

EVALUATION OF LONG-TERM PROGNOSIS AND IDENTIFICATION OF PREDICTORS OF PROGNOSIS IN PATIENTS WITH DILATED CARDIOMYOPATHY

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BACKGROUND/AIMS: The aims of the study were to evaluate long-term prognosis of dilated cardiomyopathy (DCM), to identify predictors of poor prognosis and to evaluate the impact of having multiple risk factors at the time of primary diagnosis.

METHODS: A total of 106 patients (mean age 44.9 ± 12 years, range 15 –to 68 years, 91 male, 15 female) with DCM were enrolled in the study. Special attention was paid to ischemic, alcoholic and other secondary DCM differentiation. The patients were divided into 2 groups according to 5-year survival. The student's and chi-square test, odds and hazard ratio, and Kaplan–Meier methods were used for statistical analyses of data.

RESULTS: During the 5-year study period, 46 (43.4%) patients died (group 1), while 60 (56.6%) patients survived (group 2). Life expectancy in patients was 4.6 ± 2.5 years. One-year mortality rate was 8.5%, 3-year mortality rate 28.3% and 5-year mortality rate 43.4%. One-year, 3-year and 5-year survival rates were –91.5%, 71.7%, and 56.6%, respectively. We compared the prevalence of possible 5-year mortality predictors. Significant differences were obtained in the following: acute respiratory infection in anamnesis (69.6% in group 1 vs 43.3% in group 2), heart failure III-IV f.c. (NYHA) (89.1% vs 61.6%), thromboembolism (37% vs 18.3%), left bundle branch block (36.9% vs 18.3%), left ventricular end-diastolic diameter >7 cm –(75.0% vs 48.4%), interventricular septum thickness <0.95 cm –(75.5% vs 35.5%), ejection fraction $<30\%$ (75.5% vs 54.8%). We found that the combination of 5 or more factors reduces 5-year survival rate to almost zero.

DISCUSSION/CONCLUTIONS: In contrast with previous studies, Georgian patients with DCM have less than 50% 5-year mortality and longer life expectancy on average. This study revealed 7 predictors of poor prognosis, and when 5 or more predictors are present during the primary diagnosis, 5-year survival is very low.

Keyword: Dilated Cardiomyopathy, Long-term prognosis, Mortality and Survival