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Renal failure: The worse scenario in heart failure

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Introduction & Aim: Renal impairment is a common and independent risk factor for morbidity and mortality in patients with heart failure. In this study we have analyzed the outcome of patients with a combination of heart failure with renal failure. Here we have analyzed the co morbid factors, readmissions and mortality of patients with heart failure with normal and abnormal renal function.

Method: This prospective observational study was conducted in the Kerala Institute of Medical Sciences, over a period of 2 years from 1st June 2012. All patients who have admitted in the cardiac care unit with signs and symptoms of heart failure (NYHA class 3 or 4) irrespective of etiology were selected. These patients belonged to coronary artery disease, valvular heart diseases, cardiomyopathies, congenital heart diseases and cor pulmonale. From the 287 heart failure patients 124 patients had renal failure. Renal parameters were assessed by renal function tests and by calculating GFR. Cardiac functions were assessed clinically and echocardiographically.

Result: These 287 patients were sub-divided into two groups, 124 patients had a combination of Heart Failure and Renal Failure (HFRF) and 163 Heart Failure Patients with Normal Renal Function (HFNRF). Renal failure patients were elder than the other group. The mean age of patients with normal and abnormal renal function were 62(±11) years and 66 (±9) years respectively. Co-morbid factors were more with HFRF patients. Diabetes mellitus in HFRF patients were 76.6% (n=95) compared to 58.3% (n=95) in HFNRF patients (p<0.001). Hypertension was found in 66.1 % (n=82) in HFRF patients and 51.5% (n=84) in the other group (p=0.013). Anemia was found in 64.5% (n=80) and 36.8% (n=60) of patients with HFRF and with HFNRF respectively (p<0.0001). We followed the patients for two years. Recurrent admissions and mortality were more in HFRF patients. There were 87.9% (n=108) of patients readmitted in the HFRF group, but only 44.1% (n=72) required readmission in HFNRF patients (p<0.001). There were 53.2% (n=66) of patients were expired in HFRF patients compared to 25.7% (n=42) in HFNRF patients (p<0.000).

Conclusion: Heart failure itself is a morbid condition with bad prognosis and the mortality is very high. This condition became worse when these patients develop renal failure. In our study we found that the co morbidities, recurrent admission and mortality were more in renal failure patients. Heart failure with renal failure is a bad combination; these patients should be monitored.

Biography

Mujeeb A M has obtained his MD degree from Irkutsk State Medical University, Russia. He has worked as a Medical Officer for 4 years in various hospitals. He has completed his Post Graduate Diploma in Clinical Cardiology. He has worked as Clinical Cardiologist in Kerala, India. He is currently working as Clinical Cardiologist in National Cardiac Centre, IGMH Male, Maldives. He is also a PhD Fellow in Cardiology from Irkutsk State Medical University.

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