

Background

- Most patients with heart failure (HF) are admitted with volume overload
- The mainstay of treatment remains fluid removal, measured as weight loss
- We hypothesized that more effective diuresis, manifesting as greater weight loss, would be associated with lower 30-day readmission rates
- Accordingly, we created a registry of patients admitted for acute decompensated HF

Methods

- 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
 - 4) left hospital against medical advice
- Collected admission and discharge labs, weight change, and 30-day all-cause readmissions.

Results

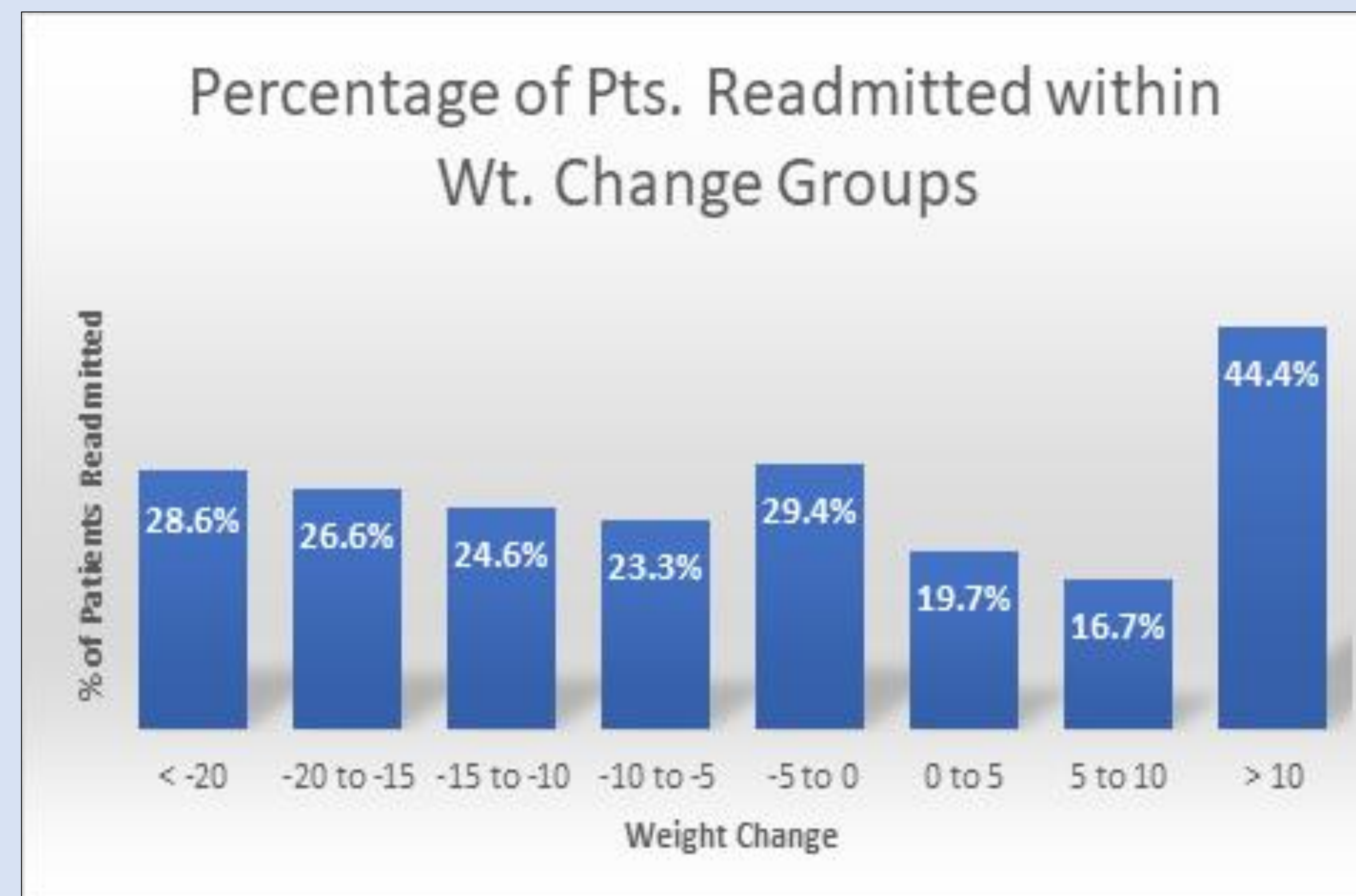


Figure 1: Negative values indicate weight loss while positive values indicate weight gain. The percent of patients readmitted was calculated by dividing the number of readmissions per weight change category by the number of total patients per weight change category.

- The average age of the patients included in this review was 71.3 years.
- The average length of stay for patients included in this review was 5.68 days.
- The average ejection fraction of patients included in this review was 41%.
- The average systolic blood pressure for patients included in this review was 129.9 while the average diastolic blood pressure was 71.7.
- As shown above, there does not appear to be a meaningful relationship between degree of weight change and readmissions.
- In fact, there is a tendency for higher readmissions in the patients who lost greater amounts of weight.

Conclusions

- There appears to be no correlation between degree of weight change and 30-day all-cause readmission rates.
- In order to further reduce readmission rates, further studies will be needed focusing on other factors beyond weight and volume removal.