Résumé

Thème : 02-Insuffisance Cardiaque et Cardiomyopathies

Correspondant : Dr E. Donal , CHU de Rennes - Hôpital Pontchailloux, Centre Cardio-Pneumologique (Rennes, France)

Heart failure with preserved ejection fraction.
Age of Atrial fibrillation: two main characteristics of patients enrolled in the KaRen project.

Erwan Donal [Orateur] (1), Lars Lund (2), Christophe Thebault (1), Elodie Drouet (3), Genevieve Mulak (3), Cecilia Linde (2), Jean-Claude Daubert (1)

(1) CHU de Rennes - Hôpital Pontchailloux, Centre Cardio-Pneumologique, Rennes, France - (2) Karolinska Hospital, Stokholm, Suède - (3) SFC, Paris, France

BACKGROUND: We describe the baseline characteristics of subjects prospectively recruited in the KaRen morbidity-mortality French and Swedish registry. KaRen's purpose is to study the impact of dyssynchrony (electrical and/or mechanical) on the prognosis of heart failure patients with preserved ejection fraction.
METHODS AND RESULTS: the Karen study is an ongoing study with a minimum follow-up of 18-month for every patient. Here, we are reporting the initial characteristics of the 268 first patients included in the registry. These heart failure patients with preserved ejection fraction recruited in university hospitals are old.The mean age is 76.5 years old. 43% are between 80 and 89 years old. 59% were women. 10% of them have a bundle branch block. The prevalence of hypertension is 75%, coronary artery disease 31%, valvular heart disease 20%, atrial fibrillation 88%, pulmonary primitive disease 24%, peripheral vascular disease 15%, renal insufficiency 26% (creatinine >120µmol/l). The percentage of death at 4-8 weeks follow-up after the inclusion is 4% (9% in Sweden and 2 in France despite the great similarity between the other characteristics of the population).
CONCLUSIONS: Patients in KaRen are "real world" patients with heart failure and preserved ejection fraction. Age and atrial fibrillation are the two most determinant characteristics of our population.