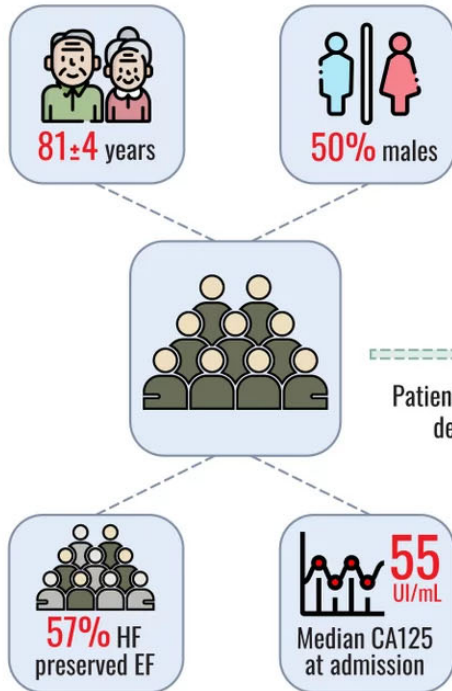


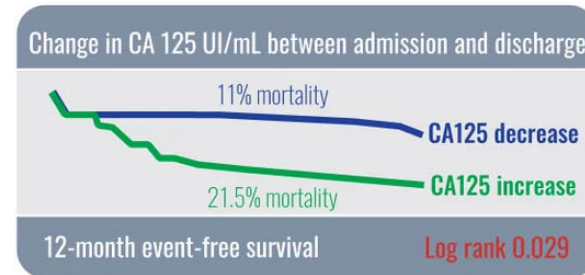
ADHF

Acute Decompensated HF



	HR all-cause mortality	HR HF mortality
Admission CA125 > median	2.16 (1.07-4.37)	3.15 (1.34-7.41)
Discharge CA125 > median	3.15 (1.97-4.89)	3.41 (2.65-5.24)

RESULTS



BB Insulin in COPD exacerbations

Admission due to COPD exacerbations + glucocorticoid induced hyperglucemia + at least 3 glucose readings per day



Patients



PRE INTERVENTION

n= 99



POST INTERVENTION

n= 100

Composite primary endpoint



n= 28 (28%)



n= 24 (24%)

Adjusted Odds Ratio
1.03 [CI: 0.46 - 2.33; *p*= 0.934]

Secondary endpoint



Mean hospital glucose

223.5 +/- 66.6 mg/dL

216.8 +/- 61.6 mg/dL

△ -6.7 [CI: -11.6 +24.6; *p*= 0.73]



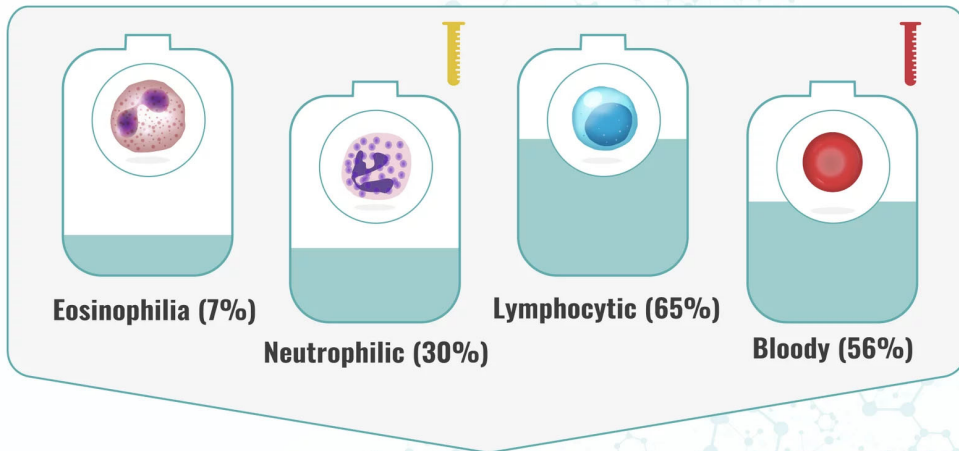
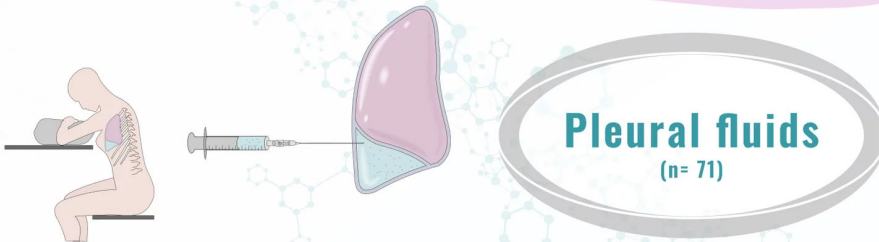
Hypoglycemia rate

