Abstract: P734

Acute heart failure: mechanical ventilation in the cardiac intensive care unit and mid-term outcome.

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Introduction:
Acute heart failure (AHF) is a complex syndrome with high morbidity and mortality. Mechanical ventilation is a life saving therapy in the care of these critically ill patients.

Material and Methods:
This is a retrospective observational cohort of patients consecutively admitted to our Coronary Unit during year 2017 with initial diagnosis of acute heart failure and post-discharge outcome.

Results:
90 patients, of which 54.4% were males, were admitted to the Intensive Care Coronary Unit (CICU) with AHF in that period. The mean age was 70.4 ± 11.6 years. The median length of stay was 8.3 ± 12.6 days. The most frequent reason for decompensation was respiratory infection (17.8%). 73% of the patients were treated with mechanical ventilation (32.2% invasive, 41.1% non-invasive). The baseline characteristics of patients without mechanical ventilation and those who required mechanical ventilation were similar (hypertension, dyslipidemia, diabetes mellitus, atrial fibrillation, chronic renal failure). No significant differences were observed in the pharmacological management during their admission to the CICU (inotropes, furosemide, nitrates).

After a mean follow-up of 338.15 ± 29.23 days, no differences were found between mechanical invasive ventilated patients and non ventilated patients regarding the incidence of major adverse cardiovascular events (HF re-hospitalization, acute non-fatal myocardial infarction, stroke and mortality) (79.6% vs 80%; p=0.719). No differences were detected between patients treated with invasive mechanical ventilation and non-invasive ventilation (78.6 % vs 91.2%; p=0.719).

As related to postdischarge mortality, it was similar between patients with and without mechanical ventilation (44.4% vs 54.2%; p=0.159). No differences were observed between patients treated with invasive mechanical ventilation and non-invasive ventilation (48.5% vs 44.4%; p=0,425).

Conclusions:
Our cohort represents a cardiovascular high-risk population. Mortality and re-hospitalization remains high regardless mechanical ventilation of any kind.