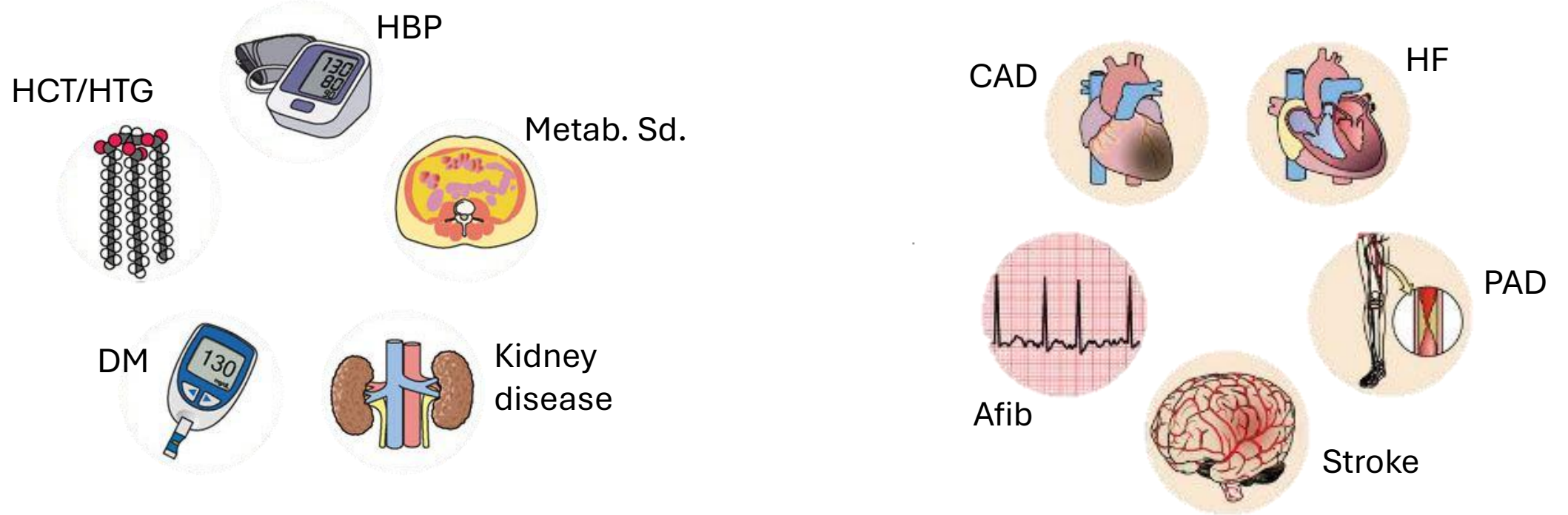


Prognostic Impact of Cardiovascular-Kidney-Metabolic Overlap Among Patients with Acute Heart Failure: Insights From a Real-World Multinational Cohort.

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Cardiovascular-kidney-metabolic (CKM) syndrome