12%

6%

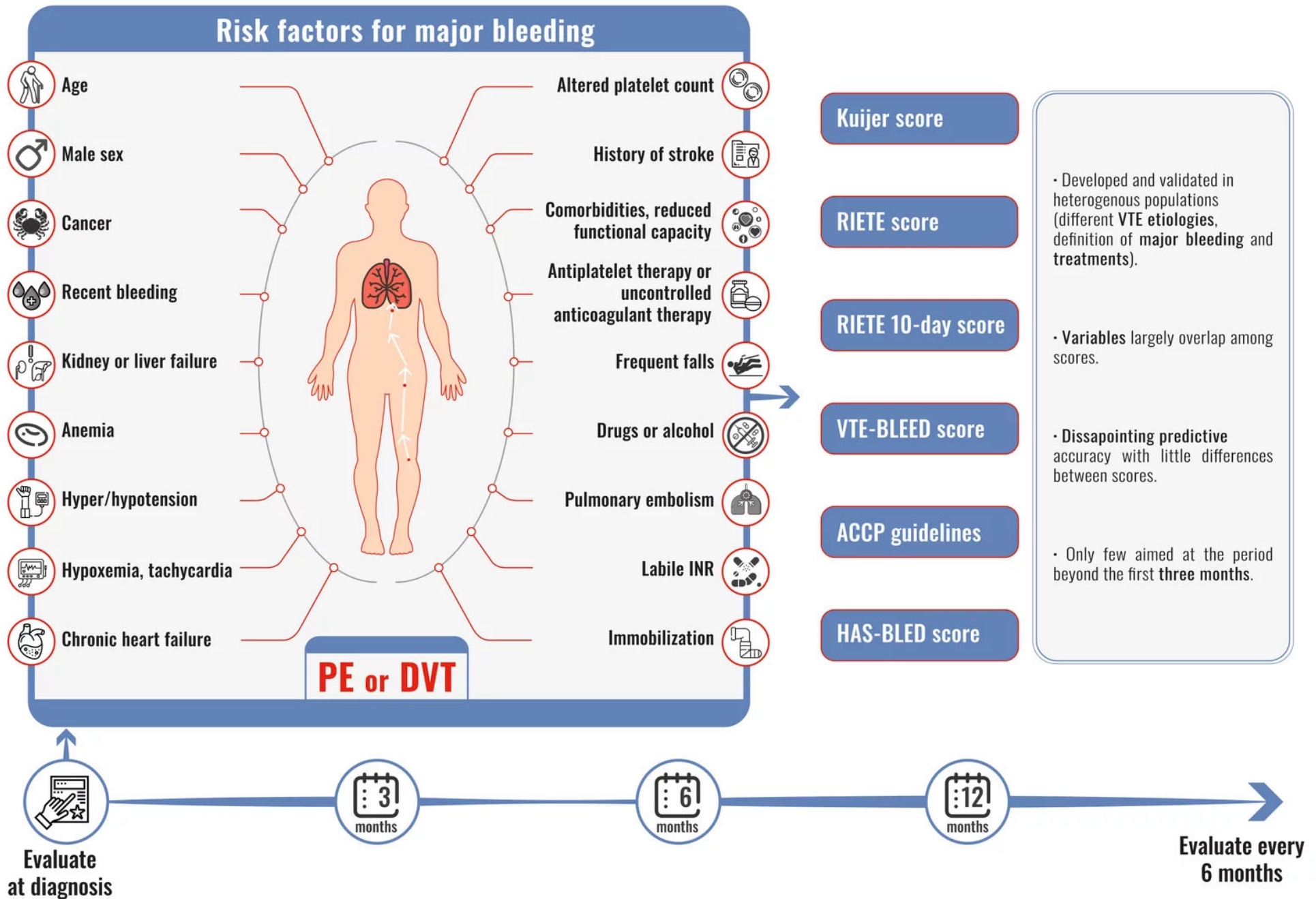
Adjusted Odds Ratio
0.13 [CI 0.01 - 0.89; *p*= 0.003]

