

FUNCTIONAL STATUS AS MORTALITY PREDICTOR IN HEART FAILURE IN ELDERLY PATIENT

M. Arellano Perez, L.M. Perez Bazan, M. Pi-Figueras Valls, M.D. Sanchez Rodriguez, O. Sabartes Fortuny,
M.A. Marquez Lorente
Parc de Salut Mar, Barcelona, Spain

Objective: To evaluate the relationship between functional status and in-hospital mortality in elderly patients with decompensated heart failure (DHF). Methods: 235 patients, admitted to the Geriatric Acute Ward with DHF, were studied. Previous functional status, measured with Barthel (Blp) and Lawton Index (LI), functional status at admission measured with Barthel Index (Bla) and functional decline ($FD = (Blp - Bla) / Blp \times 100$) were collected. Blp was divided in five disability ranges: total (0-19), severe (20-39), moderate (40-59), mild (60-79) and independent (80-100). FD was divided in five decline ranges: No decline (0-20%), mild (21-40%), moderate (41-60%), severe (61-80%) and total (81-100%). LI was divided in two groups of disability: total (0), partial or independent (1-8). Relationship between variables and in-hospital mortality was studied. Results: In-hospital mortality was 18.7%. Mortality was negatively related to Blp (p 0.01), BI (p 0.004) and Bla (p 0.03) and positively related to FD (p 0.03). Mortality for Blp categories was: independent 10.4%, mild 2.6%, moderate 21.4%, severe 20.9% and total 27% (OR 1.43). Mortality for LI categories was: partial or independent 9.57% and total 20.36% (OR 2.4). Mortality for Bla categories was: independent 0%, mild 5.6%, moderate 3.4%, severe 8.8% and total 26.2% (OR 2.7). Mortality for FD was: no disability 7.4%, mild 4.8%, moderate 7.4%, severe 12.5% and total 33.3% (OR 1.9). Conclusions: Previous and at admission functional status and functional decline have decisive influence on in-hospital mortality in elderly patients admitted with DHF. Mortality predictive indexes for elderly patients with DHF are needed.