

**Heart Failure and Cardiomyopathies****DIFFERENCES BETWEEN ETHNIC GROUPS IN COMORBIDITIES DO NOT INFLUENCE READMISSION RISK IN PATIENTS WITH HEART FAILURE AND PRESERVED EJECTION FRACTION**

Poster Contributions

Poster Hall, Hall C

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Authors: *Ruth Hsiao, Nghia Nguyen, Anya Narezkina, Barry Greenberg, UCSD, La Jolla, CA, USA*

The prevalence of comorbidities and the echocardiographic ejection fraction differs amongst ethnic groups for patients with heart failure (HF) and preserved ejection fraction (HFpEF). Whether these differences influence the risk of HF readmission after a hospitalization is uncertain. Between 2013 and 2014, 1,138 patients were hospitalized at UC San Diego with a diagnosis of HF and ejection fraction (EF) > 45%. After excluding patients with structural abnormalities or infiltrative disease, 793 patients were included. Self-reported ethnicities of Asian, black, Hispanic, and white were used. Comorbidities were common: 33% of patients had atrial fibrillation, 30% had coronary artery disease (CAD), 72% had hypertension (HTN), 54% had hyperlipidemia (HL), 40% had diabetes (DM), 24% had chronic kidney disease (CKD), 7% had end-stage renal disease (ESRD), 0.6% had cerebrovascular accident (CVA), 15% had COPD, and 16% had depression. Multivariate cox proportional hazard analysis showed that CAD and CKD were significant predictors for readmission (CAD 1.38 (1.007-1.89),  $p=0.045$ ; CKD 1.36 (1.004-1.83),  $p=0.047$ ) at 6 months and throughout the duration of follow up. ACEI or ARB therapy significantly increased readmission free survival time whereas the use of diuretics decreased it (HR 1.44 (1.02-2.04),  $p=0.04$ ; HR 0.685 (0.477-0.983),  $p=0.04$ ). Patients with an EF less than 60% tended to have an increased risk of HF readmission at one year follow up ( $p=0.09$ ) compared to patients with an EF greater than 60%. There were significant differences between ethnic groups in mean age, COPD, DM, and HTN. Despite these differences between ethnic groups, there were no significant differences in the rate of HF readmission at 6 months, 12 months, and up to 3 years. HF readmission occurred in 19.7% of Asian patients, 21.8% of black patients, 19.9% of Hispanic patients, and 25.7% of white patients. In our population, HF readmission was similar between ethnic groups despite significant differences in comorbidities. These findings suggest that while co-morbidities are common in HFpEF patients, they do not alter the risk of HF readmission.