

4th World Congress on
Congestive Heart Failure & Angina
August 13-14, 2024 | Webinar

Volume : 15

Prognosis and Quality of Life in Heart Failure Patients: Insights from Remote Monitoring Data, Stratified by Age and Gender

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Introduction: Heart failure (HF) significantly impacts patients' quality of life (QoL) and hospitalizations. Telemedicine has demonstrated in several studies to improve quality of life and reduce hospitalizations.

Objective: We investigate this through a cohort of patients enrolled in a remote monitoring program (Satelia® Cardio).

Method: 3,356 patients (37% women, 63% men) enrolled in the remote monitoring program (Satelia® Cardio) were included (Figure 1).

Results: Among women, 47% were under 80 years old, while 66% of men were under 80. On average, included men were younger than women. Men under 80 had an average LVEF of 37%, while those over 80 had an average of 45%. In women, these values were 41% and 51%, respectively. Women more often exhibit preserved LVEF, especially those over 80 (49.7%). Regarding comorbidities, men have more than women (32% vs. 27%), with a trend increasing with age. Hypertension is common, especially among the elderly. Men have more often digital follow-up than women. Satelia® Cardio nurse follow-up is more frequent among elderly women. Older men and women are more often followed by a nurse than younger ones. In terms of QoL, patients under 80 have better QoL than those over 80. Men report fewer issues than women, regardless of age. Regarding mortality, men have a higher death rate (4.0%) compared to women (2.6%), especially among those over 80 (5.5% for men vs. 2.9% for women). The distribution of HF etiologies is similar between genders, as is the NYHA classification. After six months of remote monitoring, a significant improvement is observed in patients under 80, especially among women, regarding anxiety/depression and daily activities.

Conclusion: Remote monitoring improves the quality of life of heart failure patients and reduces hospitalizations, particularly among women and patients under 80.

Biography

Manel EL BLIDI is a HF specialist who has expertise in the management of chronic heart failure patients. She contributed to the development of ambulatory units designed for the management of heart failure patients based on a new fast patients pathways after discharge with fast titrations, enhancing collaboration with general practitioners and innovative therapeutic education tools involving nurses. She also works on the development of innovative remote patient monitoring tools for the follow-up of these patients and thus reducing the rates of rehospitalizations.

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Abstract received : April 29, 2024 | Abstract accepted : May 01, 2024 | Abstract published : 20-08-2024