Pulmonary embolism



Exudative by Light's criteria (100%)

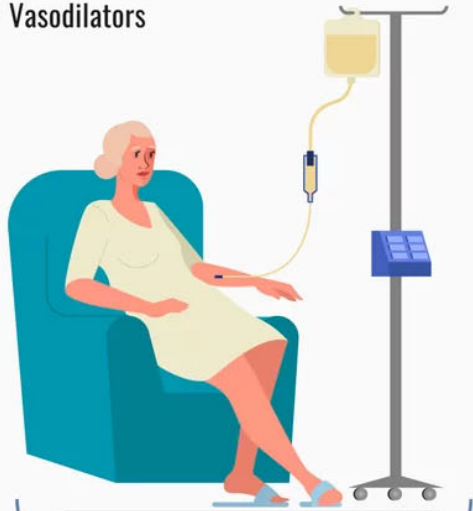
- Pleural fluid protein divided by serum protein >0.5 or
- Pleural fluid LDH divided by serum LDH >0.6 or
- Pleural fluid LDH $>2/3$ the upper normal limit for serum LDH



Clinical congestion

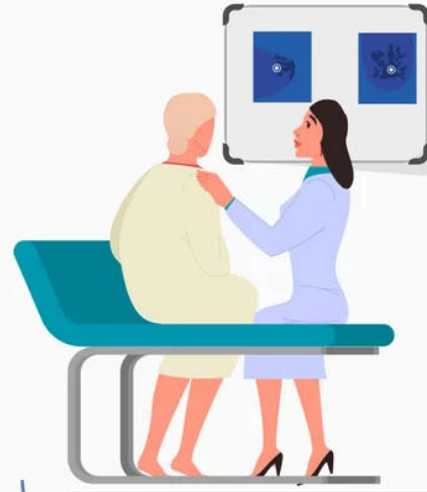
I.V. Treatment

- Loop Diuretics
- Vasodilators



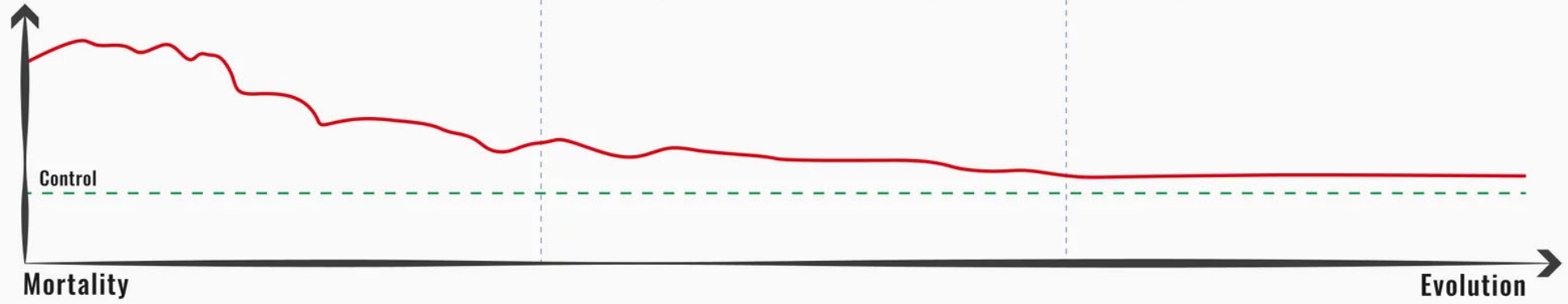
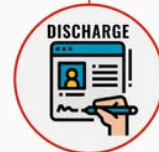
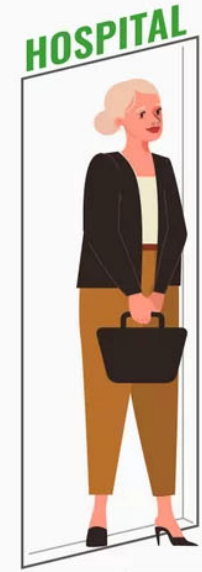
Residual/Subclinical congestion

