# Heart failure management in high-risk patient groups

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## Aims

To assess the heart rate control of patients with multiple hospital admissions for heart failure.

## Methods

100 patients with two or more hospital admissions within a year were identified, and data were collected from their original case notes. Information was gathered on the patient's heart rate on discharge 1 and discharge 2, alongside their suitability for ivabradine, as assessed by the NICE guidelines.

## Results

33% of patients died, highlighting the high mortality rate in this population.

On the second discharge, 72% of patients did not have an adequately controlled heart rate (defined as <75 bpm), and the average heart rate was 78 bpm. Of those whose heart rate was not controlled, 24 would be suitable for ivabradine.

## Conclusions

The evidence base for improved mortality and morbidity for heart rate control in heart failure is well demonstrated, and thus heart rate needs to be controlled. Despite two hospital admissions, and two opportunities to target heart rate, it is not being appropriately controlled prior to discharge.

Another consideration is the early role for ivabradine in heart rate control, rather than waiting until the failed up-titration of beta blockers, which is a notoriously difficult task.


## Conflict of interest statement

The authors have no conflict of interest. ■

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