

197 – Impact of Obesity on in-Hospital Survival in Acute Heart Failure Hospitalizations: Observations From Nationwide Inpatient Sample 2003–2011.

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Table 1. Baseline characteristics of congestive heart failure clinic enrollees.

Number of enrolled patients	384
Age, years	
Median	76
IQR	63–85
Female, %	40
Systolic heart failure, %	77
Ejection fraction	
Median	35
IQR	25–55
NYHA class III–IV, %	28
Serum creatinine, mg/dL	
Median	1.18
IQR	0.92–1.69
NT-BNP, pg/mL	
Median	3365
IQR	1546–6847

IQR, interquartile range; NT-BNP, N-terminal brain natriuretic peptide, NYHA, New York Heart Association.

Table 2. Medication use in systolic congestive heart failure.

Medications	Use (%)
ACEI/ARB	92
Evidence-based beta-blockers	98
Aldosterone antagonist	30
ACEI/ARB at the maximum target	44
Beta-blocker at the maximum target	38

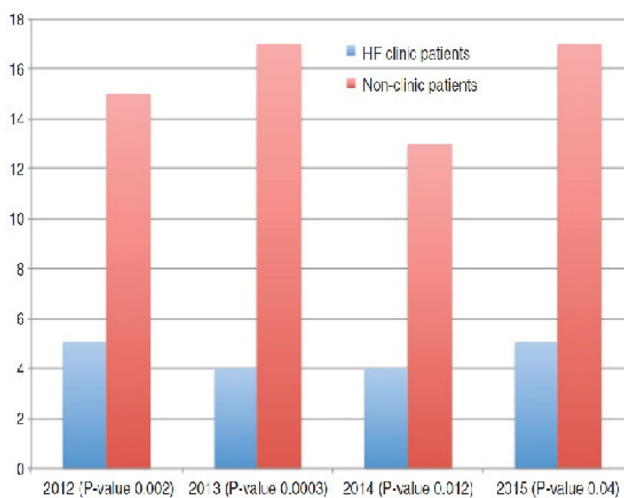
ARB, angiotensin-receptor blocker; ACEI, angiotensin-converting enzyme inhibitor.

Table 3. Readmission and mortality rate for patients enrolled in the congestive heart failure clinic.

Period	Readmission (%)	Mortality (%)
30 days	7	2
3 months	12	4
6 months	16	9
1 year	19	15

Table 4. Effect of evidence-based medications at maximum target dosage on readmission and mortality rates.

Use of medications at maximum dosages	Readmission (%)	Mortality (%)
Yes	5	2
No	9	2
P	0.29	0.60

**Readmission Rates of CHF Clinic Patients versus Nonclinic Patients**

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Impact of Obesity on in-Hospital Survival in Acute Heart Failure Hospitalizations: Observations From Nationwide Inpatient Sample 2003–2011

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Introduction: Prior studies have shown that obesity is paradoxically associated with improved survival in heart failure (HF) patients. However, majority of the studies have focused on HF with reduced ejection fraction patients (HFrEF). The association of obesity with survival in HF with preserved ejection (HFpEF) and hypertensive emergency-HF (HTN-HF) patients (pts) has not been well examined. **Methods:** We queried the 2003–2011 National Inpatient Sample databases to identify all admissions aged > 18 years with a primary diagnosis of HF. HF was then subgrouped into HFrEF, HFpEF and HTN-HF. Obese patients were then identified using a comorbidity variable (CM_obese) based on ICD-9 codes and diagnosis related groups. In-hospital mortality was compared between obese and non-obese patients using multivariate logistic regression (adjusted for patient demographics, hospital and admission characteristics, and clinically relevant cardiovascular and non-cardiovascular comorbidities). **Results:** Of 9,908,782 patients who were admitted with HF diagnosis, 81.3% were HFrEF, 11.4% were HFpEF and 7.3% were HTN-HF pts. Among these, pts with a diagnosis of obesity constituted 10.1% of HFrEF, 17.8% of HFpEF and 15.6% of HTN-HF admissions. A diagnosis of obesity was associated with lower in-hospital mortality among all three subgroups when compared with non-obese patients: HFrEF (1.8% vs. 3.9%), HFpEF (1.5% vs. 2.8%) and HTN-HF (1.3% vs. 2.9%) (all $P < .001$). Interestingly even after multivariate analysis, this association of obesity with improved survival persisted ($P < .001$). **Conclusion:** In this retrospective observational analysis of a large nationwide inpatient database comparing in-hospital mortality in obese vs. non-obese HF patients, we observed higher survival in obese pts in HFrEF subgroup consistent with previous reports. Additionally, this paradoxical effect was also seen in HFpEF and HTN-HF pts.

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Impact of Diabetes on Heart Failure Incidence in Adults with Ischemic Heart Disease

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Background: Heart failure (HF) is a major public health problem with high morbidity and mortality. Ischemic heart disease (IHD) is the most potent risk factor for HF.