

## A FADOI Survey on Heart Failure Management in Campanian Internal Medicine Wards

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**Background and aims:** Despite the diagnostic and therapeutic advances obtained, heart failure (HF) is still a difficult to manage syndrome.

**Materials and methods:** In October 2020, we sent a questionnaire (Q) about HF management to Campanian FADOI members; 70 of them answered.

**Results:** The patient (pt) with HF is hospitalized in Int Med (78.6%), Card (1.4%), it depends (20%). Pt with HF/total admissions <25% (22.9%), 25-50% (70%), >50% (7.1%). NYHA: II (20%), III (72.9%), IV (7.1%). Optimal therapy >75% (1.4%), 51-75% (18.6%), 25-50% (52.9%), <25% (27.1%). Echocardiogram during the hospital stay: HR (4.3%), HR and ward (W) (41.4%), W (51.4%), rarely (2.9%). Thoracic Echography: No (22.9%), HR (12.9%), HR+W (7.1%), W (17.1%), rarely (40%). QoL Q: No (67.1%), Rarely (25.7%), Often (7.1%). Length of stay: 3-7 days (37.1%), 8-15 days (60%), 16-30 days (2.9%). Follow-up: Hospital Ambulatory (A) (32.9%), WA (21.4%), territorial A (4.3%), General practitioner (20%), Cardiologist (C) (21.4%). HF A in hospital: Yes (65.7%), No (34.3%). Managed by: C (56.5%), Internist (10.9%), both (32.6%). Territorial

paths upon discharge: Yes (40%), No (60%). Hygiene and dietary recommendations in the discharge letter: Always (27.1%), sometimes (68.6%), Never (4.3%). Comorbidities influence the therapy: No (1.4%), Very little (8.6%), Little (36.7%), Very much (54.3%). Availability of "non-pharmacological" HF treatment: Yes (74.3%), at other facilities (12.9%), No (12.9%). Experience with the most recent drugs for HF: No (5.7%), little (30%), only in monitored in A (15.7%), during hospitalization (48.6%).

**Conclusions:** The survey shows a heterogeneous situation: more work needs to optimize the management of HF.

## References

1. Gallucci F, Fontanella A, Ronga I, Uomo G, FASHION Study Group (2017) Results of prospective multicenter study on heart failure on Campania Internal Medicine wards: the FASHION study. *IJM* 11: 184-190.
2. Gallucci F (2021) Modelli a confronto nei percorsi gestionali dello scompenso cardiaco: l'esperienza campana. *Quaderni - Italian Journal of Medicine* 9: e17.