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Heart failure: Management failures, who is to be blamed?

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Heart Failure (HF) remains a major public health problem that has high incidence and prevalence globally. It is the leading cause of hospitalization for people of 65 years of age and older and rates of hospital readmission within 6 months range from 25% to 50%. The personal burden of HF includes debilitating symptoms, frequent re-hospitalizations and high rates of mortality. HF also poses a substantial economic burden, with annual direct costs for the care of HF patients estimated to be between \$20 billion and \$56 billion. A number of studies have documented marked variation in the quality of care judged by specific performance measures and substantial underuse of evidence-based, guideline-recommended, HF therapies in patients receiving conventional care. Moreover, patient behavioral factors (such as non-adherence to diet and medications) and economic and social factors frequently contribute to re-hospitalizations. The traditional model of care delivery is thought to contribute to frequent hospitalizations because in these brief episodic encounters, little attention may be paid to the common modifiable factors that precipitate many hospitalizations. Patient education, discharge plan, follows up and management at community level are variable and sub-optimal. Limited or poor patient participation and involvement in self-care is also a major factor in leading to poor outcome in HF. As such, there has been much interest in identifying effective methods to improve the quality of care for HF patients while reducing costs. An effective management strategy and a balanced approach is the much needed.

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