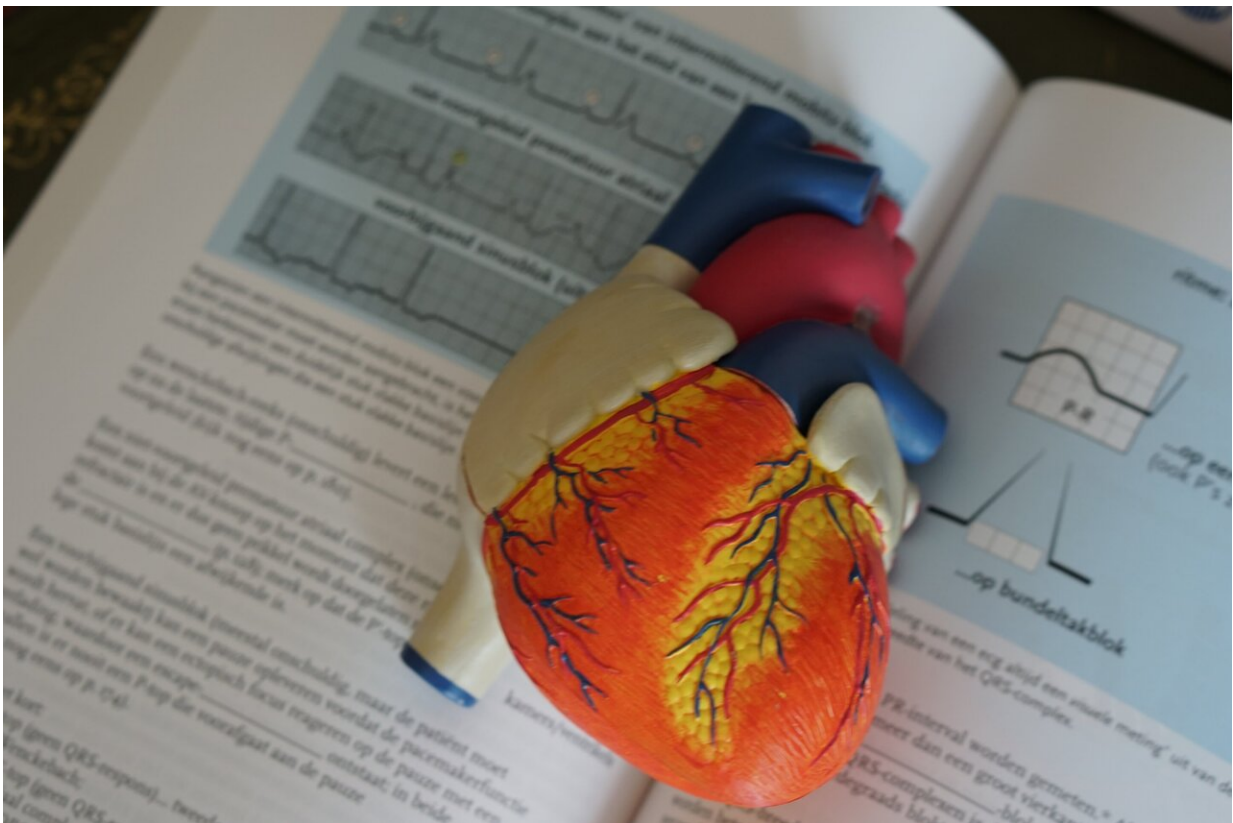


Improvement and adherence to guidelines needed to reduce heart failure death

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What happens after a first-time hospitalization for heart failure? While there are guidelines on optimal treatment of patients with heart failure, researchers at Baylor College of Medicine have found that if those

guidelines aren't followed, the outcomes can be costly and sometimes deadly.

The findings, appearing in the *Journal of the American College of Cardiology: Heart Failure*, show that 28% of patients died within a year following a first-time hospitalization for [heart failure](#).

"These are heart failure patients who were sicker than ambulatory heart failure patients and required a [hospital stay](#)," said Dr. Biykem Bozkurt, professor of medicine—cardiology and researcher with the Cardiovascular Research Institute at Baylor. "Despite that, most patients were not optimally treated with lifesaving therapies following hospitalization. It is a huge lost opportunity for saving lives and changing the trajectory of heart failure."

The study reviewed more than 250,000 patients. The group who later died or who had to be re-hospitalized in the following year were found to have inadequate dosing or combination of treatments, as well as a delay in timely initiation of treatment.

To help illustrate the importance of this problem, Bozkurt said imagine a [cancer patient](#) who requires chemotherapy, but they do not begin treatment in a timely manner. In these situations, outcomes are affected in a negative way.

"Patients are supposed to receive specific medications in a certain period of time for effectiveness; however, we found patients were not receiving the standard of treatment in accordance with the guidelines," said Bozkurt, one of the co-authors who helped draft the [2022 heart failure guidelines](#) that were published in *Journal of the American College of Cardiology*.

Not only were loss of life and rehospitalizations a concern, but also the

health care costs for re-hospitalization due to heart failure and [kidney disease](#), which is a common issue for patients.

"Adherence to medications and proper implementation not only lessen hospitalizations but they actually slow the decline of kidney disfunction in [heart failure patients](#). So not only would lives be saved, but rehospitalization could be reduced, lowering healthcare costs," Bozkurt said.

The findings highlight the need to consider earlier and greater implementation of guideline-directed [medical therapy](#) to manage risks and reduce costs, she said.

Some strategies include:

- Initiation of treatment before the patient is discharged from the hospital so both patient and doctor are aware of what is needed and how to properly adhere to a treatment plan.
- A system of care for coordination of continued treatment such as a post-discharge clinic or virtual follow-up appointments, which might be more convenient for patients.
- Multidisciplinary partnerships between specialists and [primary care](#) providers.
- Use of electronic record health alerts to support monitoring proper dosages of medication in the necessary timelines.

Bozkurt said patients also can support this effort by understanding that adherence to treatment plans is important.

"It may seem like a lot of medication to some, but they are proven to be an effective and safe way to improve survivorship and reduce hospitalizations," Bozkurt said. "They should not view this as a pill burden; if anything, it should be viewed as the ammunition needed to

improve symptoms, quality of life, well-being and reduce the risk of cardiovascular death and hospitalizations."

More information: Biykem Bozkurt et al, Mortality, Outcomes, Costs, and Use of Medicines Following a First Heart Failure Hospitalization, *JACC: Heart Failure* (2023). [DOI: 10.1016/j.jchf.2023.04.017](https://doi.org/10.1016/j.jchf.2023.04.017)

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