

# Factors affecting hospital stay duration among elderly patients admitted with decompensated heart failure

# Thesis

Submitted In Partial Fulfillment of the Master Degree of Cardiology

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# <u>Introduction</u>

Heart failure is a major and growing public health issue.

It is estimated that approximately 4-5 million Americans have HF, and that an additional 400,000 patients are diagnosed with HF each year. (1)

The elderly constitute a growing proportion of patients admitted to the hospital with CHF, and CHF is a leading source of morbidity and mortality in this group <sup>(2)</sup>.

Acute and chronic decompensated HF are leading medical causes of hospitalization among people aged over 65 years in European countries, the USA, Australia and New Zealand <sup>(3)</sup>.

Heart failure is characterized by frequent hospital admissions and prolonged length of hospital stay  $^{(4)}$ .

Approximately 50% of patients hospitalized for hospital failure have preserved systolic function <sup>(5)</sup>.

These patients are more likely to be older, women, and hypertensive <sup>(5)</sup>.

Their duration of hospitalization is similar to that of heart failure patients with systolic dysfunction, but their in-hospital mortality risk is low <sup>(5)</sup>.

Admissions for HF have increased over the last decade while length of stay has decreased; the reasons for this change in the length of stay are uncertain (4).

Possible determinants of length of hospital stay for patients with HF include socio-demographic variables, medical comorbidities, disease severity, clinical presentation (NYHA class), in-patient treatment, in-hospital progress and the development of iatrogenic complications (4).

# Aim of the work

To determine the clinical and echocardiographic parameters that would increase In-hospital stay of elderly patients admitted to the CCU with decompansated heart failure.

## Patients and methods

The study will include 150 elderly patients (aged > 65 years old) admitted to CCU with symptoms of decompansated heart failure.

#### **Inclusion criteria:**

- 1- Patients with heart failure with either ischemic or dilated cardiomyopathy.
- 2- Patients with heart failure NYHA class III and IV.
- 3- Patients with heart failure with Left ventricular EF <40% by 2D Echo.

#### **Exclusion criteria:**

- 1- Patients with rheumatic heart disease.
- 2- Patients with Diastolic heart failure.
- 3- Patients with end stage renal failure (patients on regular dialysis), patients with advanced malignancy (patients with life expectancy < 6 months), anemic patients (HB <7.5 gm), patients with end stage liver diseases (hepatic pre-coma, coma, encephalopathy)

#### All the patients will be subjected to the following:

1-Complete history taking: including

- -Age gender history of diabetes (Type of diabetes, duration of diabetes, anti-diabetic therapy and any history of macrovascular or microvascular complications of DM).
  - History of hypertension (duration, antihypertensive therapy)
    - History of previous myocardial infarction
    - History of stroke
    - History of admission for heart failure
- History of renal disease (duration, most recent sr. creatinine and history of dialysis)
  - History of ischemic heart disease
- History of medical treatment with special emphasis on (use of ACE inhibitors, use of  $\beta$  blockers, use of aspirin, etc).
  - 2- Full clinical examination including:
    - -Measurement of BP heart rate
    - -Peripheral pulses waist circumference
- using of weight and height for calculation of body mass index
  - -presence of edema of lower limb
  - s3 gallop basal rales.

- 3- ECG with especial emphasis on HR, presence of sinus tachycardia, blocks, dropped beats, or any arrhythmias.
- 4- Chest x ray with emphasis on cardiothoracic ratio, evidence of congestion on x ray.
  - 5- full transthoracic echocardiography including

(LVEDD, LVESD, LVEDV, LVESV, EF, FS, SV) by using 2D, M - mode and Doppler study.

LVESD = Left ventricular internal dimension at end systole.

LVEDD = Left ventricular internal dimension at end diastole.

LVESV = Left ventricular end systolic volume.

LVEVD = Left ventricular end diastolic volume.

EF = Ejection fraction of left ventricle.

FS = fractional shortening.

SV = Stroke volume.

### **Statistical Analysis:**

All data will be collected, tabulated and statistically analyzed

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## List of abbreviations

ACEI	Angiotensin converting enzyme inhibitors
Ang II	Angiotensin II
ANP	Atrial natriuretic peptide
$ARB_S$	Angiotensin receptor blockers
ARD	Aortic root diameter
BK	bradykinen
BNP	Brain natriuretic peptide
BP	Left ventricular ejection fraction
BUN	Blood urea nitrogen
CABG	Coronary artery bypass graft
CAD	Coronary artery disease
CHD	Coronary heart disease
CHF	Congestive heart failure
CRT	Cardiac resynchronization therapy
DBP	Diastolic blood pressure
DM	Diabetes mellitus
DT	Deceleration time
EF	Ejection fraction
ET	Endothelin
FMR	Functional mitral regurge
FS	Fractional shortening
GFR	Glomerular filtration rate
HB	Hemoglobin
HDL	High density lipoprotein
HF	Heart failure
HTN	hypertension
IABC	Intra-aortic balloon counter pulsation
ICD	Intra-cardiac device
IHD	Ischemic heart disease
$IVS_d$	Inter ventricular septum in diastole
$IVS_s$	Inter ventricular septum in systole
LAD	Left atrium dimension
LBBB	Left bundle branch block
LDL	Low density lipoprotein
LL	Lower limb
LV	Left ventricle