


Early Initiation of IV Vasoactive Therapy Improves HF Outcomes:
An Analysis From The ADHERE® Registry Database

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The ADHERE® Registry

- More than 250 participating sites
- Discharge diagnosis DRG 127
- 46,599 patients
 - Excluded MI or BP <90 mm Hg
- IV vasoactive therapy
 - ED initiation n=4096
 - Hospital initiation n=3499

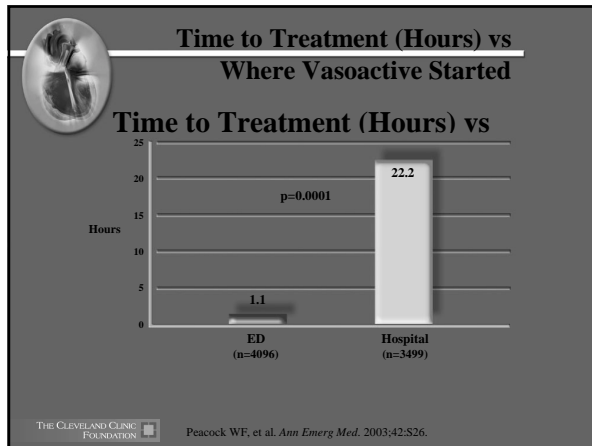
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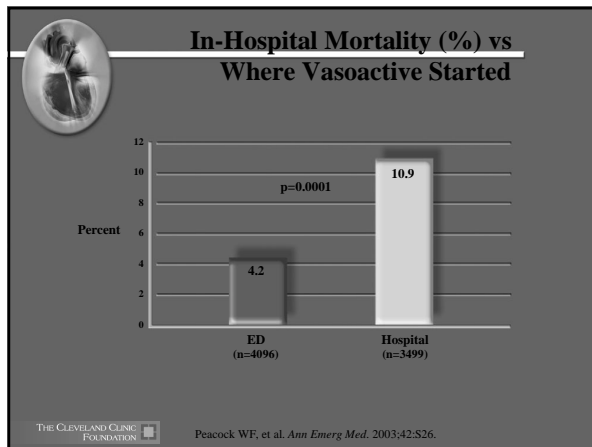


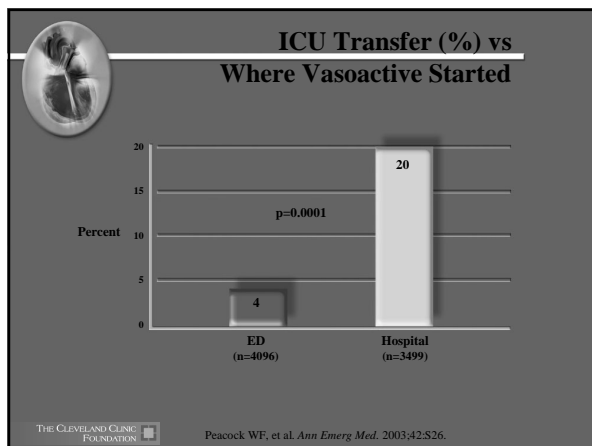
Baseline Characteristics (%)

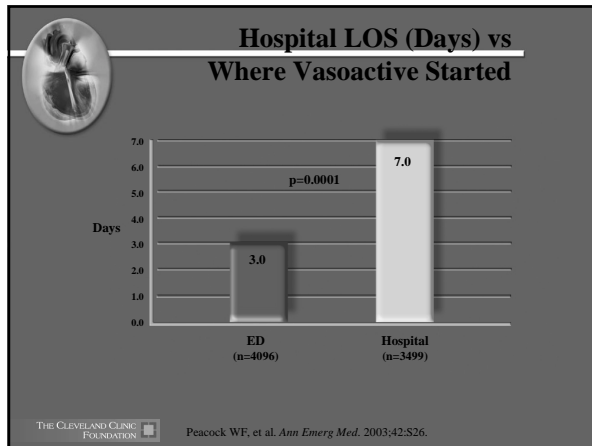
	ED	Hospital	P-value
Creat >2.0 mg/dL	22	26	<0.0001
CRF	31	37	<0.0001
Ischemic HF etiology	27	31	<0.0001
LVEF <40%	58	68	<0.0001

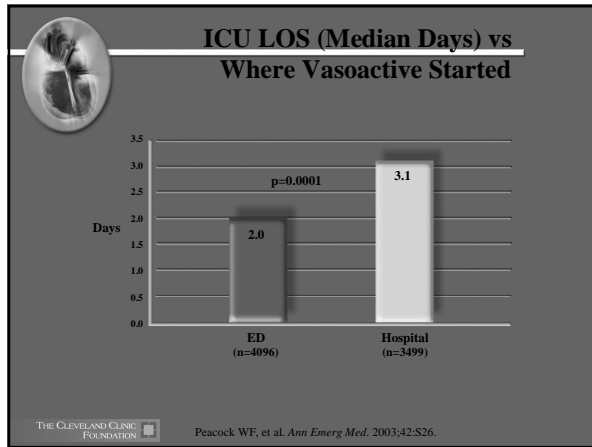
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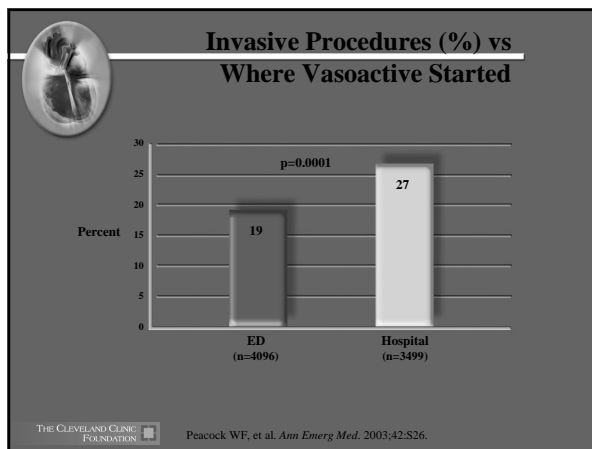














Conclusions

Early initiation of vasoactive agents is associated with:

- Fewer deaths
- Fewer invasive procedures
- Fewer ICU transfers
- Shorter ICU and hospital LOS

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