Abstract: P6335
The impact of patient's adherence to maintenance of euvolaemia on all-cause mortality and heart failure re-hospitalization: insights from the Optimize Heart Failure Care Program

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Background: Four recommended self-care behaviors (low salt diet, avoidance of excessive fluid intake, weight control, and flexible diuretic regimen) play an important role in the management of heart failure (HF) patients. However, little is known about the impact of patients' adherence to these self-care behaviors on prognosis and rate of HF re-hospitalizations. The aim of our study was to analyze the impact of HF patients' adherence to maintenance of euvolaemia on all-cause mortality and HF re-hospitalizations.

Methods: The analysis included data from the international prospective multicenter Optimize Heart Failure Care Program which was collected over 12 months from 628 patients (mean age 62.6±12.3 years, 70% male) hospitalized with decompensated HF, NYHA II-IV (mean 2.7±0.6), mean left ventricular ejection fraction 33.8±9.4%. The underlying etiology of HF was ischemic in 64% of cases. Before discharge from the hospital all HF patients were educated in self-care skills to maintain the euvolaemia. To assess patients' adherence to low salt diet, avoidance of excessive fluid intake, weight control and flexible diuretic regimen, an indirect method (patient-reported compliance, which was measured using a special questionnaire) was used. Three types of adherence were determined: good (patients always maintained euvolaemia), moderate (patients sometimes maintained euvolaemia) and poor adherence (patients did not maintain euvolaemia).

Results: After discharge from the hospital the overall adherence rates were 66.4% for low sodium diet, 58% for fluid intake, 69.9% for weight control, and 87.2% for the flexible diuretic regimen. However, the adherence to diet and the flexible diuretic regimen significantly decreased (p<0.01) by the 12 months of follow-up. Good, moderate and poor adherence to maintain euvolaemia were noted in 40%, 31.5% and 28.5% patients, respectively. After 12 months of follow-up all-cause mortality and rate of HF re-hospitalizations and were significantly lower in the group of good patients' adherence in comparison with moderate and poor patients' adherence (HR 0.72, 95% CI 0.61–0.84, p<0.0001) (Figure).

Conclusion: Less than half of HF patients demonstrated good adherence to the guideline-recommended control of euvolaemia. The rates of all-cause mortality and HF re-hospitalizations in the group of good patient's adherence were significantly lower compared with the groups of moderate and poor adherence to maintenance of
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Conclusion:

Less than half of HF patients demonstrated good adherence to the guideline-recommended control of euvolaemia. The rates of all-cause mortality and HF rehospitalizations in the group of good patient’s adherence were significantly lower compared with the groups of moderate and poor adherence to maintenance of euvolaemia. Constant efforts to promote the maintenance of euvolaemia in HF patients are needed.