Contemporary Weight Change Patterns for Hospitalized Heart Failure Patients: Comparison with the ADHERE Registry

Maddy Taylor, Maryn Dubay, Daniel Flagel, Jonathan Stokes, Eugene Chung

Background: Despite new therapies aimed at treating chronic heart failure (HF), management of acute decompensated HF (hospitalized patients) remains largely unchanged. The primary goal 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. 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.

Method: We performed a retrospective review of 685 patients admitted for or with heart failure with diuresis from December 2017 to May 2018 and March 2020 to August 2020. The exclusion criteria consisted of patients who 1) died during the hospitalization, 2) were treated with dialysis, 3) underwent surgery of any kind during the hospitalization, or 4) left hospital against medical advice. We collected admission and discharge labs, weight change, and 30-day all-cause readmissions.

Results: Percentage of patients who gained weight during the hospitalization decreased from 25% to 12.8%. The percentage of patients losing more than 10 lbs. was 40.4% in the current study, compared to 26% in the ADHERE Registry in 2003.

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