Relevance in acute HF (AHF) setting largely unexplored



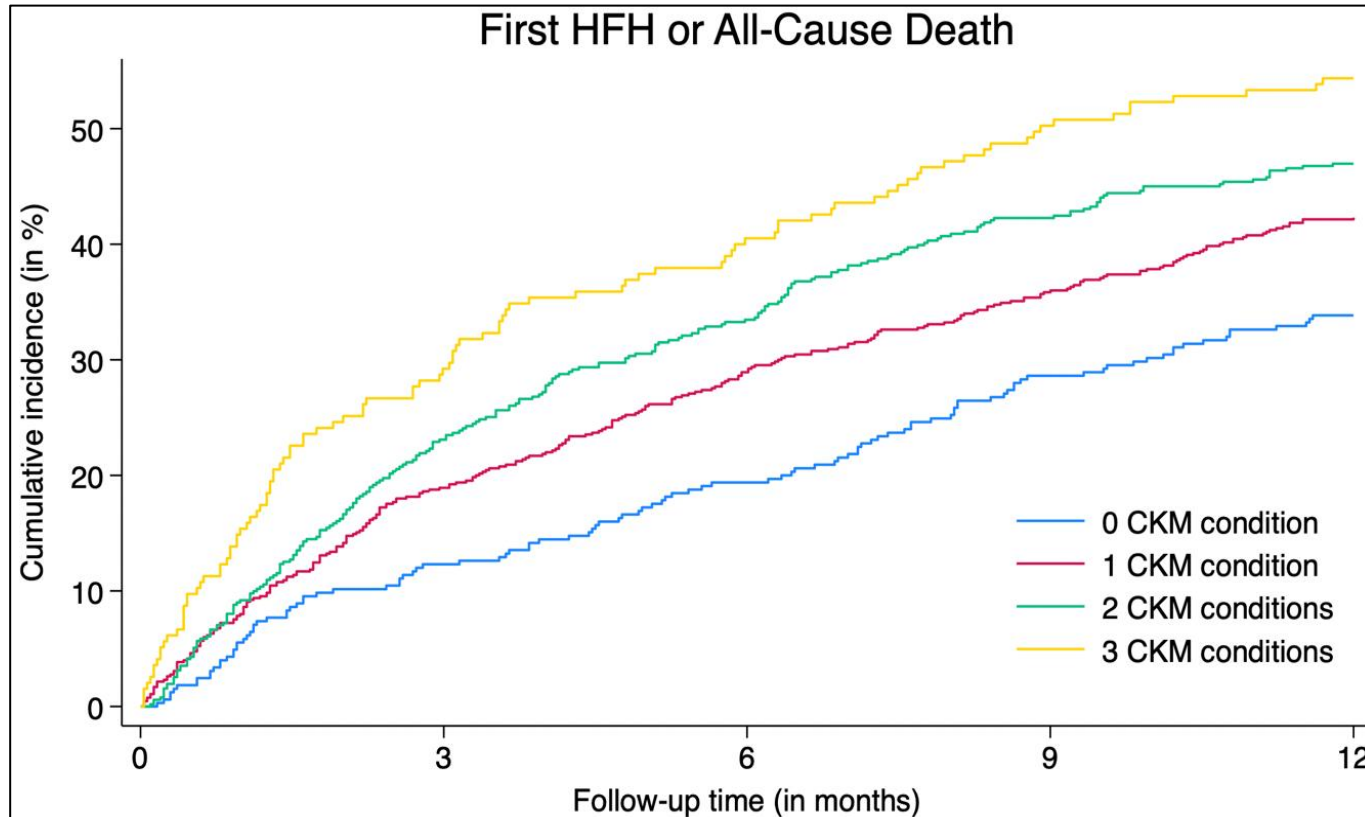
Objective: Assess the prevalence and prognostic impact of CKM multimorbidity in AHF patients



Population: Prospective cohort with consecutive patients hospitalized for AHF (2005-2020) at two tertiary care centers (Lausanne University Hospital, Switzerland and National Center of Cardiology and Internal Medicine, Kyrgyzstan). **Outcome :** composite of all-cause death or HFH at one year.

Main Results

- 1,745 patients (age 74 ± 13 years, 56% males, 69% from Switzerland, mean LVEF $43 \pm 16\%$) included.



* Adjusted HR for age, sex, BMI, AFF, hypertension

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Outcomes [*]	Hazard Ratio (95% CI)	Overall P value
<u>First HFH or All-Cause Death</u>		
0 CKM	1 (reference)	<0.001
1 CKM	1.27 (1.01, 1.59)	
2 CKM	1.50 (1.19, 1.89)	
3 CKM	2.10 (1.59, 2.77)	
<u>First HFH</u>		
0 CKM	1 (reference)	0.005
1 CKM	1.25 (0.96, 1.64)	
2 CKM	1.32 (1.00, 1.74)	
3 CKM	1.80 (1.30, 2.51)	
<u>All-Cause Death</u>		
0 CKM	1 (reference)	0.005
1 CKM	1.23 (0.90, 1.69)	
2 CKM	1.55 (1.13, 2.14)	
3 CKM	1.86 (1.25, 2.76)	

0.811.523

Adjusted Hazard Ratio

Conclusions

Cardiovascular-kidney-metabolic multimorbidity in AHF:

1. Highly prevalent
2. Confers a stepwise increase in risk of death or HF hospitalization
3. A simple and powerful framework for risk stratification during hospitalization

Hospitalization for AHF represents a critical window :

=> identify high-risk patients with CKM multimorbidity and implement integrated, multidisciplinary strategies and guideline-directed therapies to avoid future adverse clinical outcomes.