

Post-hospital mortality of polypathological patients in COVID-19 pandemic

Pandemic increased post-hospital mortality of polypathological patients

BACKGROUND

- 1/3 of patients admitted to internal medicine wards have **multiple chronic comorbidities**.
- Polypathology criteria identify complex **multimordidity**. PROFUND prognostic index has been validated in these patients.
- Methods.** Observational study. Two cohorts of polypathological patients discharged from an internal medicine department.
 - **Prepandemic:** 1st quarter 2017-9
 - **Pandemic:** 1st quarter 2020
- Age, sex, and PROFUND were registered.
- Vital status was retrieved at 3,6,12 months



Discharge from the hospital in 1st quarter of the year

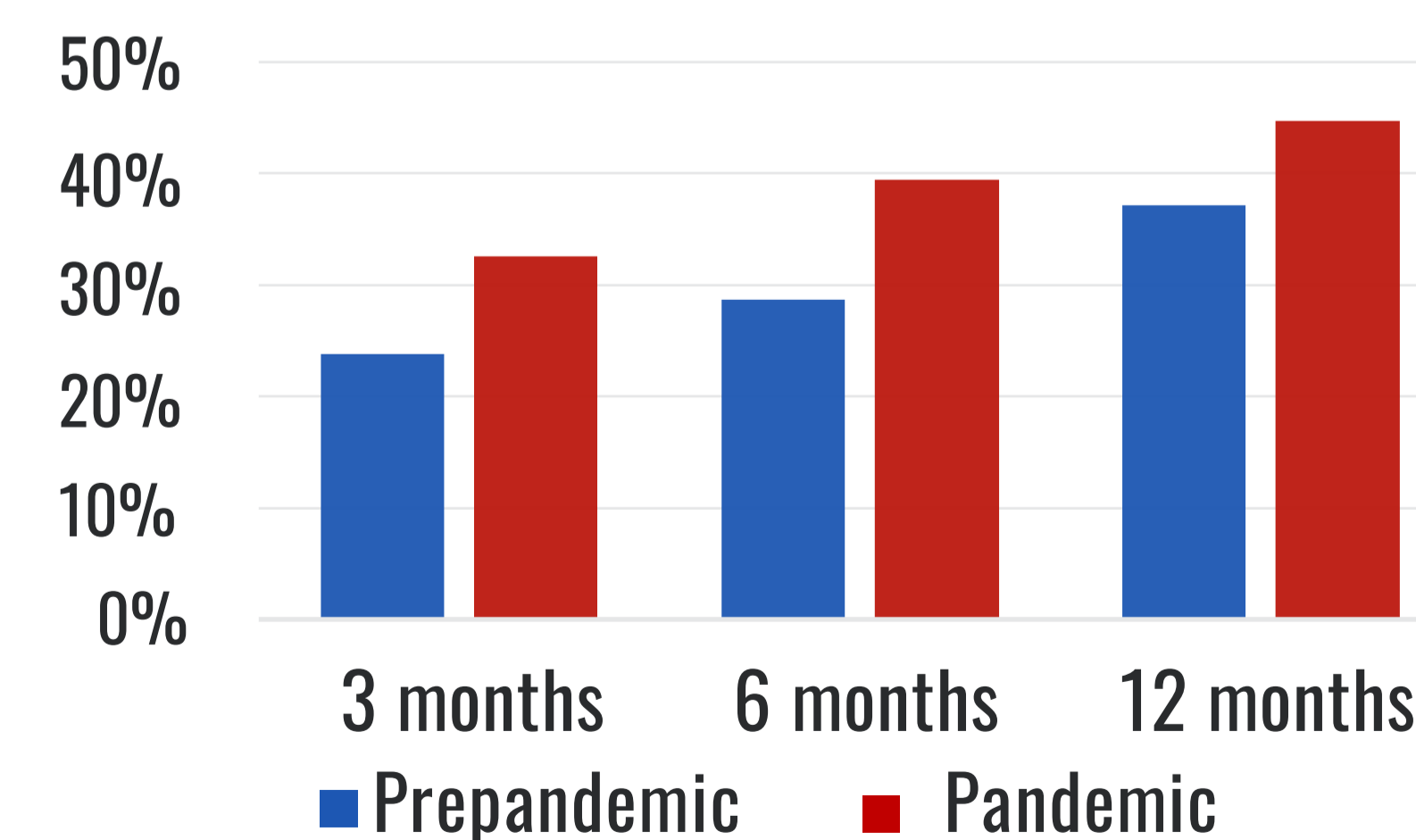


512 prepandemic (2017-2019)

