



Letters to the Editor

Association between the activities of daily living and clinical outcomes in patients with heart failure



Dear editor,

The correlation between a decline in activities of daily living (ADL) due to readmission for heart failure (HF) and outcomes among patients with HF was unclear. Recently, we read with great interest the study by Takabayashi et al. [1]. The authors performed a prospective, multicenter, community-based cohort study to investigate the association between the ADL and the clinical outcome in HF patients, with the incidence of hospitalization for HF and mortality during the follow-up as primary outcomes. They concluded that the decline in ADL is a predictor of hospitalization for HF and mortality in HF patients. The research appears informative clinically. Thus, we addressed some issues regarding this study.

First, patients in the non-decline ADL group were younger than those in the decline ADL group; and more patients in the non-decline ADL group were alone in term of living style. Conversely, patients in the decline ADL group were older and more patients needed family support. Therefore, age was the most critical factor in decreased ADL. Older patients may be complicated with other diseases such as osteoporosis and degenerative arthritis, which may limit the patients' ADL.

Second, in the study by Takabayashi et al., atrial fibrillation, chronic kidney disease, and history of stroke were the risk factors of hospitalization for HF. Indeed, patients with atrial fibrillation may have heart palpitations, patients with chronic kidney disease may have weakness symptoms, and patients with history of stroke may have neuropsychiatric sequelae. The above symptoms may lead to the intolerance to the ADL. Therefore, it is necessary to describe the reason for the decline in ADL. Unfortunately, Takabayashi et al. did not show the details.

Third, the left ventricular end-diastolic diameter was correlated to the all-cause mortality in patients with HF [2]. Additionally, some drugs such as beta-blockers, angiotensin-converting enzyme (ACE) inhibitors, angiotensin II receptor blockers (ARBs), and angiotensin receptor-neprilysin inhibitor (ARNI) also could reduce the risk of rehospitalization for heart failure and mortality [3–5]. However, the above risk factor was not described in the baseline clinical characteristics. Therefore, the left ventricular

end-diastolic diameter and used drug should be considered when analyzing the association between the ADL and clinical outcomes in patients with HF.

Funding

None declared.

Conflicts of interest

None declared.

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Received 18 May 2019