

INTRODUCTION

- Heart failure (HF) is a major cause of morbidity and mortality affecting more than 64 million people globally with a one-year mortality of 15 -30%.
- Data from Africa shows mortality of 16 - 42% in Africa. (THESUS HF, INTERCHF)
- Most heart failure registries are under development in Africa.
- This study was done in a resource variable setting, initially one clinic per week and limited access to echocardiography.
- It aims to form a baseline for a heart failure registry.

OBJECTIVES

- Primary outcome
- One-year mortality by HF phenotype.
 - Average annual number of rehospitalizations among HF patients.
- Secondary outcome.
- Average direct cost of care/ estimate out of pocket expenditure.
 - Patients' characteristics and how they affect the primary outcome
- Variables of interest in the study were



Baseline Data

Demographics -age, gender
Date of enrollment
HF phenotype
HF etiology
Payment method - insured vs cash

LVEDD
LVEF
ECG abnormalities
Drugs and dosage

Follow-up Data
Done at Baseline, 6 months and 1 year



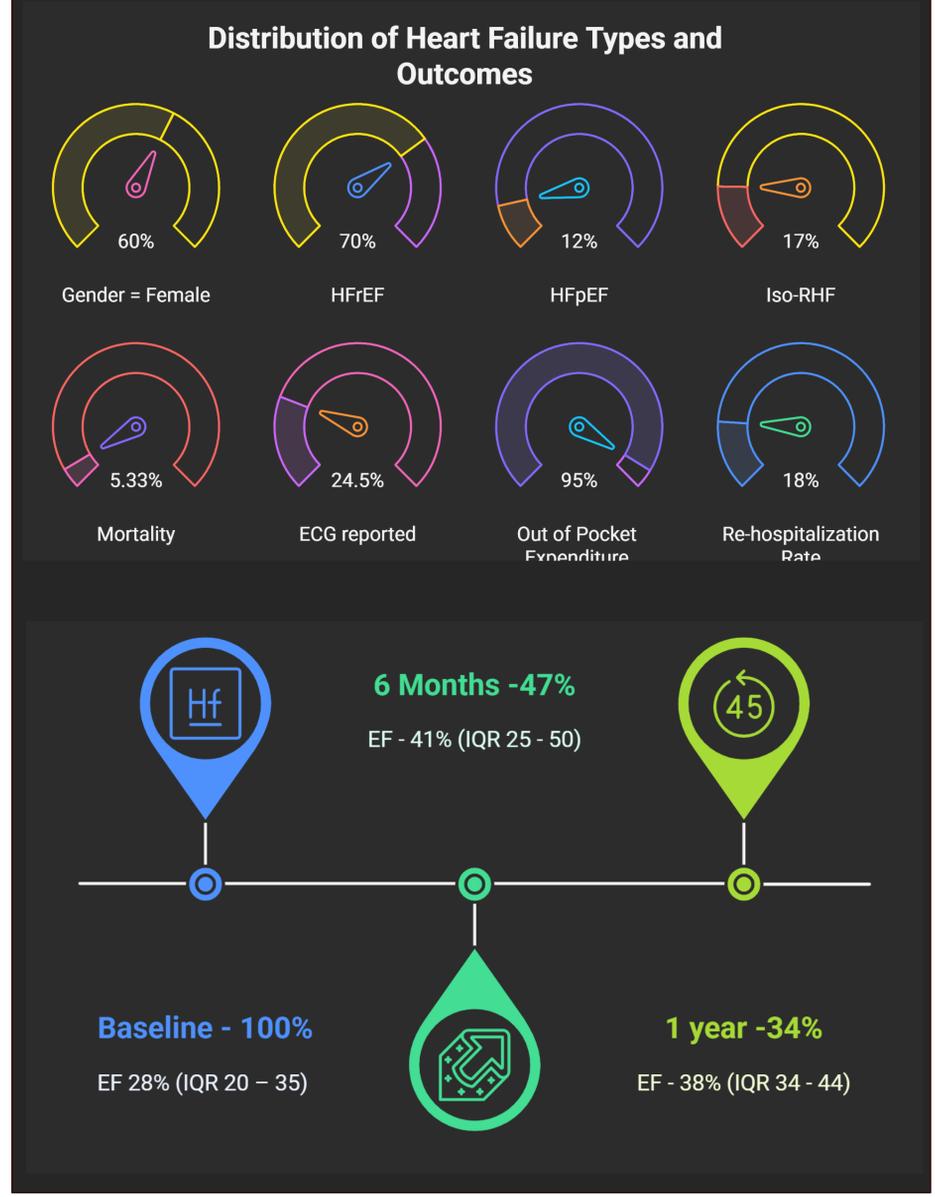
Outcome Measures

Mortality
Number of rehospitalizations
Direct cost of care

METHODS

- Data collected from Sep 2019 – April 2023
- ICD 10 codes implicating heart failure used
- We retrospectively extracted files with these codes from the electronic medical records, and manually reviewed them for inclusion criteria (follow up in the ambulatory heart failure clinic for at least 1 year) and for certain pre-specified variables.
- We then determined the one-year mortality outcome and patient characteristics.

RESULTS



RESULTS – BASELINE DATA

HF type	BASELINE		
	HFrEF	HFpEF	Isolated RHF
HF phenotype, n (%)	106 (70.2)	18 (11.9)	27 (17.8)
Age mean(sd)	64 (13)	72 (9)	68 (16)
Female n (%)	57 (53.8)	12 (66.7)	21 (77.8)
Comorbid /risk factors			
Hypertension n (%)	56 (52.8)	16 (88.9)	16 (59.2)
Diabetes n (%)	24 (22.6)	4 (22.2)	6 (22.2)
Smoking n (%)	7 (6.6)	1 (5.6)	0 (0.0)
Reported etiology			
Hypertensive heart disease n (%)	18 (16.9)	14 (77.8)	3 (11.1)
Ischemic heart disease n (%)	38 (35.9)	2 (11.1)	0 (0.0)
Chronic pulmonary disease n (%)	3 (2.8)	3 (2.8)	16 (59.3)

RESULTS – Patient characteristics and drugs

	HFREF patients		
	Baseline	6 months	1 year
N (%) – HFrEF	106 (100)	50 (47.2)	36 (34.0)
EF n (%)	106 (100)	43 (86.0)	17 (47.2)
Median (IQR)	28 (20.0 – 35.5)	41 (25.0 – 50.0)	38 (34 - 44)
ACE/ARB/ARNI n (%)	79 (74.5)	43 (86)	23 (63.9)
MRA n (%)	91 (85.9)	46 (92.0)	31 (86.1)
Beta blockers n (%)	83 (78.3)	48 (96.0)	30 (83.3)
SGLT2, n (%)	12 (11.3)	5 (10)	4 (11.1)
Digoxin, n (%)	38 (35.9)	8 (16)	5 (13.8)

DISCUSSIONS

- The one-year mortality outcomes among heart failure patients in our facility was fairly low (5%)
- Lost to follow up (outcome) was 13.3%
- Almost 1 in 5 getting re-admitted within the year.
- Out of pocket expenditure rates are high implying a huge financial burden.
- Guidelines changes leads to discrepancy to adherence to GDMT

CONCLUSIONS

- The data provides a valuable baseline for our heart failure registry
- key areas of quality improvement include
 - Reducing follow-up rates,
 - Adherence to GDMT
 - Advising patients on level 1 evidence investigations and management for heart failure including ECGs, CAGs, ICDs
 - Addressing financial burden