

Heart failure patients living longer, but long-term survival still low

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People hospitalized for acute heart failure are likely to survive longer compared to the prior decade, according to a new study in the *Journal of the American Heart Association* and presented at the American Heart Association's Quality of Care and Outcomes Research Scientific Sessions 2013.

But overall, long-term survival rates remain low, researchers said.

Unlike [chronic heart failure](#), in which patients are able to live at home, [acute decompensated heart failure](#) involves a severe deterioration in health. Fluid backs up in the lungs, breathing becomes difficult and the heart is unable to supply the body's necessary oxygen.

"Heart failure is a [lethal disease](#) with a worse life expectancy than many types of cancer," said Samuel W. Joffe, M.D., lead author of the study and a cardiac fellow at the University of Massachusetts Memorial Medical Center, in Worcester. People hospitalized with heart failure are "very sick and their life expectancy is quite limited."

Comparing 9,748 patients admitted to 11 central Massachusetts medical centers with acute decompensated heart failure in 1995 to those in 2004, researchers found good and bad news:

- The proportion of people who died while hospitalized in 2004 decreased 21 percent compared to 1995.

- The proportion who died within 30 days of discharge in 2004 decreased 18 percent compared to 1995.
- Long-term survival, 5 years or more, improved by 45% in 2004 compared to 1995.
- Patients admitted to hospitals in 2004 with acute decompensated heart failure were older and sicker than those admitted in 1995.
- Patients in 2004 were more likely to have other [chronic illnesses](#) such as anemia, high blood pressure and [chronic kidney disease](#).

"While survival for patients in this study improved significantly, their prognosis was still poor, as only about one in three of these patients hospitalized with heart failure survived five years or more," Joffe said.

Treatment guidelines for heart failure, released jointly in 1995 by the [American Heart Association](#) and American College of Cardiology, may have played a role in the short-term improvements, Joffe said.

Patients hospitalized in 2004 were more likely to be treated with aspirin, beta blockers and lipid-lowering agents or statins. They were less likely to be treated with calcium channel blockers and digoxin.

It's not clear if changes in medications directly caused the increase in survival, Joffe said, noting that better pacemakers, defibrillators, overall medical care, or other factors also may have played a role.

Heart attack remains the leading cause of heart failure. Eating fresh fruits, vegetables, whole grains and lean protein sources, as well as exercising regularly, avoiding smoking and maintaining healthy cholesterol and blood pressure levels can help prevent heart attack and thus [heart failure](#).

Provided by American Heart Association

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