



[Home](#)
[Announcements](#)
[Archives](#)
[Fast Track Issue](#)
[Search](#)
[User](#)
[About](#)
[FYI](#)
[Go to mat.or.th](#)

Journal of the Medical Association of Thailand, Vol 96, No 2

Home > Vol 96, No 2 > **Moleerergpoom**

Font Size: [A](#) [A](#) [A](#)

Predictors of In-Hospital Mortality in Acute Decompensated Heart Failure (Thai ADHERE)

Worachat Moleerergpoom, Kriengrai Hengrussamee, Dilok Piyayotai, Woravut Jintapakorn, Pradub Sukhum, Rapeephon Kunjara-Na-Ayudhya, Thouantosaporn Suwanjutah, Prasart Laothavorn

Abstract

Background: Heart failure had emerged as a major public health problem and became the leading cause of hospitalization. The Acute Decompensated Heart Failure National Registry (ADHERE) of US patients hospitalized with a primary diagnosis of acute decompensated heart Failure (ADHF) had been reported worldwide for the risk stratification and predicting In-hospital mortality.

Objective: Identify clinical risk factors or treatment procedures that could predict In-hospital mortality in Thai patients with ADHF.

Material and Method: Thai ADHERE is a multicenter, observational, prospective study. The data were collected via web-based electronic data capture and analyzed. Two thousand forty one hospitalization episodes involving 1,671 patients in the 18 participating hospitals between March 2006 and September 2007 were analyzed. All clinical factors associated with In-hospital mortality identified by univariate analysis were further analyzed by Logistic regression model.

Results: One hundred thirteen patients died during the hospitalization period with overall mortality rate of 5.5%. Systolic blood pressure <90 mmHg, creatinine >2.0 mg/dL, history of stroke/TIA, and NYHA class IV were independent risk factors for In-hospital mortality with adjusted OR (95% CI) = 3.45 (1.77-6.79), 1.99 (1.30-3.05), 1.85 (1.11-3.08) and 1.69 (1.08-2.64) respectively. Hypertensive cause of CHF, prior use of lipid lowering drug, and hemoglobin level were associated with lower risk, adjusted OR (95% CI) = 0.35 (0.15-0.81), 0.51 (0.34-0.78) and 0.90 (0.82-0.98) respectively.

Conclusion: The clinical predictors for In-hospital mortality of Thai ADHERE that associated with worse outcome were systolic blood pressure <90 mmHg, creatinine >2.0 mg/dL, history of stroke/TIA, and NYHA class IV. Hypertensive cause of CHF, prior use of lipid lowering drug, and hemoglobin were associated favorable outcome.

Keywords: Predictors, In-hospital mortality, Thai-ADHERE

Full Text: [PDF](#)

The Medical Association of Thailand

Address: 4th Floor, Royal Golden Jubilee Building, 2 Soi Soonvijai, New Petchburi Road, Bangkok 10310, Thailand
Telephone: 0-2716-6102, 0-2716-6962 press 0 Fax: 0-2314-6305

E-mail: jmedassocthai@yahoo.com, math@loxinfo.co.th 