Should we be screening all care home residents annually for heart failure?

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## The Prevalence of Heart Failure

### The Echocardiographic Heart of England Study

<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>Percentage with definite heart failure</th>
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<tbody>
<tr>
<td>45-54</td>
<td>LVSD 1.8%</td>
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<tr>
<td>55-64</td>
<td>Borderline LV function 3.5%</td>
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<tr>
<td>65-74</td>
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<tr>
<td>75-84</td>
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<td>85+</td>
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Adapted from Davies et al. 2001.

Davies et al., Lancet, 2001
Cross sectional study NE England – 376 men and women aged 87-89

**Results**

32% had LVSD (LVEF<50%)

20% had moderate or severe LVDD with preserved LVEF

Limiting dyspnoea in 2/3 of the 74%(278/376) who had echo and dyspnoea status

84% (73/87) of those with significant LVD and limiting dyspnoea did not have a pre-existing Dx in GP records

Overall, 26% (73/278) with both echo and dyspnoea data had undiagnosed, symptomatic LVD

**Conclusion**

Significant LVSD/LVDD much commoner in community dwelling 87-89 year olds than previous studies suggested. Majority symptomatic and undiagnosed.
**Aim:** ascertain HF prevalence and clinical management in this population

**Methods:** 405 residents, aged 65-100, in 33 UK care facilities. 399 cases had echo, evaluation of symptoms, signs & Qol, functional capacity.

**Results:** Point prevalence of HF = 22.8% (n=91), of these 62.7% (n=57) had HFPEF and 37.3% (n=34) LVSD. Up to 90% (n=82) of study cases were new.

**Conclusion:** HF prevalence substantially higher than in other populations. Common clinical symptoms and signs had little clinical utility in this population. Majority of HF cases undiagnosed.

Early, accurate diagnosis is key to effective management of HF, this may be failing in long-term care facilities.
Prognosis in Heart Failure
Fuat A, Singh R, Murphy JJ

P = 0.003 (95.0% Confidence Interval 1.130 - 1.815)
Drugs That Reduce Mortality in Heart Failure With Reduced Ejection Fraction

- Angiotensin receptor blocker
- ACE inhibitor
- Beta blocker
- Mineralocorticoid receptor antagonist

Based on results of SOLVD-Treatment, CHARM-Alternative, COPERNICUS, MERIT-HF, CIBIS II, RALES and EMPHASIS-HF
The National Heart Failure Audit

- 85% of all Acute HF admissions England & Wales
- Lengths of stay remain long, with considerable spread
  - Length of stay: 13 days on first admission
  - Length of stay: 12 days on re-admission
- 7.0% mortality on Cardiology wards
- 11.0% mortality on General Medical wards
- 14.0% mortality on Other Wards
Screening criteria

- Common
- Health Burden
- Detectable
- Treatments effective

- Yes to all (guarded for HFPEF!)