**ABNORMAL COGNITIVE FUNCTION IN ELDERLY PATIENTS WITH HEART FAILURE**

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**Background**: Cognitive impairment (CI) is common and has long been found to be associated with heart failure (HF). Patients with HF who suffered from CI, pose worse outcome, partially, due to poorer self-care and compliance to treatment regimens. However, the prevalence and risk factors of CI in patients with HF in Thailand have not been clearly identified.
**Objective**: To establish the prevalence of cognitive impairment in heart failure patients in Thailand and its risk factors.

**Method**: This was a cross-sectional, descriptive study of consecutive patients with HF who were seen at a tertiary care, academic hospital in Thailand. Inclusion criteria include a diagnosis of HF and age >60 years-old. The diagnosis of cognitive impairment was ascertained using Montreal Cognitive Assessment (MoCA). Patients’ baseline characteristics were described by review of documentations. Univariate analysis using t-test and Chi-square was done as appropriate to compare baseline characteristics as well as various cognitive function domains derived from MoCA between groups with and without cognitive impairment.

**Result**: Of the 63 heart failure patients enrolled, 49% were male, 81% were in New York Heart Association (NYHA) Functional class II, and the mean ejection fraction was 43%. MoCA scores were less than 24 (indicating CI) in 53 patients (81%). Recall, language and abstraction were the 3 most affected domains with the mean score± SD of mean 0.8±1.3 out of 5, 0.6±0.7 out of 2, and 0.3±0.6 out of 2, respectively. Individuals with HF and CI had a significantly higher age, more often female and worse NYHA class than did the group without CI (p < 0.05). Medications usage and ejection fraction were similar between groups.

**Conclusion**: The prevalence of CI in Thai patients with HF is very high. Physicians should be more aware of the condition and vulnerable patients may need to be better addressed. The patient with CI are older and more often female with more severe symptoms (NYHA class III/IV).