Abstract: **P2008**

3-year follow-up results of heart failure patients included in the Journey HF-TR study

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Background: Heart failure is a disease with a high incidence of morbidity and mortality all over the world. For these reasons, the pathophysiology, diagnosis, follow-up and treatment options of heart failure have been frequently investigated recently. When the studies conducted in our country are examined, there are a limited number of studies conducted for this purpose.

Purpose: In this study, we aimed to examine the 3-year follow-up results of heart failure cases in the Journey HF-TR study previously conducted with the real life data of our country.

Methods: The retrospective study included the 1311 cases in the Journey HF-TR study, which was followed up regularly for 3 years. During the 3-year follow-up period, hospitalization, medications used, mortality, and the cardiovascular events (myocardial infarction, stroke, embolism, revascularization) were recorded regularly.

Results: During follow-up, 930 (70.9%) of the patients were hospitalized. The mortality rate was 52.1% (n: 683) in the entire population. In the follow-up period, a total of 219 (16.7%) cardiovascular events developed in the entire population. Myocardial infarction occurred in 9.5% of cases, stroke in 3.6%, and embolism in 1.1%. Revascularization was performed in 7.6% of the cases, device implantation in 4.7% and heart transplantation in 0.4%. Having a cardiovascular event was found to increase the mortality risk by 1.75 times (HR:1.75; p<0.001). Device implantation was determined to reduce the mortality risk by 1.53 times (1 / 0.65) (HR:0.65; p=0.037). Drugs that reduce the risk of mortality were determined as renin angiotensin system blocker (HR:0.73; p<0.001), beta blocker (HR:0.68; p<0.001) and valsartan-sacubitril (HR:0.18; p=0.015). The presence of hospitalization was found to increase the mortality risk by 28.78 times (HR:28.78; p<0.001).

Conclusion: Mortality developed in approximately one fourth of the patients as a result of 3-year follow-up. The rates of cardiovascular events developing in our study population were similar to international studies. However, hospitalization rates and mortality risk of hospitalization were slightly higher.