

Heart's pumping function is not an indicator of heart failure survival rates

November 12 2017

Contrary to popular practice, a measure of the heart's pumping function known as "left ventricular ejection fraction" is not associated with the long-term outcomes of hospitalized heart failure patients, a UCLA-led study of Medicare patients has found. Hospitalized heart failure patients in all age groups within the study and with all levels of ejection fraction had significantly lower rates of survival after five years and a higher risk of re-hospitalization than people in the United States without heart failure. Better treatments for heart failure and new ways of predicting patient outcomes are needed, researchers concluded.

Heart failure occurs when heart muscle is weakened and cannot pump enough blood to meet the body's needs. Ejection fraction is measured by ultrasound and shows how well the heart is pumping. Doctors use ejection fraction to guide treatment of [heart failure](#) patients and estimate their likelihood of re-hospitalization and survival. This is the first study to use national data to specifically categorize heart failure by three distinct ejection fraction subgroups.

Researchers used national data from the American Heart Association's Get With The Guidelines-Heart Failure program and the U.S. Centers for Medicare and Medicaid Services and included 39,982 patients from 254 hospitals admitted for heart failure from 2005 to 2009. The study categorized the patients by three distinct [ejection fraction](#) subgroups: normal, borderline and reduced.

These findings underscore the serious nature of a diagnosis of heart

failure and the long-term risk associated with it, regardless of the heart's estimated pump function. Cardiologists need to find new strategies to better treat patients with heart failure, and prevent patients from developing heart failure in the first place.

The next stage of research will look at the specific causes of death for the different subgroups and determine potential treatment strategies to improve their outcomes.

The study was published in the *Journal of the American College of Cardiology* and presented at the American Heart Association's Scientific Sessions on Nov. 12.

Provided by University of California, Los Angeles

Citation: Heart's pumping function is not an indicator of heart failure survival rates (2017, November 12) retrieved 9 April 2024 from <https://medicalxpress.com/news/2017-11-heart-function-indicator-failure-survival.html>

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