**ACE INHIBITORS AND ANGIOTENSIN-II BLOCKERS FOR CHF AT DISCHARGE IN AN INNER-CITY HOSPITAL IN MINORITY POPULATION**

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Objective:Evaluate guideline-mandated use ofACE inhibitors (ACEI) and Angiotensin-II receptor blockers (ARB) in patients (pts) with CHF and reduced left ventricular ejection fraction (LVEF) at the time of discharge.

Background:ACEI and ARB (in ACE inhibitors intolerant) are class I recommendations for all CHF pts with reduced LVEF, unless contraindicated.

Methods and results:Retrospective analysis of discharge instructions of 628 pts with systolic CHF with LVEF <45 % was done. Patients (n=61) who had deceased were excluded. Of remaining 567 pts, 421 pts (74.3%) had ACEI and/or ARB in the discharge instructions. However, we wanted to evaluate use of ACEI/ARB in ACEI eligible pts. Charts of remaining (N=146) who did not receive ACEI/ARB were reviewed. Details were as follows: 32 (5.6%) left hospital against medical advice and were given prescriptions, 12 (2.1%) had documented allergy to ACEI, 12 pts (2.1%) had acute renal failure, 37 pts (6.5%) had serum creatinine ≥2.5 mg/dl, 26 pts (4.6%) had serum potassium ≥5.5mEq/L,16 pts (2.8%) were not given prescriptions of ACEI or ARB as they were being transferred to other institutions for further evaluation, or pending next contrast study. Hence, only 11 pts (1.7 %) did not receive ACEI or ARB.

Demographics of our study population was as follows: 275 Hispanics (48.5 %), 241 African Americans (42.5%), 10 white/Caucasian (1.8%), 41 other race (7.2%), mean age 61.4±14.4 years, 331(58.4%) males. Left ventricular ejection fraction was 30.5±8.6 %

Conclusions:Guideline-mandated use ofACEI/ARB in patients with CHF and reduced LVEF at the time of discharge almost approaches 98.3% in an inner-city hospital with predominant minority populations. We should strive for 100% use ofACEI/ARB in these patients.