

## Background

- Despite new therapies aimed at treating chronic heart failure (HF), management of acute decompensated HF (hospitalized patients) remains largely unchanged.
- The primary goal in the management of acute exacerbation of chronic HF remains symptom relief, achieved via addressing comorbidities, volume removal, and evaluating for advanced therapies
- Despite broad focus on reducing readmissions after HF related hospitalizations, national data remains essentially unchanged over the past two decades.

## Objective

To test the hypothesis that our center's low 30-day readmission rates post discharge from HF admissions (approximately 16%) are driven by a greater focus on volume removal, we studied consecutive hospitalized patients, in comparison to the ADHERE Registry.

## Methods

- We performed a retrospective review of 685 patients who were admitted for or with heart failure with diuresis as a cornerstone of treatment strategy at a single site from December 2017 to May 2018 and March 2020 to August 2020.
- The exclusion criteria consisted of patients who:
  1. died during hospitalization
  2. were treated with dialysis
  3. Underwent surgery of any kind during the hospitalization
  4. Left hospital against medical advice
- We compared the distribution of weight change at our center (Figure 1) with the distribution of weight change in the ADHERE Registry from 2003 (Figure 2)

## Results

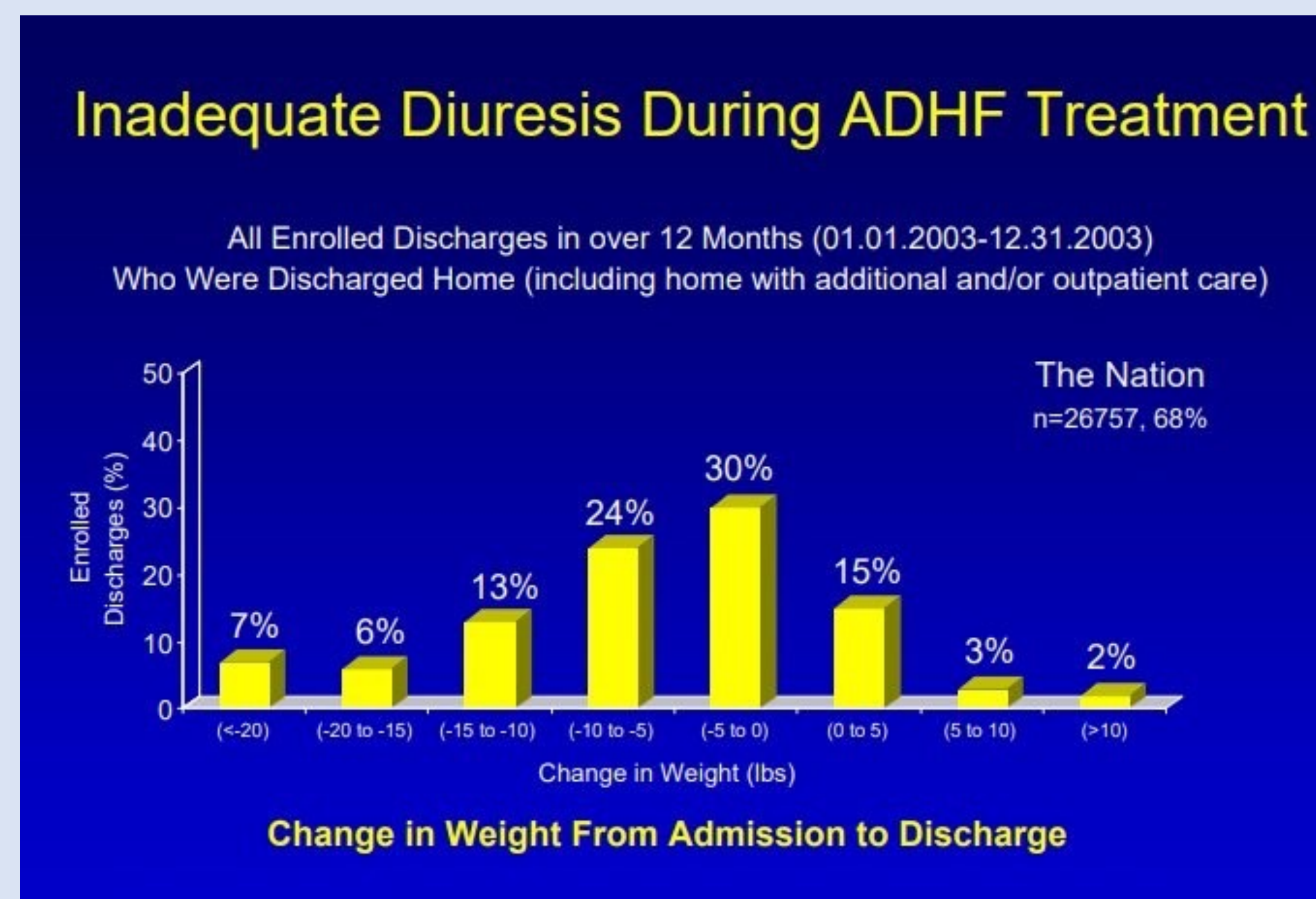


Figure 1: Chart from the Acute Decompensated Heart Failure National Registry (ADHERE) database, which enrolled non-selected patients admitted to the hospital for acute decompensated heart failure (ADHF). Negative values indicated weight loss and positive values indicate weight gain.

