PROGNOSIS AND MANAGEMENT OF ACUTE DECOMPENSATED HEART FAILURE IN THE ELDERLY

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Introduction

Heart failure is a clinical syndrome characterized by symptoms of dyspnea, orthopnea and fatigue associated with signs of an elevated jugular venous pressure, pulmonary crackles and peripheral edema as a result of either structural or functional abnormalities that lead to insufficient cardiac output . Older people are under-represented in clinical trials so efficacy and safety of evidence-based therapies is uncertain and often extrapolated from trials in younger populations .

Aim of the work

The aim was to describe the demographic and clinical presentations of those patients admitted with acute decompensated heart failure focusing on clinically relevant co morbidities, diagnostic and therapeutic approaches undertaken in the routine practice.

Patients and Methods

this study included all patients admitted to Alexandria Main University Hospital with signs and symptoms of acute decompensated heart failure between October 2023 and March 2024.

Results

This is an observational prospective cohort study of patients with signs and symptoms of acute decompensated heart failure who were admitted to Alexandria Main University Hospital between October 2023 and March 2024. Patient were classified according to Age to below and above 65years old to demonstrate the difference in management and prognosis between two groups according to symptoms, laboratory finding,hospitalization, echocardiographic data and compliance on medications in our heart failure outpatient clinic.. Our study enrolled 265 patients with acute decompensated heart failure which were further divided into two groups:

Group I : from age of 18 years to 65years (116 patients).

Group II : above age of 65years (149 patients).

Etiology	Group I (n=116) <65 years	Group II (n=149) ≥65 years
HTN	49	88
Ischemic	43	55
Dilated	20	29
Valvular	10	12
Co-morbidities		
DM	56	73
HTN	69	88
CKD	12	20
CVS	8	12
Types of Heart Failure		
HF mr EF	7	10
HF r EF	94	120
HF p EF	15	19
Causes of DHF		
Non-compliance	41	53
Chest Infection	26	33
ACS	21	28
Tachy-arrhytmia	12	14
UTI	7	12
Hospital Course		
AKI	8	20
Need for Iron Supplement	26	52
Need for Blood Transfusion	3	14
Mechanical Ventilation	2	14
Hospital Stay (Weeks)	1-3	2-6
Mortality	2	14

Causes of readmission		
Non-compliance	19	17
Sepsis	11	28
AKI	9	25
ACS	6	9
AF	3	14
Anemia	2	6
Interval of readmission (Months)	3-6	1-2

Conclusion

Our study demonstrated that elderly Patients experienced high rates of complications during hospitalization and many required readmission within six months post discharge. HF related mortality in elderly is high and they have variable responses to HF pharmacotherapy and they should be closely monitored. The underutilization of guidelines directed medical therapy along with challenges of managing multiple co-morbidities contributes to poorer long term outcomes.