Abstract: P2635

**Prevalence of appropriate treatment in elderly heart failure patients and impact on clinical outcomes:** a subgroup analysis from REPOSI registry

**Authors:**
M Proietti¹, AM Marra², A Salzano³, GF Romiti⁴, PM Mannucci⁵, A Nobili¹, A Cittadini³, ¹The Mario Negri Institute for Pharmacological Research - Milan - Italy, ²SDN Foundation IRCCS - Naples - Italy, ³Federico II University of Naples, Department of Translational Medical Sciences - Naples - Italy, ⁴Sapienza University of Rome, Department of Internal Medicine and Medical Specialties - Rome - Italy, ⁵IRCCS Fondazione Ca Granda Ospedale Maggiore Policlinico, Scientific Direction - Milan - Italy,

**On behalf:** REPOSI Investigators

**Topic(s):**
Chronic Heart Failure: Pharmacotherapy

**Funding Acknowledgements:**
None

**Introduction:** Therapeutic appropriateness in chronic diseases is a key factor in obtaining better clinical outcomes over clinical follow-up, in particular in elderly patients. Data about therapeutic appropriateness in elderly patients with heart failure (HF) are scarce.

**Purpose:** To describe the prevalence of appropriate treatment in elderly HF patients and its impact on clinical outcomes.

**Methods:** REgistro POliterapie SIMI (REPOSI) cohort was used to assess study aims. REPOSI is an Italian Nationwide Registry of elderly (=65 years) hospitalized patients in Internal Medicine and Geriatric wards. HF diagnosis was assessed at hospital admission according to ICD-9 code 428.XX. Therapeutic appropriateness was defined according to International Guidelines.

**Results:** Among the 7003 patients originally enrolled, a total of 1095 (15.6%) patients reported a diagnosis of HF at hospital admission. At admission, 230 (21.0%) patients were considered as treated appropriately, with 245 (22.4%) treated appropriately during hospitalization and 249 (22.7%) at discharge (p=0.248). Focusing on patients aged ≥80 years, prevalence of appropriate treatment was respectively: 18.9% at admission, 20.3% during hospitalization and 21.0% at discharge (p=0.266). Among the 1095 patients with HF, 815 (74.4%) had available follow-up data. Patients appropriately treated at discharge, compared to those not treated appropriately, had a lower rate of CV death (5.1% vs. 11.9%, p=0.006) and all-cause death (7.2% vs. 26.1%, p<0.001) during follow-up, with no difference in rates of rehospitalization and CV rehospitalization. A logistic regression analysis adjusted for age, sex, risk factors, comorbidities and polypharmacy, showed that appropriate therapy at discharge was inversely associated with the risk of CV death and all-cause death (Table). In patients ≥80 years, appropriate HF treatment was inversely associated with risk of all-cause death (Table).

**Conclusions:** In elderly hospitalized HF patients, prevalence of therapeutic appropriateness was consistently low at admission, during hospitalization and at discharge, particularly in patients ≥80 years. Appropriate HF therapy was inversely associated with the risk of CV death and all-cause death in all patients and with the risk of all-cause death in patients ≥80 years.

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<tr>
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<td>CV Death</td>
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<tr>
<td>All-Cause Death</td>
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CI = Confidence Interval; CV = Cardiovascular; OR = Odds Ratio.
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1 The Mario Negri Institute for Pharmacological Research - Milan - Italy,
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