- Oral treatment
Discharge



Hemodynamic congestion

Only detectable by invasive techniques



Malnutrition in heart failure patients

PREVALENCE

Prevalence: 16 to 90%

Higher in hospitalized patients and advanced heart failure

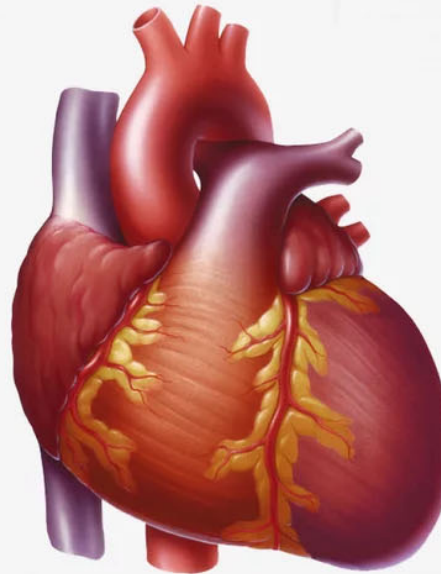
FACTORS RELATED TO MALNUTRITION

Systemic inflammation

Low intake and malabsorption

Advanced age

Others



NUTRITIONAL ASSESSMENT TOOLS

MNA-SF: Mini Nutritional Assessment Short Form

NRI: Nutritional Risk Index

GNRI: Geriatric Nutritional Risk Index

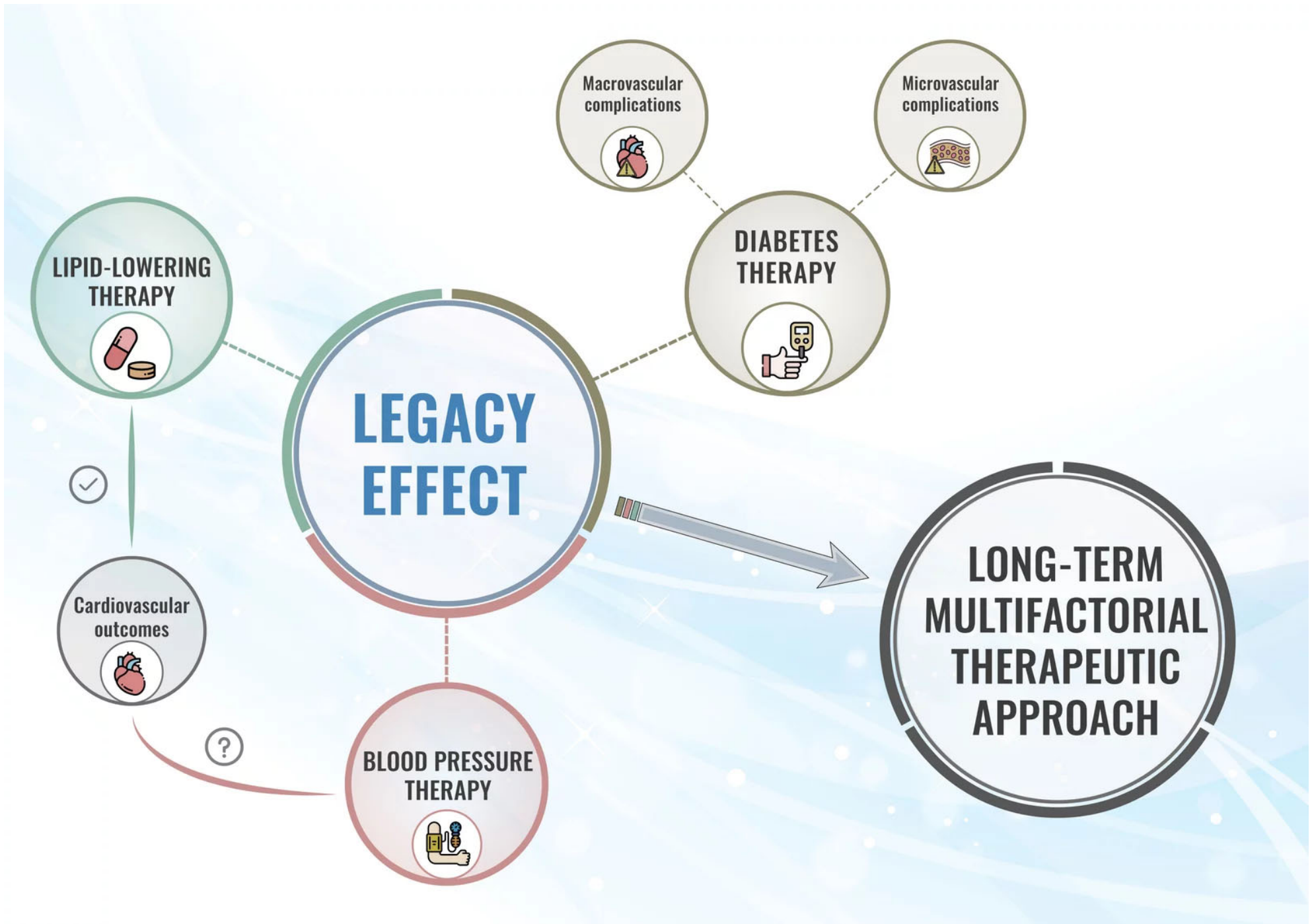
CONUT: CONTrolling NUTritional status

TREATMENT

Nutritional support

PROGNOSTIC VALUE

Higher risk of mortality, readmission and complications



ON THE BASIS OF GENDER AND SEX IN HEALTHCARE

SEX VS. GENDER

Initiatives to support gender equality in healthcare and sex/gender



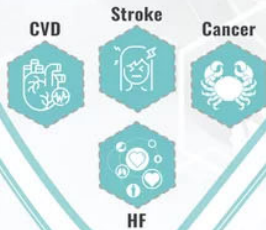
Diagnostic and therapeutic efforts



SARS-CoV-2 infection



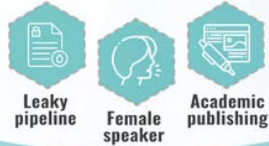
Representative diseases with sex and gender differences



Appropriate medical care for women and men



