**PREDICTORS OF RECOVERY IN PATIENTS WITH SEVERE SYSTOLIC HEART FAILURE**

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Background: Cardiomyopathy is a serious diagnosis that usually has a poor long term prognosis and detriments effects on the patients quality of life. However, CMP might be reversible and in some cases patients can recover well. The aim of this study is to investigate the rate of recovery in patients with severe SHF and different markers that might predict recovery.

Methods/Results: This was a retrospective analysis. We reviewed our echocardiography database from 2008-2011 to identify patients with severe SHF. We identified 944 patients with EF<25%. The mortality rate in 3 years was 20% (n=192) and the recovery rate (EF>35%) was 13% (n=126). Patients were divided into 2 groups: RG=recovered, NRG=non-recovered. The average age was lower in the RG (54 vs 63, p<0.05).

There was no significant difference (p=NS) in regards to sex (30% female in RG vs 29% in the NRG), history of smoking (61% vs 57%), or defibrillator (29% vs 33%).

Patients who recovered tend to have smaller ventricle (LVEDd 5.28 vs 5.97 cm, p<0.05), lower stage of kidney disease (serum creatinine 1.39 vs 1.68, p<0.05), significantly less rate of diabetes (38% vs 59%) and they tend to be non-ischemic in etiology

(57% vs 47%, p<0.05).

Conclusion: Patients with severe SHF have usually a poor outcome. However, recovery is not uncommon. Multiple factors can predicts and improve the chance of recovery. In our study we found that non-ischemic etiology, normal ventricular size, free of diabetes, and mild or no kidney disease can all be important predictors of recovery.