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Do elderly patients with chronic heart failure have special clinical profile? Data from Russian National Heart Failure Registry 2012.

Authors:
EM Seredenina[1], IA Orlova[1], EN Borisov[1], V YU Mareev[1], [1]M.V. Lomonosov Moscow State University, Medical Research and Education Center - Moscow - Russian Federation,

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Background: Heart failure (HF) is the leading cause of hospitalization for those over the age of 65 and represents a significant clinical and economic burden. At this point, it is necessary to study the characteristics of elderly HF patients to optimize care.

The purpose of the study was to analyze the clinical profile of elderly patients with HF in real clinical practice in Russia.

Methods: we performed a sub analysis of data from Russian National Heart Failure Register 2012. The patients were divided into two groups: <65 year age and = 65 year age.

Results: this analysis included 2055 patients with HF: 1003 patients = 65 years and 1052 patients <65 years. There were more women in the = 65 year age-group (64.1% vs 32.0%; p<0.001). Among elderly patients had fewer smokers (4.1% vs 18.0%; p<0.001). HFpEF patients significantly prevailed in the elderly group. Among younger patients most had HFrEF and HFmrEF (HFpEF 58.6% vs 43.0%, HFmrEF 25.1% vs 29.5%, HFrEF 16.3% vs 27.6%; p<0.001). The frequency of myocardial infarction in elderly patients was slightly lower than in younger (40.5% vs 47.0%; p=0.004). The prevalence of hypertension (95.0% vs 88.3%; p<0.001) and atrial fibrillation (44,3% vs 30,4%; p<0.001) in the elderly was higher. The prevalence of diabetes in both groups was not significantly different. Elderly patients had a lower functional status according to the results of the 6-minute walk distance test (HFrEF 288.3 m vs 333.8 m, HFmrEF 256.1 m vs 297.2 m, HFpEF 221.4 m vs 271.2 m; p<0.001). The frequency of prescribing RAAS blockers and beta-blockers was not significantly different in both groups. However, elderly HFrEF patients were less likely to receive mineralocorticoid receptor antagonists (45.4% vs 60.5%; p=0.0023).

Conclusion: Elderly patients with HF demonstrate a different clinical profile compared with younger patients. The number of women was higher in the age group of = 65 years. Elderly HF patients had a higher left ventricular ejection fraction (LVEF), lower prevalence of previous myocardial infarction and smoking. There are was a higher prevalence of hypertension and atrial fibrillation in the age group of = 65 years. Elderly patients with comparable LVEF and therapy had a lower functional status.