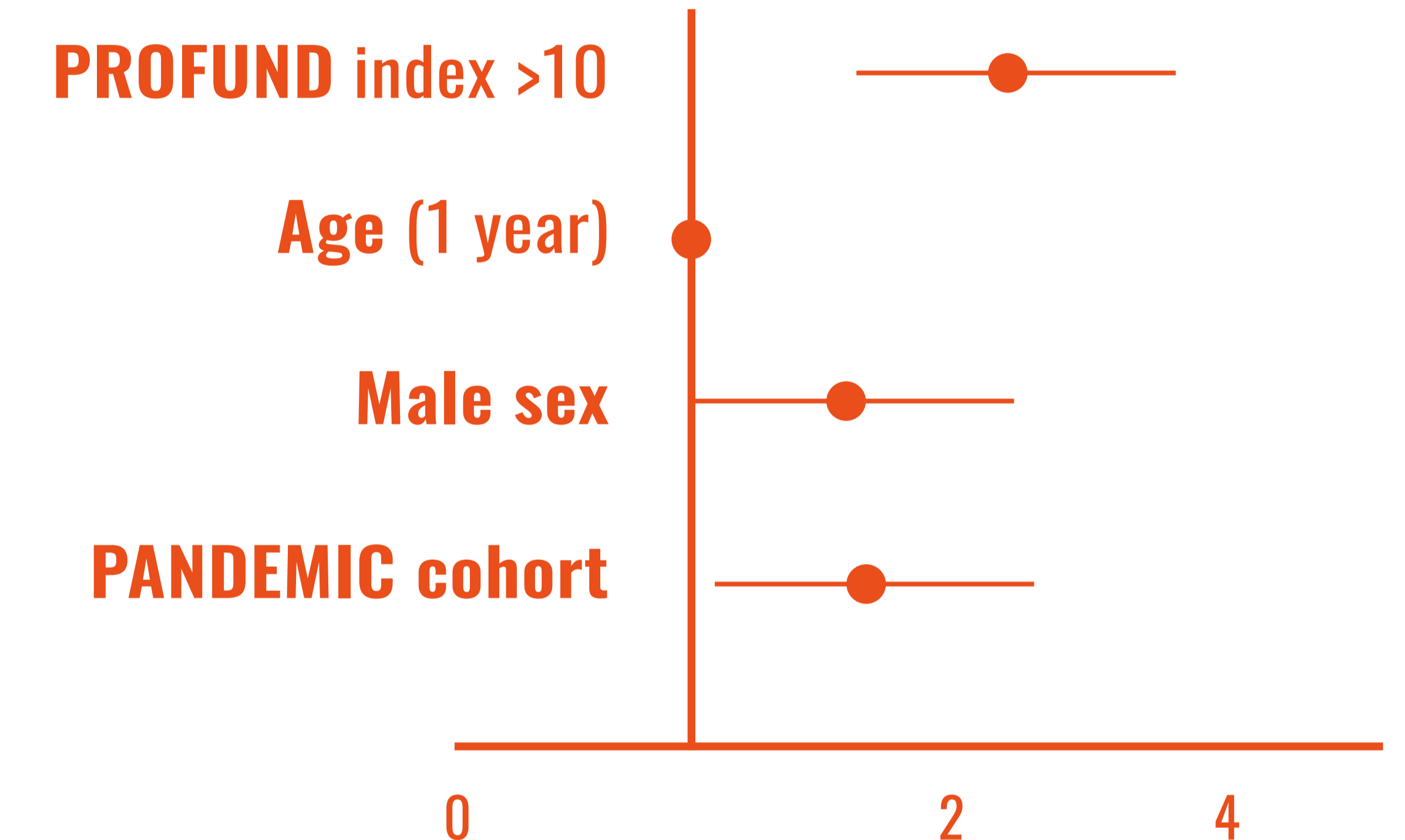


132 pandemic (2020)

Crude mortality during follow-up



6 month accumulated risk of death (adjusted by PROFUND index >10, age, sex)






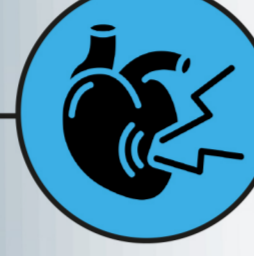




Pandemic increased **63%** risk of 6-month post-hospital accumulated death in polypathological patients

