

Effect of precipitating factors and signs of acute heart failure on length of hospital stay

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I have read with interest the study from Dokoupil et al. that was published in 2022, Volume 21, Issue 2, pages 79-83, with the title "Effect of precipitating factors and signs of acute heart failure on length of hospital stay" (1). As clinicians, we all know that acute heart failure (AHF) is the leading cause of unscheduled hospitalization and is associated with high readmission rates and signi-

ficant mortality (2). Many factors have been identified that lead to hospitalization for AHF. These include myocardial ischemia, medication non-compliance, arrhythmias, infections, uncontrolled hypertension, anemia, renal dysfunction, and nutrition (3, 4). The study from Dokoupil et al. describes precipitating factors based on three classes of ejection fraction (EF), namely reduced,

mildly reduced, and preserved. The result is quite the same as those by others (5, 6). Certain factors are associated with in-hospital outcomes in patients with reduced, borderline, and retained EF, independently of other predictors. In my opinion, to optimize human resource management, it is important to raise awareness that many of these factors are preventable or remediable.

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Cit. zkr: *Interv Akut Kardiol.* 2022;21(3):183
Článek přijat redakcí: 2. 8. 2022