to the factors predicting readmission will result in major health benefits.