**VALVULAR HEART DISEASES 2016: EPIDEMIOLOGY AND IMPACT OF INTERVENTIONS**

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As valvular heart disease (VHD) has become better identified and treated, the epidemiology of VHD has been clarified. However, simultaneously, new/improved interventions have altered epidemiology. To assess the current epidemiology and impact of new interventions in 2016, we retrospectively evaluated results of the first 30 years (1983 through 2012, the last year for which complete data are available) of hospitalizations and in-hospital mortality from the New York State SPARCS (Statewide Planning and Research Cooperative System) database, including mandatory reporting from all non-Federal hospitals in the state (n=79,690,000 cases). These “real world” data reveal that, over 30 years, while total hospitalizations have decreased 16%, VHD hospitalizations have increased 36%, average age of VHD patients has increased 19.6% and valve replacements or repairs during admissions have increased 300%. Procedure increase has affected pts aged at least 65yrs (+450%) and those less than 65yrs (+190%), men (+350%) and women (+260%). During this interval in-hospital mortality has decreased 31%. Further, the 5 year results of the PARTNER trial suggest no differential impact of transcatheter valve procedures versus surgical procedures. Adjunctive pharmacologic therapy may be useful in very restricted settings, particularly if comorbid hypertension is present; otherwise drugs don’t improve outcomes and can be dangerous. Conclusion: “real world” incidence of hospitalized VHD and of VHD interventions has risen dramatically during 30 years, is virtually linear and continuing. Despite increasing age, case fatality rates are decreasing, particularly for stenotic lesions, BUT longer term or in younger, less sick patients, or patients with MR or AR, outcomes are not yet known.