

Management of acute heart failure in 2009: The OFICA study

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Aims: OFICA is an observational study of characteristics, management and outcome of acute heart failure (AHF) during hospitalization as well as after discharge.

Methods: A single-day snapshot was performed on 12 March 2009 in French public and private hospitals. Investigators were encouraged to include all hospitalized patients with a diagnosis of AHF, irrespective of the time of admission. Planned hospitalizations and cardiac surgery setting were excluded. Relevant data was recorded about whole hospitalizations as well as medical journeys before inclusion and after discharge. Outcome and change in treatments will be assessed during 12 months after discharge.

Results: The survey included 1817 patients in 170 centers, (77 ± 13 y, 45% females, LVEF > 50% in 29% of pts). IV diuretics and inotropic drugs were used in 86 and 14% respectively. Non-invasive and invasive ventilation were used in 12 and 6% of cases. Circulatory support devices were required in 1.7% of cases. Echographic examination and coronary angiography were performed in 83 and 21% of cases respectively. At discharge, diuretics, ACE-I or ARB, betablockers and aldosterone blockers were prescribed in 84, 65, 53 and 17% of all patients, and in 88, 73, 66 and 25% of patients with LVEF \leq 0.40. In patients with reduced LVEF, variables independently and significantly associated with the lack of ACE-I or ARB were the absence of diabetes and female gender ($\chi^2 = 9.9$ and 8.5 , respectively). Variables independently and significantly associated with the lack of betablockers were pulmonary disease, shock at admission, mental disorders, LVEF, severe renal failure and age ($\chi^2 = 60.2, 12.9, 11.0, 7.1, 6.9$ and 5.6 , respectively)..

Conclusion: The OFICA survey is a valuable tool for analyzing the management of AHF in the real life because of inclusion of unselected patients in different types of hospitals as well as departments. Prescription rate of betablockers was high, reaching 66% at discharge of an AHF with reduced LVEF. On the opposite, the rate of prescription of spironolactone at discharge remains low.