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INSIDE THIS ISSUE

MINI-FOCUS ISSUE: HEART FAILURE WITH PRESERVED EJECTION FRACTION

The Hospitalization Burden and Post-Hospitalization Mortality Risk in Heart Failure With Preserved Ejection Fraction: Results From the I-PRESERVE Trial (Irbesartan in Heart Failure and Preserved Ejection Fraction)

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Peter E. Carson, Inder S. Anand, Sithu Win, Thomas Rector, Markus Haass, Jose Lopez-Sendon, Alan Miller, John R. Teerlink, Michel White, Robert S. McKelvie, Michel Komajda, Michael R. Zile, John J. McMurray, Barry Massie

In the I-PRESERVE trial, 55% of patients experienced at least 1 hospitalization, and most were readmitted (63%). Heart failure (HF) hospitalizations were the most common type, although at only 21%. However, after HF hospitalization, 40% of recurrent events were for HF (48% within 30 days). Although these patients with HF with preserved ejection fraction were at high risk for mortality after any hospitalization (11.1 deaths per 100 patient-years [PYs]), it was particularly so after HF admission (19.3 deaths per 100 PYs). Those hospitalized for non-HF reasons also experienced a substantial mortality risk (8.7 per 100 PYs). Patients not hospitalized for HF or for any cause had observed incident mortality rates of 3.8 and 1.3 deaths per 100 PYs, respectively. Hospitalization was an independent risk factor in multivariate analysis. Patients hospitalized for HF need intensive follow-up clinical care and are an appropriate target for investigation of new interventions.

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■ EDITORIAL COMMENT

Hospitalizations and Prognosis in Elderly Patients With Heart Failure and Preserved Ejection Fraction: Time to Treat the Whole Patient

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Dalane W. Kitzman, Bharthi Upadhyay, Gordon Reeves



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Older Adults, "Malignant" Left Ventricular Hypertrophy, and Associated Cardiac-Specific Biomarker Phenotypes to Identify the Differential Risk of New-Onset Reduced Versus Preserved Ejection Fraction Heart Failure: CHS (Cardiovascular Health Study)

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Stephen L. Seliger, James de Lemos, Ian J. Neeland, Robert Christenson, John Gottdiener, Mark H. Drazner, Jarett Berry, John Sorkin, Christopher deFilippi

This study hypothesized that biomarkers of myocardial injury (high-sensitivity cardiac troponin T) and stress (N-terminal pro-B-type natriuretic peptide) would differentiate heart failure (HF) risk among older adults with left ventricular hypertrophy (LVH). Biomarkers were measured at baseline and after 2 to 3 years in 2,347 older adults without prior HF in the CHS (Cardiovascular Health Study). LVH and left ventricular ejection fraction were determined by echocardiography. Adjusted risk of HF was 3.8-fold higher among those with LVH and highest biomarker tertile, compared with low biomarker levels without LVH, with greater excess risk for HF with reduced ejection fraction. Those with LVH and increases in either biomarker were approximately 3-fold more likely to develop HF, primarily HF with reduced ejection fraction. These biomarkers may suggest modifiable targets for prevention.

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■ EDITORIAL COMMENT

Predict, Protect, Prevent: Working Toward a Personalized Approach to Heart Failure Prevention

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Ken McDonald, Theodore Murphy

Prognostic Significance and Determinants of the 6-Min Walk Test in Patients With Heart Failure and Preserved Ejection Fraction

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Caroline Zotter-Tufaro, Julia Mascherbauer, Franz Duca, Benedikt Koell, Stefan Aschauer, Andreas A. Kammerlander, Adelheid Panzenboeck, Roela Sadushi-Kolici, Christine Bangert, Daniela Laimer, Robin Ristl, Irene M. Lang, Diana Bonderman

Pulmonary hypertension due to heart failure with preserved ejection fraction is associated with poor prognosis, frequent hospitalizations, and a limited exercise capacity. This is the first report demonstrating that apart from classical hemodynamic alterations, a variety of both cardiac and noncardiac parameters had an impact on exercise tolerance. Moreover, the 6-min walk test was one of the strongest independent predictors of outcome in this highly frail patient population. Despite its multifactorial determinants, the 6-min walk test may be a meaningful endpoint in clinical trials.

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