Conclusion: Rate of betablockers prescription is high at hospital discharge. Outhospital cardiologists not only pursue but also amplify the care strategies defined during hospitalisation increasing the proportion of patients receiving BB and the percentage reaching the target dose.

089

Heart Failure management in ambulatory care: what happens beyond hospital discharge? Results from the DEVENIR study

Patrick Assyag (1), Pierre Clerson (2), Christine Contre (3), Maxime Guenoun (4), Leurs Irina (3), Pascal Poncelet (4), Jean Francois Thebaut (4), Alain Cohen Solal (5)
(1) SAINT ANTOINE, Paris, France – (2) ORGAMETRIE, Roubaix, France – (3) MENARINI, Rungis, France – (4) CNCF, Paris, France – (5) LARIBOISIERE, Paris, France

Rationale: Heart failure (HF) treatment is often started during hospitalisation and patients are generally taken over after discharge by outhospital cardiologists.

Objectives: To describe changes in HF treatment implemented by the outhospital cardiologist after hospital discharge.

Methods: Cross sectional observational survey with retrospective collection of data at hospital discharge. Patients must have been diagnosed with HF and hospitalized for HF within the previous 18 months.

Results: 1 452 patients were included by 412 French outhospital cardiologists. 1170 have had at least one visit by the cardiologist between hospital discharge (mean delay 5.76±4.51 months). At hospital discharge, target doses were reached in 10.5% of patients receiving betablockers, 50.9% of patients with ACEI and in 4.1% of patients with ARB. Doses were increased in 25.3% of patients receiving betablockers, in 11.7% of patients receiving ACEI and in 10.3% of patients treated with ARB enabling a target dose in 20.4% of patients with betablockers, and in 83.2% of patients with ACEI or an ARB.

Table. Evolution of treatment after discharge

	At hospital discharge	At start of the survey	Medication prescribed after discharge	Medication discontinued after discharge
Betablocker	826 (70,6%)	863 (73,8%)	87 (25,3%)*	50 (6,1%)*
ACEI††	807 (69,0%)	788 (67,4%)	46 (12,7%)*	65 (8,1%)**
ARB‡	170 (14,5%)	210 (18,0%)	56 (5,6%)*	16 (9,4%)**
ACEI or ARB	961 (82,1%)	973 (83,2%)	-	-

percentages calculated on the number of patients without the treatment at hospital discharge;
****percentages calculated on the number of patients without the treatment at hospital discharge;†metoprolol, nebivolol, bisoprolol, carvedilol;††captopril, enalapril, lisinopril, trandolapril, ramipril, perindopril (at an accepted target dose of 4mg);‡candesartan, valsartan***

Conclusion: Outhospital cardiologists play a critical role in care management of HF patients. Not only do they implement but they also amplify the care strategies defined during hospitalisation.

090

Direct involvement of Bortezomib in the occurrence of heart failure

Benjamin Honton (1), Nicolas Dumonteil (1), Caroline Rouvellat (1), Murielle Roussel (2), Fabien Despas (1), Didier Carrie (1), Michel Galinier (1), Atul Pathak (1)
(1) Hopital Rangueil, Cardiologie, Toulouse, France – (2) Hopital Rangueil, Hématologie, Toulouse, France

Bortezomib is an antitumor therapy for Multiple Myeloma and Non Hodgkin Lymphoma which incidence is dramatically growing up. This drug inhibits proteasome activity through action on the 26 S proteasome in mammalian cells and leads to apoptosis of tumoral cells. Cardiac toxicity of this drug is not clearly established and its mechanistic poorly understood. Moreover, the few reports in the update literature are unable to prove a direct involvement of bortezomib in the occurrence of Acute or Chronic Heart Failure.

We report the first clinical observation of chronic heart failure which can be directly related to administration of bortezomib. This relationship is strongly suggested by the pharmacological Begaud's score for drug adverse events with a high degree of imputability. This observation is further supported by the report of all other cases of cardiac failure associated with bortezomib, reported in the French pharmacovigilance database (table 1).

These reports, the largest cohort available in the international literature, should lead to a systematically screening for asymptomatic cardiac diseases as well as a rigorous follow up of patients exposed to bortezomib. The strength of our report is i/ the identification of a case for which the direct role of bortezomib was demonstrated, ii/ to emphasize with our case series that this effect occurs more frequently than suspected with a serious outcome.

Table 1. (090)

Patients	Age (Year)	Gender	Disease	Cardiac Risk Factor	Prior Chemotherpy regimens	N°bortezomib containing cycles	Cumulated Dose (mg/m^2)	Cardiac complication	death	Imputability
#1	79	F	MM	HTA	0	1	2,64	Acute Heart Failure	yes	I3
#2	79	F	MM	0	1	6	31,2	Acute Heart Failure	No	I1
#3	71	F	MM	0	0	6	31,2	Acute Heart Failure	No	I1
#4	54	F	MM	0	2	1	4,45	Cardiogenic Shock	Yes	I1
#5	74	M	MM	0	0	1	3,9	Acute Heart Failure	Yes	I4
#6	61	F	MM	HTA	4	10	54,3	Acute Heart Failure	No	I1
#7	69	F	MM	0	0	3	15,6	Acute Heart Failure	No	I1
#8	54	M	MM	0	5	3	15 ,6	Acute Heart Failure	No	I1

Data from the French Pharmacovigilance Database