Abstract: P1584

Adherence to therapy in patients with heart failure with mid-range ejection fraction: a problem to solve

Authors:
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Topic(s):
Heart Failure with Mid-range Ejection Fraction

Citation:

Background
Heart failure with mid-range ejection fraction (HFmrEF) was for the first time described by Lam and Solomon in 2014 and, in 2016, the Task Force for the Diagnosis and Treatment of Acute and Chronic Heart Failure of the European Society of Cardiology introduced in guidelines HFmrEF as a distinct phenotype. In terms of left ventricular ejection fraction (LVEF) HFmrEF (LVEF 40-49%) occupies an intermediate position between HF with reduced ejection fraction (HFrEF) (LVEF<40%) and HF with preserved ejection fraction (HFpEF) (LVEF>50%) and the question is if patients with HFmrEF represents a distinct pathophysiological entity or a transitional phenotype. Suboptimal adherence to treatment is considered to be the main impediment in controlling chronic diseases and the most common precipitating factors for hospitalization among HF patients are respiratory infections, arrhythmias, myocardial ischaemia and medication noncompliance.

Purpose
The aim of our study was to assess the adherence to treatment of patients with HFmrEF admitted in an Internal Medicine Department.

Methods
We enrolled 84 consecutive patients with HFmrEF medium age 69±7 years old. We assessed demographic, clinical and laboratory features from the patient admission charts. All patients completed the Morisky questionnaire for adherence to treatment.

Results
51 patients (60.72%) were males and 33 (39.28%) females. 65.47% of the patients were active smoker. 35.71% were in NYHA III/IV class. When we assessed comorbidities, history of coronary artery disease was recorded in 57.14% of them, and ACS in 9.52%. Other comorbidities recorded were: hypertension 58.33%, diabetes mellitus 28.57%, atrial fibrillation 47.61%, COPD 26.19%, anaemia 27.38%, chronic kidney disease 44.04%. Maximum adherence (Morisky score 0) was recorded in only 10.71% of the patients, 65.47% had intermediate adherence and 23.82% low adherence. Patients with more comorbidities had the lower adherence to treatment.

Conclusions
Patients with HFmrEF are mostly men, smokes, have coronary artery disease, atrial fibrillation, hypertension and chronic kidney disease in almost one half of them, and a very poor adherence to therapy. These patients need effective strategies to increase adherence to treatment, in order to reduce duration and frequencies of hospitalization and morbidity/mortality rates.
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