

## 41. ADHERE Risk Stratification Model For Long-Term Outcome in Thai Patient With Acute Heart Failure

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### Body

**Background:** Acute Decompensated Heart Failure National Registry (ADHERE) evaluated blood urea nitrogen (BUN), systolic blood pressure (SBP) and serum creatinine (Cr) as predictors of in-hospital mortality. However, its prognostic value in predicting long-term mortality is unknown.

**Methods:** This is a retrospective study of patients hospitalized with acute heart failure (AHF) in a tertiary care center in Thailand between July 2017 to June 2019. First SBP, BUN and Cr levels were obtained. Baseline characteristics and 1-year mortality were compared using Chi-square and T-test.

**Results:** Of 772 patients who presented with AHF, 313 patients were enrolled (mean age  $68.8 \pm 15.8$  years, 48.5% men, mean ejection fraction of 47.8%). Overall, 1-year mortality was 18.3%. Mortality rates classified by BUN, SBP and Cr are shown in the figure. Unlike ADHERE, patients with high BUN failed to show significantly higher 1-year mortality (21.5% vs. 17.2%,  $p = 0.40$ ). However, patients with low BUN who also had low SBP showed significantly higher 1-year mortality than those with high SBP (27.5% vs. 11.8%,  $p < 0.01$ ).

**Conclusion:** In Thai patient hospitalized with AHF, 1-year mortality is very high. ADHERE risk stratification model is somewhat helpful in predicting patients' outcome.

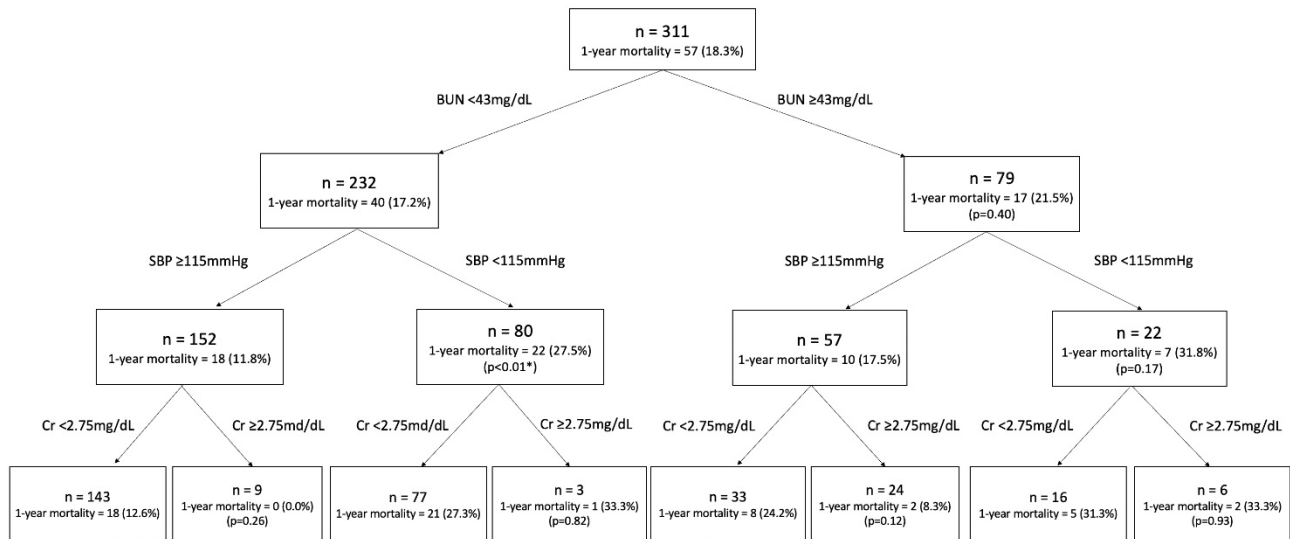


Figure 1. Analysis of 1-year mortality in AHF classified by ADHERE risk stratification model

**Clinical Implications:** My study help validate the use of ADHERE risk stratification model among Asians and for predicting long-term outcome in acute heart failure.