No differences found at 3 or 12 months



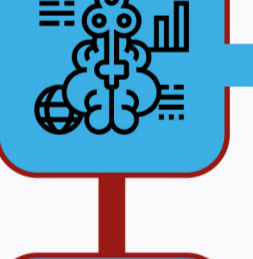
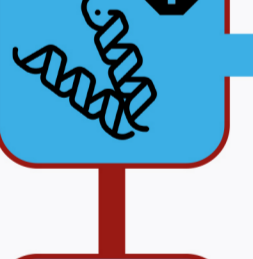

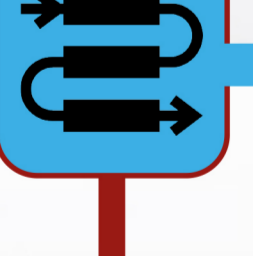

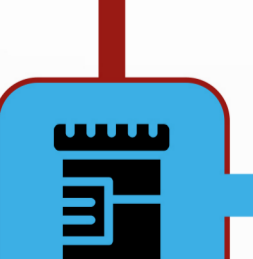
Registry of Cardiac Amyloidosis in Heart Failure (REGAMIC)

Inclusion criteria

-  Age ≥ 18 years-old
-  HF diagnosis (ESC 2021 Guidelines)
-  Internal Medicine: inpatients or outpatients
-  LVEF: any value
-  LVH: septum or posterior wall ≥ 12 mm
-  Well-founded clinical suspicion of Cardiac Amyloidosis (ESC position statement 2021)
-  Elevated natriuretic peptides
-  Informed consent



Inclusion visit




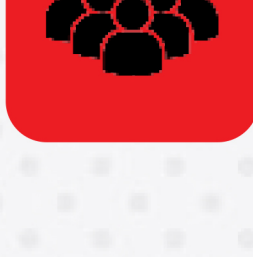
-  HF-related variables
-  Comorbidities
-  Functional/cognitive status
-  Amyloidosis specific data
-  Basic laboratory tests
-  Complementary procedures
-  Cardiac scintigraphy: 99mTc-DPD/PYP/HMDP
-  Serum FLCs and serum and urine IFE

- Cardiac Amyloidosis ruled out
- Cardiac Amyloidosis confirmed

Clinical, electrocardiographic, echocardiographic and follow-up data in both groups will be compared.

If ATTR suspected: Study of TTR gene mutations

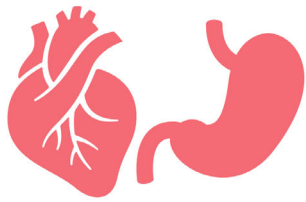
Two-year follow-up visit

-  Follow-up events
-  Vital status and causes of death
-  Admissions for HF and other causes
-  ED visits for HF and other causes

ATTR: Transthyretin amyloidosis; ED: Emergency Departments; ESC: European Society of Cardiology; FLCs: free light chains; HF: heart failure; IFE: immunofixation electrophoresis; LVEF: left ventricular ejection fraction; LVH: left ventricular hypertrophy; NYHA: New York Heart Association; TTR: transthyretin; 99mTc-DPD/PYP/HMDP: 99mTechnetium- 3,3-diphosphono-1,2-propanodicarboxylic acid / pyrophosphate / hydroxymethylene diphosphonate.

Evidence of the usefulness of VEXUS score in the diagnosis and treatment of cardiorenal syndrome: a narrative review.

Cardiorenal Syndrome



And

VExUS Score

Methodology

Search: systematic reviews, meta-analyses, observational studies, original studies, articles on evidence-based medicine sites in english and spanish

Sources: Pubmed, Cochrane Library, Google scholar

Keywords: "VEXUS score", "Point-of-care ultrasound", "Venous Excess Ultrasound Score", "Acute kidney injury", "cardiorenal syndrome", "renal failure", "Congestive heart failure"

Results:

43 articles

13 included for revision

1

IN THE LITERATURE
THERE IS
CONSIDERABLE
EVIDENCE OF VEXUS
IN COHORTS OF
POST-SURGICAL
PATIENTS

2

IT IS NECESSARY TO
GENERATE EVIDENCE
TO KNOW IF THIS
SCORE COULD BE
USEFUL TO MANAGE,
ASSESS AND ADJUST
THE TREATMENT OF
OUR MAIN COHORT OF
PATIENTS

3

WOULD THE
MODIFICATION OF THE
ORIGINAL VEXUS
PROTOCOL MAKE IT
VALID FOR THE
MAJORITY OF THE
PATIENTS THAT WE
OBSERVE IN OUR DAILY
PRACTICE?