**EVALUATION OF IN-PATIENT CLINICAL OUTCOMES OF GUIDELINE-BASED THERAPY FOR ACUTE HEART FAILURE**

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Despite evidence on guideline-based therapy for heart failure (HF), it remains a global problem, including Asia. Currently, limited reports on in-hospital clinical outcomes of guideline-based therapy among Filipinos with acute heart failure. This study was conducted to determine in-hospital clinical outcomes of patients admitted for acute heart failure who received guideline-based therapy. The study was a single-center, retrospective study design. Adult patients (> 18 years old) who were admitted at The Medical City from January to September 2105 with acute heart failure were included. In-hospital mortality from any cause, length of hospital stay, and re-hospitalization were assessed. A total of 143 patients were included. Patients were mostly female (61.5%) with mean age of 56.38 ± 16.67. The underlying co-morbidities were hypertension (75.5%), dyslipidemia (67.1%) and ischemic heart disease (65.7%). Overall, there was an increased in use of ACEI/ARB (55.2% to 79.7%), beta blocker (58.7% to 60.8%), and aldosterone antagonist (23.8% to 37.1%) on admission to discharge. The mean length of hospital stay was 6.32 ± 6.78 and majority of patients improved (98.6%). Re-hospitalization and in-hospital mortality were 2.8% and 1.4%, respectively. The use of all three pharmacologic agents was only significantly associated with length of hospital stay (p value = 0.003). Both beta blocker (p value = 0.028) and aldosterone antagonist (p value = 0.030) showed significant association with length of hospital stay. The use of ACEI/ARB alone showed no significant association with in-hospital clinical outcomes.

In conclusion, the use of all three guideline-based pharmacologic agents showed significant association with length of hospital stay. In addition, the utilization of these guideline-based pharmacologic agents was still suboptimal. Clinical benefits of guideline-based pharmacologic agents among Asians differed from western population. Therefore, more studies are recommended to further understand the response to therapy among Asians and to aid in optimizing these drugs for better outcome.