

Physician adherence to ESC pharmacotherapy guidelines for Heart Failure in central hospital, Mahosot, Vientiane, Lao PDR

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Background: Heart failure places a significant burden on the patients and health system worldwide. However information about its burden in Low income country is scant. Witnessing a lack of adherence to heart failure guidelines amongst physicians in our environment prompted this study. The main objective is to determine physician adherence to ESC pharmacotherapy guideline in heart failure in an economically resource poor tertiary health facility.

Method: Review the prescription pattern of Neurohormonal blocker agent of 102 confirmed heart failure with reduce LVEF was carried out. Data from adherence evaluation were obtained from follow up information form outpatient clinic notes, while data on acute care medication and precipitating factors were from inpatient hospitalization notes.

Result: Heart failure (HFrEF) patients aged 59.03 ± 15.15 years, had NYHA III/IV symptoms (44.1%) and remain hypertension (21.5%), mean LVEF was 30.60± 7.14. hypertension and diabetes were predominant comorbidity, Etiology of heart failure was ICM (50%), Pharmacotherapy average three drug classes and consisted of ACEI/ARB (86.3%), Beta-blocker (50%), and MRA (32.24%) respectively. The use of Beta blocker and MRA tents to be suboptimal. Combination pharmacotherapy: ACEI/ARB+BB (42.1%), ACEI/ARB+MRA (23.5%), BB+MRA (15.7%), three classes combination (18.7%). Target dose achievement ACEI (1.5%), beta blocker and MRA were not. the prescribing dosages were lower than the doses recommended by the guideline Most of patients were prescribed starting doses in accordance with the guidelines: ACEI- 5mg/d (62.1%), BB-6,25mg/d (72.5%), MRA-25mg/d (97%). However, the maximum dose in this study was low: ACEI (40 mg/d), Beta blocker (25mg/d), MRA (25mg/d).

Conclusion: As in the other country of the world non adherence to guideline substantial problem in Laos. Our data confirm the need of dedicated heart failure treatment program to optimize heart failure outcome in low resource environment. Our physicians will benefit from a structured heart failure education and feedback program. Better strategies for heart failure surveillance and management in Laos are need.

Biography

Thongxay CHANVISOUTH has completed his internal medicine residency training at the age of 27 years from University of Health Science, Vientiane, Lao PDR support by Health Frontier and post residency training in Can Tho Stroke International Service General Hospital, South Vietnam. He is a Physician in the Cardiology Department, Savannaket Hospital. Now he is the consultant of cardiology in Savanakhet Hospital (Cardiac Care Unit) and also a lecturer at Savannaket Collage of Health Science. He is the member of Lao Internal Medicine Association (LIMA), and Lao Society of Cardiovascular Diseases. He has been a chief of resident in Mahosot Hospital and has been serving as assist editorial for junior resident thesis and Topics at that time he has been in six months Clinical Elective at Srinacarinnd Hospital, KonKaen University, Thailand support by Global Health Education, Department of Internal Medicine, University of Minnesota, USA.

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