Academic setting, leadership positions and research in medicine



· Firstly, **gender balance** in medical research and clinical workforce can improve research quality and patient outcomes.



UNESCO (2018) : <30% world's research



· Secondly, **gender diversity** can translate into increased productivity, greater innovation and better decision-making.

· But more importantly, achieving **gender balance** in medicine is the right thing to do.

Older people with arterial hypertension



Hypertension evaluation



Office BP Measurement



Home BP Measurement



CV Risk Evaluation



HTMOD Evaluation

Frailty and geriatric evaluation



Functional independence



Geriatric syndromes



Sarcopenia



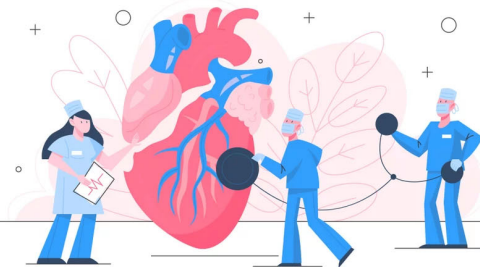
Cognition



Frailty phenotype: Fried, SPPB



Cumulative deficits frailty



ROBUST

Guideline recommended :

- Lifestyle modification
- Antihypertensive therapy

FRAIL

Intervention : nutrition, exercise, etc ...



Same as ROBUST

- Less stringent goals
- Evaluate orthostatic hypotension
- Consider polypharmacy, interactions and adverse effects