**30-DAY ALL-CAUSE HOSPITAL READMISSION IN HEART FAILURE: FINDINGS FROM PROPENSITY SCORE MATCHED STUDIES**

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Nearly a quarter of older Medicare beneficiaries hospitalized for heart failure are readmitted within 30 days of discharge, making heart failure a leading cause of hospital readmission in older adults. Very few interventions have been shown to be consistently effective in lowering 30-day all-cause readmission in patients with heart failure. Due to financial penalties associated with higher 30-day all-cause readmission rates mandated by the Affordable Care Act hospitals are implementing interventions without proven benefit such as transition of care approaches. We examined clinical effectiveness of various heart failure medications on 30-day all-cause readmission. Findings from the Digitalis Investigation Group trial suggest that digoxin is efficacious in reducing 30-day all-cause admission in older patients with heart failure and reduced ejection fraction (HR when digoxin was compared with placebo, 0.66; 95% CI, 0.51-0.86), without any adverse effect on mortality or delayed higher readmission rates (PMID: 23490060). Finding the Alabama Heart Failure Project suggest that in real-world older hospitalized patients with heart failure with reduced ejection fraction, digoxin is effective in lowering 30-day all-cause readmission (HR for digoxin, 0.77; 95% CI, 0.63-0.95) as well as the combined end point of 30-day all-cause death or readmission (PMID: 24257326), but not in those with heart failure with preserved ejection fraction (PMID: 24067296). In contrast, discharge use of beta-blockers was not associated with 30-day all-cause readmission, though there was reduction in mortality (PMID: 25554369). Finally, discharge use of renin-angiotensin inhibitors was associated with lower 30-day all-cause readmission (HR, 0.74; 95% CI, 0.56-0.97) and 30-day all-cause mortality (HR, 0.56; 95% CI, 0.33-0.98; JACC. 2014;63:12S). If these findings can replicated in larger and more contemporary heart failure patients, ACE inhibitors and digoxin may provide inexpensive tools for lowering 30-day all-cause readmission in patients with heart failure.