

Resuscitation choices change over time in heart failure

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(HealthDay)—For patients with heart failure, resuscitation preferences seem to change over time and are influenced by advancing age and comorbidity, according to a study published online May 13 in *Circulation: Cardiovascular Quality and Outcomes*.

Shannon M. Dunlay, M.D., from the Mayo Clinic in Rochester, Minn., and colleagues examined resuscitation preferences for 608 Southeastern Minnesota residents with heart failure, enrolled into a longitudinal study from October 2007 through September 2011. Information on resuscitation preferences was extracted from medical records.

The researchers found that 237 of the patients died during follow-up. Most patients (73.4 percent) were Full Code at enrollment, while 78.5 percent were do-not-resuscitate (DNR) at death. Advanced age, chronic [obstructive pulmonary disease](#), previous malignancy, and decreased

mobility were identified as independent predictors of DNR status at enrollment. The risk of death was increased for patients who were DNR (unadjusted hazard ratio, 2.03; P cardiopulmonary resuscitation for an in-hospital cardiac arrest. Of these patients, eight survived to discharge, and only two made a complete recovery and returned home. There was a median of 37 days from final decision to be DNR until death.

"The resuscitation preferences of [patients](#) with [heart failure](#) seem to be driven by the decline in clinical status that often accompanies advanced age and multimorbidity," the authors write. "Furthermore, these data suggest that electing DNR status does not independently affect a patient's risk of death."

More information: [Abstract](#)
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