**RELATIONSHIP BETWEEN PULMONARY HYPERTENSION AND OUTCOMES AMONG PATIENTS WITH HEART FAILURE WITH REDUCED EJECTION FRACTION**

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**Background:**Heart failure (HF) is one of the most common cause of hospital admissions in the United States. There is increasing interest on the clinical role of pulmonary hypertension (PHT) among patients with HF because it is regarded as a sequel of long standing left heart disease.

**Objective:** To identify predictors of PHT and the predictive value of PHT for re-hospitalization among patients with HF with reduced ejection fraction (HFrEF) secondary to non-ischemic cardiomyopathy.

**Method:** A retrospective study of 351 patients. Patients 18 years and above with HFrEF secondary to non-ischemic cardiomyopathy were reviewed. Patients with coronary artery disease, preserved ejection fraction and other secondary causes of PHT apart from HF were excluded.

**Results:** Thirty-seven (37) and 99 patients were re-hospitalized within 30 days and 6 months after discharge for decompensated HF respectively. After Cox regression analysis, higher hemoglobin reduced odds of re-hospitalization for decompensated HF (p = 0.015) within 30 days after discharge while higher pulmonary artery systolic pressure (PASP) (p = 0.002) and blood urea nitrogen (BUN) (p = 0.041) increased the odds of re-hospitalization within 6 months of discharge. The predictors of the PHT among HFrEF patients following multiple linear regression were reduced BMI (p = 0.027), increasing age (p = 0.006) and increased left atrial diameter (LAD) on echocardiography (p = 0.0001).

**Conclusion:** HFrEF patients with low BMI, dilated left atrium or who are older, have a high predisposition to developing PHT and may need more intensive therapy to reduce readmission.