

DIABETES AS A PROGNOSIS FACTOR IN PATIENTS WITH HEART FAILURE

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OBJECTIVE

To know the influence of diabetes in multipathological patients with heart failure (HF) on re-admission for HF or mortality during the first year follow-up

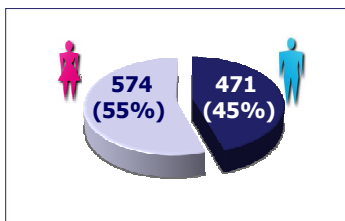
MATERIALS AND METHODS



- RICA Registry is a multicenter, prospective cohort study that includes patients admitted for HF.
- Patients from the RICA Register who had completed one year of follow-up were included in the study.
- Statistical analysis was performed with SPSS statistical package. The t-Student test and the chi-square test were used to compare variables in the univariate analysis.
- The Kaplan-Meier survival analysis and the Cox proportional hazard model were used to estimate the independent association between diabetes on re-admission for HF or mortality.
- Statistical significance was set at $p < 0.05$.

RESULTS

Rica Registry: Patients: 1045; Mean age 77.5 (range = 50 - 99); Diabetes 478 (45.7%); treatment with beta-blocker 632 (60.5%).



NYHA class

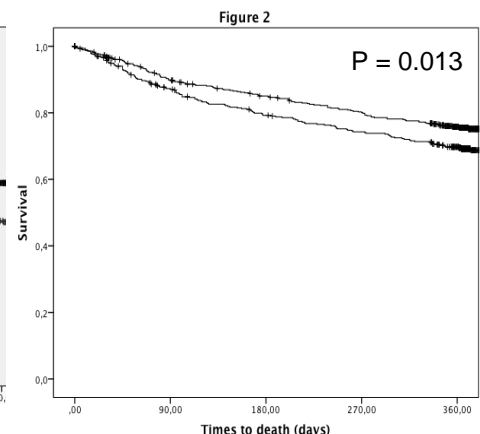
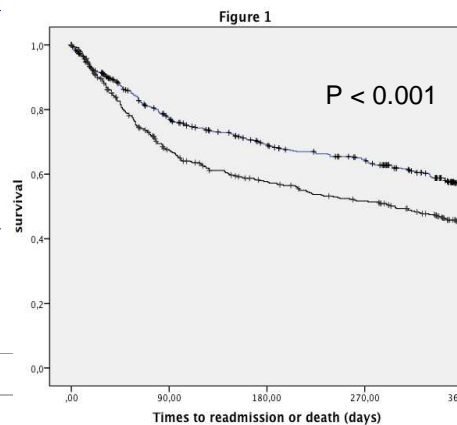
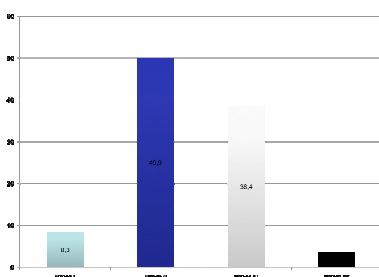


Tabla 1. Predictors of readmission or mortality at 1-year follow-up

	p	RR (95% IC)
Diabetes	< 0.001	1.508 (1.249 – 1.820)
Body mass index (Kg/m ²)	< 0.001	0.962 (0.946 – 0.979)
Glomerular filtration rate (MDRD) (ml/min/1.73 m ²)	0.001	0.992 (0.988 – 0.997)
Use beta-blocker	0.003	0.757 (0.629 – 0.910)
Age	< 0.001	1.023 (1.011 – 1.036)
Functional class of the NYHA I		
- Class II	0.274	1,290 (0.810 – 2.063)
- Class III	0.001	2.237 (1.406 – 3.558)
- Class IV	< 0.001	4.360 (2.379 – 7.999)

Variables	Non Diabetes	Diabetes	p
Body mass index	28.4 (5.6)	31.1 (14.3)	P < 0.001
GFR (MDRD)	56.7 (25.0)	53.1 (22.6)	P < 0.001
Readmission or mortality	223 (39.3%)	244 (51.0%)	P < 0.001

CONCLUSION

Our analysis confirmed the predictive value of diabetes in patients with HF in the world real, for both composite of re-admission for HF or mortality. Whether improving treatment of diabetes is beneficial for heart failure prognosis should be determined in further studies.