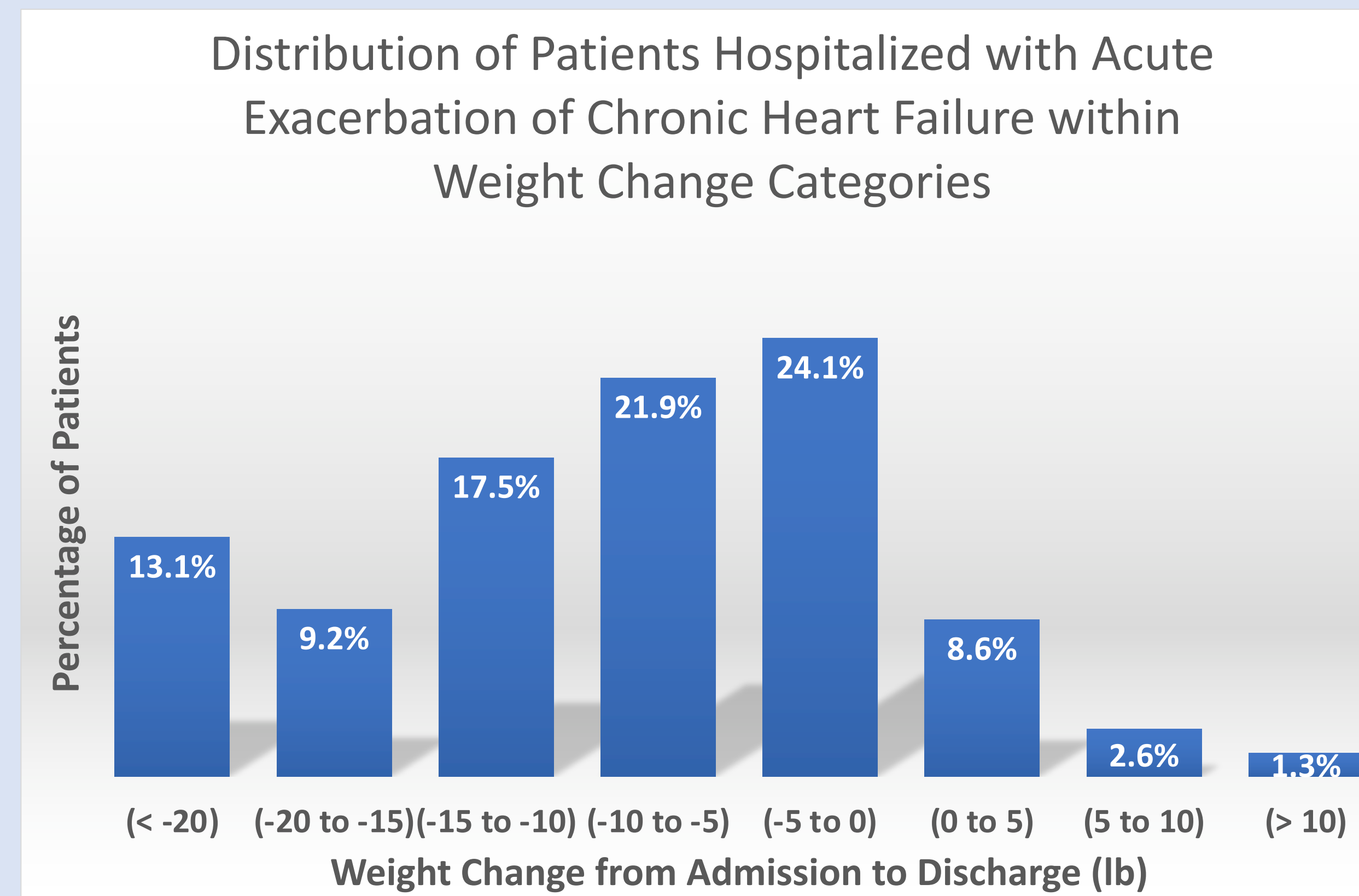


Figure 2: Negative values indicate weight loss while positive values indicate weight gain. The number of patients within each weight loss category was divided by the total number of patients (685).

## Results (Continued)

- The average age of patients included in this review was 71.
- The average length of stay of patients included in this review was 5.5.
- The average admission weight of patients included in this review was 209.9 lbs.
- The average ejection fraction of patients included in this study was 41%
- The percentage of patients who gained weight during hospitalization decreased from 25% to 12.8% at our center compared to the ADHERE Registry.
- The percentage of patients losing more than 10 lbs. was 40.4% in the current study, compared to 26% in the ADHERE Registry.

## Conclusions

- Compared with the ADHERE Registry from two decades ago, pattern of weight loss in a contemporary program with a low 30-day readmission rate per national hospital data, is associated with a pattern of greater weight loss.
- Whether there is a causal relationship remains to be further studied.