Medical journey and short-term outcome of acute heart failure: The OFICA study

Damien Logeart [Orateur] (1), Pascal Degroote (2), Jean-Jacques Dujardin (3), Guillaume Jondeau (4), Yves Juilliere (5), Geneviève Mulak (6), Luc Hittinger (7), Marie-France Seronde (8), Jean-Michel Tartière (9), Jean-Michel Tartière (9), Jean-Noel Trochu (10)

(1) Hôpital Lariboisière, Cardiologie, Paris, France - (2) CHU Lille, Cardiologie, Lille, France - (3) Centre hospitalier de Douai, Cardiologie, Douai, France - (4) Hôpital Bichat, Cardiologie, Paris, France - (5) CHU Nancy, Cardiologie, Nancy, France - (6) Société Française de cardiologie, Paris, France - (7) Hôpital Henri-Mondor, Créteil, France - (8) Hôpital Jean Minoz, Besancon, France - (9) CHI Toulon-La Seyne Sur Mer, Toulon, France - (10) CHU Nantes, Institut du Thorax, Nantes, France

Aims: OFICA is a nationwide, observational study of characteristics, management and outcome of acute heart failure (AHF) during hospitalization as well as after discharge.

Methods: A single-day snapshot was performed on 12 March 2009 in French public and private hospitals. Investigators were encouraged to include all hospitalized patients with a diagnosis of AHF, irrespective of the time of admission. Planned hospitalizations and cardiac surgery setting were excluded. Relevant data was recorded about medical journeys and outcome was assessed after discharge.

Results: The survey included 1817 patients (77±13y, 45% females) in 170 centers from cardiology wards (58%) as well intensive care units (18%) and internal medicine (24%). Before definitive admission at hospital, most patients were firstly examined by family doctors (41%) or cardiologist (18%). Mobile medical units were required in 33% of cases and patients were admitted in cardiac intensive care unit in 41% of cases. In-hospital mortality was 8.8%. Most survivors were discharged at home (66%) or in rehabilitation centers (5%) or in nursing homes (19%). Patients were followed by family doctors in 63% of cases, private cardiologists in 33% and hospital doctors in 32%; only 5% were included in HF networks or ambulatory HF units. At 3 months, the rate of all-cause death was 17.8% and the rate of hospitalization was 30.9%.

Conclusion: The OFICA survey is a valuable tool for analyzing AHF in the real life because of a large inclusion of unselected patients in different types of hospitals as well as departments. Family doctors play an important role as a first step management before admission as well after discharge while use of rehabilitation centers or HF units is marginal. High rates of death as well as hospitalization are observed in the short-term follow-up.