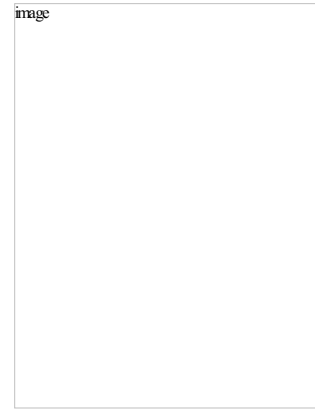


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HIGH DOSE CATECHOLAMINE DONOR SUPPORT AND OUTCOMES FOLLOWING HEART TRANSPLANTATION

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Background:

Higher dose norepinephrine donor support is a frequent reason for donor heart decline although its associations with outcomes following heart transplantation are unclear.

Methods:

We retrospectively analysed 965 patients transplanted between 1992 and 2015 at the Heart Transplant Program Vienna. Stratification was performed according to donor norepinephrine dose administered before organ procurement (group 0: 0 µg/kg/min; group 1: 0.01 – 0.1 µg/kg/min; group 2: > 0.1 µg/kg/min). Sub-stratification of group 2 was performed for comparison of high-dose subgroups (group HD 1: 0.11 – 0.4 µg/kg/min; group HD 2: > 0.4 µg/kg/min). Associations between groups and outcome variables were investigated using a multivariable Cox proportional hazards model and logistic regression analyses.

Results:

Donor norepinephrine dose groups were not associated with overall mortality (group 1 vs. 0: Hazard Ratio (HR) 1.12, 95% Confidence Interval (CI) 0.87 - 1.43; group 2 vs. 0: HR 1.07, 95% CI 0.82 - 1.39; $p = 0.669$). No significant group differences were found for rates of 30-day mortality ($p = 0.35$), 1-year mortality ($p = 0.897$), primary graft dysfunction ($p = 0.898$), prolonged ventilation ($p = 0.133$), and renal replacement therapy ($p = 0.324$). Groups 1 and 2 showed higher rates of prolonged intensive care unit stay (18.9% vs. 28.5% vs. 27.5%, $p = 0.005$). High-dose sub-groups did not differ significantly in 1-year mortality (group HD 1: 14.3%; group HD 2: 17.8%; $p = 0.549$).

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