

# ESC pilot registry in heart failure reflects improvement in chronic disease

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With the increased prevalence of chronic heart failure (HF), there is a concomitant increase in the number of related hospitalisations; as chronic HF progresses, the risk of acute exacerbation increases.

Registries and surveys of HF have been generally conducted in patients with either chronic or acute conditions, but a description of the whole clinical history of patients with HF, including the acute episodes, consequent changes in clinical conditions and [management strategies](#), have not been available.

The final results of the [Heart Failure](#) Pilot Study, a general registry of the ESC's ongoing EurObservational Research Programme (EORP), now provide improved information on the epidemiology and outcomes of real world patients with this clinical condition.

The HF pilot study was a prospective observational survey conducted in 136 cardiology centers in 12 European countries selected to represent the different health systems and care attitudes across Europe. From October 2009 to May 2010, 5118 patients were included, 1892 (37%) admitted for acute HF, and 3226 (63%) with chronic HF. All were followed-up for the subsequent year, and the study was terminated at the end of May 2011. Just 5% of the patients were lost to follow-up.

Results showed that, while the mortality rate of patients with chronic HF seems to be improving (7% after one year of follow-up), outcomes of acute HF patients are still unacceptably poor at one year - an all-cause

mortality rate of nearly 17% and a combined outcome measure of all-cause mortality or [hospitalisation](#) of 35%.

The outcome improvement in ambulatory patients with chronic HF could be explained by the fact that European [cardiologists](#) prescribe a high rate of guideline-recommended pharmacological treatments, such as the blockers of the renin-angiotensin-aldosterone system and beta-blockers. The study showed that these treatments were not only prescribed appropriately but were maintained over the whole one-year follow-up period.

Unlike patients with chronic HF, those admitted for acute HF were still treated more anecdotally than according to evidence-based medicine. "This may be," explained Professor Aldo Maggioni from the Centro Studi ANMCO in Florence, Italy, "because of a lack, in this specific clinical context, of specific controlled studies demonstrating effective treatment strategies for improving outcomes. And this could be the reason for the still high observed mortality and morbidity rates in acute HF patients."

As expected, the great majority of the causes of death, both in acute and chronic HF was cardiovascular, and sudden in 40% of cases; the most frequent cause of hospitalisation or re-hospitalisation was HF.

Professor Maggioni added: "The study has also allowed us to identify several independent predictors of outcome, which will be useful for implementing ad hoc strategies in very high risk [patients](#) with this severe clinical condition."

The [pilot study](#) has paved the way for implementation of a pan-ESC long-term registry which began data collection in May 2011 with the participation of 32 European countries.

Provided by European Society of Cardiology

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