ADHF
Acute Decompensated HF

204
Patients admitted for acute decompensated HF

CA 125 structure
Pleural effusion
Inflammation

81±4 years
50% males

57% HF preserved EF
Median CA125 at admission
55 UI/mL

RESULTS

Change in CA 125 UI/mL between admission and discharge

- 11% mortality
- CA125 decrease
- 21.5% mortality
- CA125 increase

12-month event-free survival
Log rank 0.029

Admission CA125> median
Discharge CA125> median

HR all-cause mortality
2.16 (1.07-4.37)
3.15 (1.34-7.41)

HR HF mortality
3.15 (1.97-4.89)
3.41 (2.65-5.24)
**BB Insulin in COPD exacerbations**

Admission due to COPD exacerbations + glucocorticoid induced hiperglucemia + at least 3 glucose readings per day

**Patients**

<table>
<thead>
<tr>
<th>PRE INTERVENTION</th>
<th>POST INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>n = 99</td>
<td>n = 100</td>
</tr>
</tbody>
</table>

**Composite primary endpoint**

<table>
<thead>
<tr>
<th>PRE INTERVENTION</th>
<th>POST INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>n = 28 (28%)</td>
<td>n = 24 (24%)</td>
</tr>
</tbody>
</table>

Adjusted Odds Ratio
1.03 [CI: 0.46 - 2.33; p = 0.934]

**Secondary endpoint**

<table>
<thead>
<tr>
<th>PRE INTERVENTION</th>
<th>POST INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean hospital glucose</td>
<td>223.5 +/- 66.6 mg/dL</td>
</tr>
<tr>
<td>Hypoglycemia rate</td>
<td>12%</td>
</tr>
</tbody>
</table>

Δ -6.7 [CI: -11.6 -24.6; p = 0.73]

Adjusted Odds Ratio
0.13 [CI 0.01 - 0.89; p = 0.003]
Pulmonary embolism

Pleural fluids (n=71)

- Eosinophilia (7%)
- Neutrophilic (30%)
- Lymphocytic (65%)
- Bloody (56%)

Exudative by Light’s criteria (100%)

- Pleural fluid protein divided by serum protein >0.5 or
- Pleural fluid LDH divided by serum LDH >0.6 or
- Pleural fluid LDH >2/3 the upper normal limit for serum LDH
Risk factors for major bleeding

- Age
- Male sex
- Cancer
- Recent bleeding
- Kidney or liver failure
- Anemia
- Hyper/hypotension
- Hypoxemia, tachycardia
- Chronic heart failure

PE or DVT

Altered platelet count
History of stroke
Comorbidities, reduced functional capacity
Antiplatelet therapy or uncontrolled anticoagulant therapy
Frequent falls
Drugs or alcohol
Pulmonary embolism
Labile INR
Immobilization

Kuijer score
RIETE score
RIETE 10-day score
VTE-BLEED score
ACCP guidelines
HAS-BLED score

Evaluate at diagnosis
3 months
6 months
12 months
Evaluate every 6 months

- Developed and validated in heterogeneous populations (different VTE etiologies, definition of major bleeding and treatments).
- Variables largely overlap among scores.
- Dissappointing predictive accuracy with little differences between scores.
- Only few aimed at the period beyond the first three months.
Malnutrition in heart failure patients

PREVALENCE
- Prevalence: 16 to 90%
- Higher in hospitalized patients and advanced heart failure

FACTORs RELATED TO MALNUTRITION
- Systemic inflammation
- Low intake and malabsorption
- Advanced age
- Others

NUTRITIONAL ASSESSMENT TOOLS
- MNA-SF: Mini Nutritional Assessment Short Form
- NRI: Nutritional Risk Index
- GNRI: Geriatric Nutritional Risk Index
- CONUT: CONTrolling NUTritional status

TREATMENT
- Nutritional support

PROGNOSTIC VALUE
- Higher risk of mortality, readmission and complications
- Firstly, gender balance in medical research and clinical workforce can improve research quality and patient outcomes.

- Secondly, gender diversity can translate into increased productivity, greater innovation and better decision-making.

- But more importantly, achieving gender balance in medicine is the right thing to do.
Older people with arterial hypertension

**Hypertension evaluation**
- Office BP Measurement
- Home BP Measurement
- CV Risk Evaluation
- HYMID Evaluation

**Frailty and geriatric evaluation**
- Functional independence
- Geriatric syndromes
- Sarcopenia
- Cognition
- Frailty phenotype: Fried, SPPB
- Cumulative deficits frailty

**ROBUST**
Guideline recommended:
- Lifestyle modification
- Antihypertensive therapy

**FRAIL**
Intervention: nutrition, exercise, etc...

YES Improvement NO

Same as ROBUST
- Less stringent goals
- Evaluate echocardiography
- Consider polyphepharmacy, anticoagulants and adverse effects