AC011

Adult Cardiology & Clinical Cardiovascular Medicine • Poster Presentation

PREDICTORS OF SURVIVAL AMONG PATIENTS ATTENDING CARDIOLOGY CLINIC: A SINGLE-CENTER FIVE-YEAR RETROSPECTIVE STUDY

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Stand: POSTER #AC011 | **Venue:** Poster Exhibition Hall & Gallery - Eko Convention Centre |**Online Ref:** https://nigeriancardiacsociety.com/abstracts/AC011

Introduction: Cardiovascular diseases remain a leading cause of morbidity and mortality globally. Advanced cardiovascular care in Nigeria faces challenges from regional insecurity, which disrupts continuity of care critical for chronic CVD management. Data on how attendance influences survival is limited.

Objective: This single-center, five-year retrospective study aimed to identify predictors of survival among patients attending a cardiology clinic, using regular clinic attendance as a proxy for care continuity in an insecurity-prone setting.

Methods: We retrospectively reviewed 359 patient records (mean age 50±15 years, 50.7% male) from a cardiology clinic, Dec 2020–Nov 2025. Regular attendance was defined as ?4 visits/year. Data on socio-demography, clinical characteristics, clinic attendance, and outcomes were extracted and analyzed. Primary outcome was survival vs. mortality/lost to follow-up. Logistic regression identified independent predictors. Results: Mortality was 3.9% (n=14) and loss to follow-up 16.1% (n=58). Survival was 74.7%, mean 23.7 months. Only 17.5% maintained regular attendance; attendance did not significantly predict survival (p=0.321). Higher ejection fraction predicted improved survival (adjusted OR=1.099, 95% CI:1.003–1.204, p=0.043). HFrEF was associated with lower survival odds (OR=0.013, p=0.040). LVIDd, left atrial size, and pulse rate were associated with reduced survival on unadjusted analysis.

Conclusion: Poor regular attendance reflects a critical gap in advanced cardiovascular care delivery, likely worsened by insecurity and transport barriers. Ejection fraction and HFrEF status, not attendance, predicted survival. Strengthening cardiovascular care requires strategies addressing insecurity-related barriers to continuity, plus aggressive management of systolic dysfunction.

Keywords: Cardiovascular disease Continuity of patient care Heart failure with reduced ejection fraction Clinical outcomes Nigeria