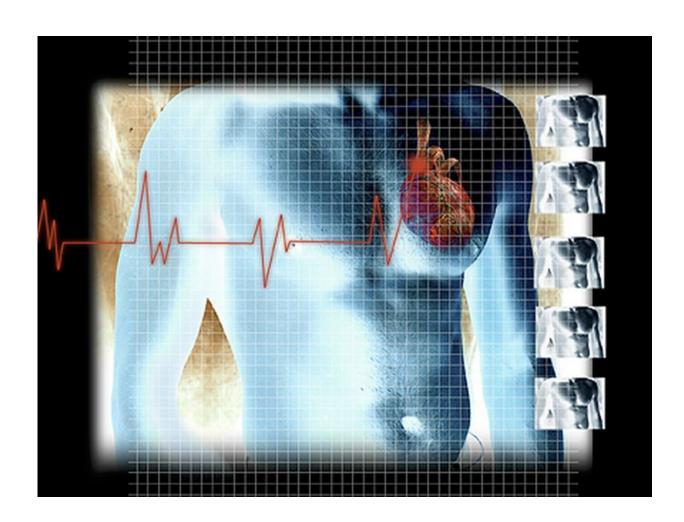


Recent improvement in heart failure process of care measures

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(HealthDay)—Adherence to heart failure process of care measures has



improved significantly over the last 10 years for patients with acute decompensated heart failure with reduced ejection fraction (HFrEF) and end-stage renal disease (ESRD), according to a study published online May 11 in *JACC: Heart Failure*.

Ambarish Pandey, M.D., from the University of Texas Southwestern Medical Center in Dallas, and colleagues stratified Get With The Guidelines-Heart Failure study participants who were admitted for acute HFrEF from January 2005 to June 2014 into three groups: normal renal function, renal insufficiency without dialysis, and dialysis patients. The authors examined the changes in proportional adherence to heart failure related process of care measures and incidence of clinical outcomes. Data were included for 111,846 HFrEF patients from 390 participating centers, of whom 19 percent had renal insufficiency without need for dialysis and 3 percent were on dialysis.

The researchers found that among dialysis patients there was a significant temporal increase in adherence to evidence-based medical therapies, post-discharge follow-up referral, and defect-free composite care. Similar increases in adherence to these measures were seen for patients with normal renal function and renal insufficiency without dialysis. Across the three renal function groups there was no significant change in cumulative incidence of clinical outcomes over time.

"In a large contemporary cohort of HFrEF patients with ESRD, adherence to heart failure process of care measures has improved significantly over the past 10 years," the authors write. "Unlike patients with normal renal function, there was no significant change in one-year clinical outcomes over time."

Several authors disclosed financial ties to the pharmaceutical and medical device industries; Get With the Guidelines-Heart Failure was previously funded by Medtronic, GlaxoSmithKline, and Ortho-McNeil.



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