

Heart Failure: The Scenario is still Worrying!

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Heart failure (HF) is an important public health problem in Brazil¹, and its prevalence is expected to increase because of population growth and longer life expectancy². A great advance has occurred in the treatment of HF, with new clinical and surgical therapies. Nevertheless, morbidity and mortality have still remained elevated. In the SHIFT study, for example, despite the high adherence to the therapies recommended, mortality was 16% and the percentage of hospitalizations due to HF aggravation was 16% in the treatment group³. In the real world, where treatment rates are lower, worse results are expected.

Keywords

Heart failure/epidemiology; heart failure/therapy; heart failure/morbidity.

Godoy et al³ have published a temporal series analysis of patients diagnosed with HF and admitted to hospitals of the Brazilian Unified Public Health System (SUS), in the city of São Paulo, between 1992 and 2010⁴. The results regarding the last decade have revealed a worrying scenario: 1) the number of hospitalizations has remained high; 2) the hospital length of stay has increased significantly, reaching figures almost twice greater than those reported in the Acute Decompensated Heart Failure National Registry (ADHERE)⁵; 3) the in-hospital mortality rate has reached alarming levels and assumed a stationary behavior around 15%.

Those data can illustrate the size of the challenge yet to be overcome in Brazil. Although we have advanced, we still have a long way to go.

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References

1. Montera MW, Almeida RA, Tinoco EM, Rocha RM, Moura LZ, Réa-Neto A, et al.; Sociedade Brasileira de Cardiologia. II Diretriz brasileira de insuficiência cardíaca aguda. *Arq Bras Cardiol.* 2009;93(3 supl.3):1-65.
2. Instituto Brasileiro de Geografia e Estatística (IBGE). Indicadores sociodemográficos e de saúde no Brasil. [Citado em 2011 set.20]. Disponível em: <http://www.ibge.br/home/estatistica/populacao/indic-sociedade/2009/indic-saude.pdf>
3. Godoy HL, Silveira JA, Segalla E, Almeida DR. Hospitalização e mortalidade por insuficiência cardíaca em hospitais públicos no município de São Paulo. *Arq Bras Cardiol.* 2011;97(5):402-7.
4. Swedberg K, Komajda M, Böhm M, Borer JS, Ford I, Dubost-Brama A, et al.; SHIFT Investigators. Ivabradine and outcomes in chronic heart failure (SHIFT): a randomised placebo-controlled study. *Lancet.* 2010;376(9744):875-85.
5. Adams KJ, Fonarow GC, Emerman CL, LeJemtel TH, Costanzo MR, et al.; ADHERE Scientific Advisory Committee and Investigators. Characteristics and outcomes of patients hospitalized for heart failure in the United States: rationale, design, and preliminary observations from the first 100,000 cases in the Acute Decompensated Heart Failure National Registry (ADHERE). *Am Heart J.* 2005;149(2):209-16.