**An Analysis of Patient Characteristics in New Heart Failure Presentations to the inpatient cardiology service at Middlemore Hospital**

**Background**

Heart failure with reduced ejection fraction (HFrEF) is common in NZ with an increasing number of hospitalizations. We present an analysis of patient characteristics and the prescribing of medical therapy for HFrEF during 2022 in the Counties Manukau region.

**Methods**

Retrospective observational study of patients from 2022 admitted to Middlemore Hospital under the ward cardiology team with a new diagnosis of HFrEF. Acute coronary syndrome presentations or those with previously diagnosed HFrEF were excluded.

**Results**

157 patients met our criteria. The mean age of patients was 53 years and the mean length of admission 6.5 days.

31 patients were European, 59 Māori, 56 Pacific Peoples, 8 Asian and 3 Indian

140 patients had an ejection fraction ≤ 40% and 17 >40%.

Comorbidities on discharge: 71 atrial fibrillation (AF) or flutter, 24 chronic kidney disease, 13 obstructive sleep apnoea, 36 type 2 diabetes mellitus, 22 history of methamphetamine use and 79 either current or ex-smokers.

36 were administered levosimendan during admission. 90 were discharged on an ACE inhibitor or ARB and a further 6 on an ARNI, 127 on a beta blocker, 87 on mineralocorticoid receptor antagonist (MRA) and 20 on SGLT-2 inhibitor.

**Conclusion**

Patients were commonly young and comorbid, often requiring levosimendan during admission and a substantial proportion had AF. Māori and Pacific Peoples were overrepresented.

Most patients were discharged on ARB/ACEi, ARNI or beta blocker but fewer on an MRA. With changes to funding for SGLT-2 inhibitors, re-auditing our prescribing for patients with new HFrEF could be undertaken.