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<https://escholarship.org/uc/item/4f26b6qj>

Journal

CIRCULATION, 100(18)

ISSN

0009-7322

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Publication Date

1999

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Peer reviewed

Noncompliance Predicts Multiple Hospital Admissions in Heart Failure Patients

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Multiple hospital admissions for heart failure (HF) are progressively increasing and may be related to noncompliance. **METHODS:** To study this relationship, a retrospective chart audit of all patients discharged with HF at a large VA facility in 1997-1998 was conducted. Using a multivariate logistic regression model, patients who required more than 1 HF admission within 1 year were compared to those who did not on indicators of compliance (alcohol use, current smoking), demographic variables (age, race, marital status), disease variables (New York Heart Association [NYHA] Class, HF etiology), and support variables (living with significant other, type of medical provider). **RESULTS:** Of 753 patients admitted with HF during the review period (mean age 69.1%, 99% male), 220 patients (29.2%) were readmitted to the hospital at least once (range 1-8 readmissions, mean = $1.79 \pm .27$) after the index admission. In a multivariate analysis, independent predictors of readmissions included living alone (odds ratio [OR] 2.09; 95% confidence interval [CI], 1.42-3.09), HF associated with ischemic etiology (OR, 3.99; 95% CI, 2.58-6.18), NYHA (OR, 2.57; 95% CI, 1.86-3.55), noncompliance (current smoking [OR, 1.82; 95% CI, 1.17-2.82] and current alcohol use [OR, 5.92; 95% CI, 3.83-9.13]), and medical provider other than a cardiologist (OR, 2.41; 95% CI, 1.57-3.67). **CONCLUSION:** This study confirms that noncompliance to smoking and alcohol restrictions, which may be readily amenable to change, dramatically increase the risk of hospital readmissions in HF patients. Consequently, evaluation of noncompliance to smoking and alcohol consumption in HF patients may be a key component for the reduction of hospital readmissions. Thus interventions which improve compliance to smoking and alcohol restrictions could have significant impact on HF patient outcomes.