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IMPACT OF NON-CARDIAC COMORBIDITIES ON HF OUTCOMES IN PATIENTS AFTER CORONARY REVASCULARIZATION THERAPY

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Introduction

Heart failure (HF) and non-cardiac comorbidities often coexist. However, the prevalence and prognostic impact of non-cardiac comorbidities on the hospitalization rates and all-cause mortality according to the two phenotypes of HF remain inadequately studied

Keywords

Heart Failure, comorbidities

Purpose

To analyze the impact of 15 non-cardiac comorbidities on hospitalization rate and all-cause mortality and their interaction with EF

Material and methods

A 48 months prospective observational study enrolled 166 patients. They underwent coronary artery bypass grafting, percutaneous coronary angioplasty and previously were admitted to the cardiac rehabilitation department and correlated to the association of non-cardiac comorbidities in particular EF phenotypes. HFmrEF defined as EF from 40-49% and HFpEF as EF \geq 50%.

Results

HFmrEF patients had a similar clinical profile to that of HFpEF patients in terms of age, body mass index and blood pressure ($p < 0,001$). The HFmrEF and HFpEF groups had similar re-hospitalization rates and all-cause mortality ($p < 0,001$). From non-cardiac comorbidities, a greater impact on hospital re-admission was seen through obstructive bronchopulmonary diseases, thyroid gland diseases and ischemic stroke (the results are presented in the next table)

Comorbidities with impact on hospital re-admission	Statistical data
Obstructive bronchopulmonary diseases	OR 1.60 95% CI 0.50 – 0.73 and 1.62 95% CI 0.5 – 0.75 ($p < 0,05$)
Thyroid gland diseases	OR 1.40 95% CI 0.70 – 0.95 and 1.35 95% CI 0.68 – 0.95 ($p < 0,01$)
Ischemic stroke	OR 2.1 95% CI 0.42 – 0.60 and 2.1 95% CI 0.40 – 0.63 ($p < 0,05$)

Conclusions

Non-cardiac comorbidities contribute both to mortality and to hospital re-admissions, thus, we determined the importance of including the management of comorbidities as a part of heart failure treatment in both patient categories