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CLINICAL EPIDEMIOLOGY OF ACUTE HEART FAILURE IN NIGERIA: INSIGHTS AND LESSONS FROM THE IBADAN HEART FAILURE PROJECT

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Background Contemporary evidence and long-term outcomes are limited. The Ibadan acute heart failure project was set up in 2016 to address this gap

Methods The project is a real-life, prospective observational study that was conducted on patients with acute heart failure at the University College Hospital. Data were collected using a pretested case report form. Data on demographic, clinical, laboratory, electrocardiographic, echocardiographic, treatment, and outcome data were collected.

Results The mean age of the study participants was 55.9 ± 16.0 years, and 43.4% were female. The majority, 80.4% of patients, had de novo acute HF. 74.3% were in NYHA class III/IV. Hypertension, type 2 diabetes mellitus, and atrial fibrillation were present in 73.8%, 14.3%, and 12.7%, respectively. The mean LVEF was 37.7 ± 18.5% and TAPSE 16.1 ± 1.62 cm. About 77.2% had HFrEF, and over 2/3 had RV dysfunction. Mitral and tricuspid regurgitation were present in 72.2% and 21.5%. The mean hospital stay was 9.7 ± 5.7 (95% CI: 9- 10)days. The intrahospital mortality was 5.9%. At 12 months follow-up, 29.6% died, and 6.4% were readmitted.

Conclusion Acute HF is a disease of the young and middle-aged population. Presentation is often late with severe structural abnormalities. Heart failure with reduced EF is more common. Intrahospital mortality is similar to data from high-income countries, but 1-year mortality is high. The Project provides opportunities for initiatives to improve outcomes.

Keywords: Acute Heart Failure, Hospital admission, Mortality