

Prognostic value of Montreal cognitive assessment in heart failure patients

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Objective: To explore the occurrence of cognitive impairment in Chinese heart failure (HF) patients and its impact on prognosis.

Methods: A total of 990 patients were enrolled from 24 hospitals in China during December 2012 to November 2014. All patients were administrated with the interview-format MoCA, according to which they were divided into MoCA<26 group and MoCA≥26 group. Baseline data were collected and a 1-year follow-up was carried out. Univariate and multivariate Cox regression were performed for 1-year outcomes.

Results: 628 patients (63.4%) had cognitive impairment and they were more likely to be older, female, less educated, uninsured and New York Heart Association class III-IV. Compared with MoCA≥26 group, the rate of intervention, device implantation, cardiac surgery and evidence-based medications were significantly lower in MoCA<26 group (all $p<0.05$). As to the 1-year outcomes, MoCA<26 group had higher all-cause mortality (10.2% vs. 2.2%, $p<0.001$), cardiovascular mortality (5.9% vs. 0.8%, $p<0.001$) and major cardiovascular events (MACE) (9.6% vs. 2.5%, $p<0.001$) than MoCA≥26 group. After adjustment by multivariate regression, MoCA<26 was indicated as a significant risk factor for all-cause mortality [HR(95%CI): 4.212(1.987-8.927), $p<0.001$], cardiovascular mortality [HR(95%CI): 7.632(2.316-25.147), $p=0.001$] and MACE [OR(95%CI): 4.229(2.006-8.914), $p<0.001$], while not for hospitalization for HF.

Conclusion: Cognitive impairment was common in HF patients and was identified as an independent prognostic marker for 1-year outcomes. Routine cognitive function assessment and active intervention are recommended for HF patients.

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