Obrnuta epidemiologija bolesnika s akutnim zatajivanjem srca

Reverse epidemiology in patients with acute heart failure

Ines Potočnjak^{*1},
Matias Trbušić²,
Sanda Dokoza
Terešak¹,
Bojana Radulović³,
Gudrun Pregartner⁴,
Saša Frank⁵,
Vesna Degoricija²

¹Klinički bolnički centar Sestre milosrdnice, Zagreb, Hrvatska

²Medicinski fakultet Sveučilišta u Zagrebu, Zagreb, Hrvatska

³Klinički bolnički centar Zagreb, Zagreb, Hrvatska

⁴Institute for Medical Informatics, Statistics and Documentation, Medical University of Graz, Graz, Austrija

⁵Institute of Molecular Biology and Biochemistry, Centre of Molecular Medicine, Medical University Graz, Graz, Austrija

¹University Hospital Centre "Sestre milosrdnice", Zagreb, Croatia

²University of Zagreb School of Medicine, Zagreb, Croatia

³University Hospital Centre Zagreb, Zagreb, Croatia

⁴Institute for Medical Informatics, Statistics and Documentation, Medical University of Graz, Graz, Austria

⁵Institute of Molecular Biology and Biochemistry, Centre of Molecular Medicine, Medical University Graz, Graz, Austria

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***ADDRESS FOR CORRESPONDENCE:** Ines Potočnjak, Klinički bolnički centar Sestre milosrdnice, Vinogradska cesta 29, HR-10000 Zagreb, Croatia. / Phone: +385-91-382-0604 / E-mail: ines.potocnjak@yahoo.com

ORCID: Ines Potočnjak, <http://orcid.org/0000-0001-9351-9669> • Matias Trbušić, <http://orcid.org/0000-0001-9428-454X> • Sanda Dokoza Terešak, <http://orcid.org/0000-0003-3316-4020> • Bojana Radulović, <http://orcid.org/0000-0003-2355-8405> • Gudrun Pregartner, <http://orcid.org/0000-0002-9899-0502> • Saša Frank, <http://orcid.org/0000-0003-4826-7698> • Vesna Degoricija, <http://orcid.org/0000-0001-6226-4018>

Cilj: Utvrditi da li bolesnici s akutnim zatajivanjem srca i udruženim metaboličkim sindromom imaju lošiji ishod, dužinu hospitalizaciju, veću bolničku i tromjesečnu smrtnost.

Pacijenti i metode: Istraživanje je provedeno kao prospektivno, jednocentrično, opservacijsko na 152 bolesnika. Bolesnici su definirani prema ESC i ACCF/AHA Smjernicama za srčano zatajivanje.

Rezultati: Srednja dob je bila 75,2 godina (SD 10,3), 52% su bile žene, srednji indeks tjelesne mase (ITM) je bio 28,8 kg/m² (SD 5,4). Bolnička smrtnost je bila 14,5%, tromjesečna 27,4%, a duljina hospitalizacije je bila 11,34 (SD 9,26) dana. Bolesnici s metaboličkim sindromom bili su dulje hospitalizirani u odnosu na bolesnike bez metaboličkog sindroma. Neočekivano, bolesnici s akutnim zatajivanjem srca i pridruženim metaboličkim sindromom imali su bolje preživljavanje. Univarijantnom analizom zabilježeno je da je u bolesnika bez metaboličkog sindroma bio veći izgled bolničke i tromjesečne smrti. Paradoksalno viši ITM (≥ 25 kg/m²), ukupni kolesterol i arterijski tlak povezani su s manjim izgledom smrtnosti u bolnici i nakon tri mjeseca. Niži HDL i viši IL-6 bili su udruženi s većim izgledom tromjesečne smrtnosti.

Zaključak: Bolesnici s metaboličkim sindromom bili su dulje hospitalizirani, bolesnici bez metaboličkog sindroma imali su veći izgled bolničke i tromjesečne smrti. Rezultati istraživanja upućuju na pojavu «obrnute epidemiologije»¹⁻³. Obrnuta epidemiologija je paradoksalna povezanost sniženog ITM, razine ukupnog kolesterola i arterijskog tlaka, s povećanim morbiditetom i mortalitetom bolesnika s zatajivanjem srca. Zaključno, rezultati upućuju na važnost dijagnosticiranja metaboličkog sindroma, kontrolu lipidograma i reevaluaciju hipolipemičke terapije u bolesnika s akutnim zatajivanjem srca.

Aim: To investigate whether patients with acute heart failure and concomitant metabolic syndrome have worse outcome, longer hospitalisation, higher in-hospital and three-month follow-up mortality.

Patients and Methods: The study was performed as a prospective, single-centre, observational research on 152 patients, defined and categorized according to the ESC and ACCF/AHA Guidelines for HF.

Results: Mean age was 75.2 years (SD 10.3), 52% were female, mean body mass index (BMI) 28.8 kg/m² (SD 5.4). Hospital mortality was 14.5%, three-month 27.4%, length of hospitalisation 11.34 (SD 9.26) days. Patients with metabolic syndrome were hospitalized longer comparing to those without metabolic syndrome. Unexpected, patients with acute heart failure and concomitant metabolic syndrome had better survival. Univariate analysis revealed higher odds ratio for in-hospital and three-month mortality in patients without metabolic syndrome. Paradoxically, higher BMI (≥ 25 kg/m²), total cholesterol and blood pressure were associated with lower odds ratio of in-hospital and three-month mortality. Lower HDL and higher IL-6 were associated with higher three-month mortality.

Conclusion: Patients with metabolic syndrome were longer hospitalized, patients without metabolic syndrome had higher odds ratio of in-hospital and three-month mortality. Results of this study suggest that "reverse epidemiology" emerged¹⁻³. Reverse epidemiology is paradoxical association of lowered BMI, total cholesterol concentration, and blood pressure with higher morbidity and mortality in patients with heart failure. To conclude, results emphasize importance of diagnosing metabolic syndrome, lipid control and hypolipemic therapy re-evaluation.

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