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Acute heart failure: are men and women different? Data from RECANIC study

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On behalf: RECANIC Group

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Introduction and objectives: There continues to be a high and growing prevalence of cardiovascular disease in women, however, this is not adequately addressed in clinical trials, where women continue to be poorly represented. Since the latest large registries of Acute Heart Failure (AHF), there have been modifications in the nomenclature of HF, as well as diagnostic and therapeutic advances. Therefore, we aim to review of AHF in women in our environment in accordance with the actual guidelines and characterize AHF in women in terms of clinical profile, etiology, clinical presentation, treatment, and hospital stay and in-hospital mortality.

Patients and method: A gender-based analysis of the patients in the RECANIC registry (Canarian Registry of Acute Heart Failure) was performed. This is an observational, prospective, multicenter, multidisciplinary, consecutive recruiting study that included patients older than 18 years admitted to the Cardiology and Internal Medicine wards with the primary diagnosis of AHF.

Results: Of a total of 2200 patients included in the RECANIC study, 1073 patients (48.8%) were women, and 37.1% were admitted to the Cardiology service. Women were older (mean age 79.2 years, p = 0.001), in a larger number lived alone and had a poorer functional capacity. They had a higher prevalence of hypertension, obesity, atrial fibrillation or flutter, dementia and rheumatologic disease. The main reason for AHF was decompensation (65.3%) and the main trigger was respiratory infection (34.9%). Heart failure with preserved ejection fraction predominated (53.1%) and in more women than men, assessment of left ventricular ejection fraction (15%) or NYHA functional class (25.7%) were not done. Women received fewer complementary cardiological tests than men. Treatment with beta-blockers, ACEIs/ARBs, MRA or sacubitril-valsartan did not differ by sex in HF with reduced ejection fraction. There were no gender differences in average hospital stay (14,08 days) or in risk adjusted in-hospital mortality rates for men and women hospitalized, adjusted odds ratio of 1,19 (0,88 ? 1,61  p=0,263).

Conclusions: Although AHF occurs in women at older ages, with different comorbidities, due to decompensation, with respiratory infection as the main trigger, and with preserved left ventricular ejection fraction, in-hospital mortality and average hospital stay remained the same as in men. The analysis of these data should serve to develop health management and planning strategies specifically tailored to women.
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