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Prognostic stratification in heart failure with reduced ejection fraction in black Africans: Case of Burkina Faso.

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ABSTRACT

Introduction: Heart failure is associated with high mortality. The purpose of this study is to identify the prognostic factors in heart failure.

Methods: It was a case-control study conducted over a period of 24 months (from January 2017 to December 2018). Cases were patients hospitalized for heart failure with reduced ejection fraction who died during hospitalization and controls were patients hospitalized for heart failure with reduced ejection fraction who were discharged alive.

Results: Personal history of heart failure was more represented in cases (72%) than in controls (59%) ($p < 0.001$ and $OR = 3.78$). The mean length of hospital stay in our study population was 10.2 ± 0.5 days. Almost all cases (92.59%) were admitted with class NYHA III and IV dyspnea ($p = 0.004$, $OR = 2.8$). The overall mean systolic blood pressure was 106.6 ± 2.1 mmHg (80 mmHg ± 4.4 in cases and 115.4 mmHg ± 1.8 in controls $p = 0.000$ $OR = 4.6$). The overall mean glomerular filtration rate was 70.8 ± 2.7 ml/min (56 ± 4.7 ml/min in cases and 78.2 ± 3 ml/min in controls $p = 0.001$ $OR = 4.6$). The mean natriuremia was 134.5 ± 0.6 mmol/L (129 ± 1 mmol/L in cases and 137 ± 0.5 mmol/L in controls). Hyponatremia was strongly associated with mortality ($p = 0.000$ $OR = 5.5$). The mean TAPSE 15.1 ± 0.3 mm (13.9 ± 0.6 mm in cases and 15.7 ± 0.3 mm in controls $p = 0.02$; 2.28).

Conclusion: This study allowed us to identify factors associated with mortality in heart failure with reduced ejection fraction. We propose a predictive score to assess this mortality.

Key words: mortality, heart failure, prognosis, Burkina Faso.

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