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CLINICAL CHARACTERISTICS AND PREDICTORS OF IN-HOSPITAL OUTCOMES AMONG PATIENTS HOSPITALIZED FOR ACUTE HEART FAILURE IN NIGERIA: EVIDENCE FROM THE IBADAN ACUTE HEART FAILURE PROJECT

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Background: Data on the clinical characteristics and in-hospital outcomes of acute heart failure (AHF) in Nigeria remain limited. This study described the clinical profile and in-hospital outcomes of patients admitted with AHF to the Cardiology Unit of the University College Hospital, Ibadan.

Methods: We enrolled 1,007 consecutive patients admitted with AHF between 2016 and 2025. Demographic, clinical, laboratory, electrocardiographic, echocardiographic, treatment, and outcome data were collected. Patients with prolonged hospitalization (>9 days) and non-survivors were compared with their respective counterparts.

Results: The mean age was 56.1±16.0 years, and 56.7% were male. De novo AHF accounted for 60.6% of cases. Dyspnea on exertion and paroxysmal nocturnal dyspnea occurred in 73.6% and 70.4% of patients, respectively, while 75.5% presented in NYHA class III/IV. Mean hospital stay was 9.7±5.7 days; 31.4% remained hospitalized for >9 days. Overall, 91.7% were discharged, 5.7% died, and 2.7% were discharged against medical advice. Patients with prolonged hospitalization had higher respiratory rate, raised jugular venous pressure, leg oedema, advanced NYHA class, and were more likely to have pericardial disease, dilated cardiomyopathy, and tricuspid regurgitation, but lower blood pressure and lipid levels. Non-survivors were older and had higher respiratory rate, blood pressure, and white blood cell count.

Conclusion: Acute heart failure continues to impose a substantial burden of hospitalization and adverse outcomes. Simple clinical and laboratory parameters at presentation may facilitate early risk stratification and guide timely interventions in resource-limited settings.

Keywords: Acute heart failure, In-hospital mortality, Predictors