and hospitalisation in the exercise-trained patients (p=0.007 by logrank test).

Conclusions: This meta-analysis suggests that exercise training significantly reduces hospitalisations in HF patients by approximately a half, and may favourably influence survival. The number needed to treat to prevent one hospitalisation at two years was 13, and to prevent one death or hospitalisation was 12.

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Statin therapy is associated with a 67% reduction in mortality in patients with sever chronic heart failure: Results from the placebo arm of the ENABLE study.

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Recent small studies have demonstrated that statins therapy is correlated with improved outcome in patients with chronic heart failure.

Methods: We examined the effect of statin therapy on the outcome of 1,000 patients with chronic CHF NYHA IIIb or IV and echocardiographic ejection fraction < 35% enrolled in the placebo arm of the ENABLE study.

Statin therapy allocation was not randomized and decided by each investigator, Statin therapy included simvastatin, atrovastatin, pravastati, lovastatin, cerivastatin and fluvastatin in different doses.

Results: Statin treatment was related to a 67% reduction in the risk of all cause mortality (p<0.0001, Figure) but was not correlated with re-admisions due to heart failure. In the present cohort statin treatment was an the strongest predictor of outcome and remained an independed predictor in multivariate analysis.

Kaplan Meier estimates of survivl
Statins
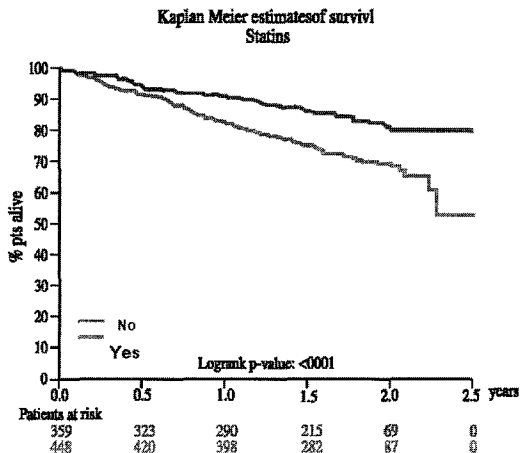
Survival of patients treated with and wi

Conclusions: Although retrospective, the results of the present study demonstrate a strong correlation between all cause mortality and statin treatment in patients with heart failure. This ovservation requires verification by a large prospective randomized study.

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Length of stay for heart failure hospitalization in the eplerenone post-acute myocardial infarction heart failure efficacy and survival study (EPHESUS).

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Background: The efficacy of selective aldosterone blockade with eplerenone (EPL) was demonstrated in EPHESUS, with mean reductions

of 15% in total mortality and 13% in CV mortality/CV hospitalizations. EPL also reduced the number of patients hospitalized for heart failure (HF) by 15% and the number of episodes of HF hospitalizations by 23%. This retrospective analysis was undertaken to determine the mean length of stay (LOS) among patients who had at least one HF hospitalization during the study.

Methods: Patients with post-myocardial infarction (AMI) HF and left ventricular ejection fraction (EF) less than or equal to 40% were randomized 3 to 14 days after index AMI to EPL (25 mg titrated to 50 mg QD; n=3319) or placebo (PBO; n=3313) plus standard therapy and followed for up to 2.5 years (mean 16 months). Mean LOS for patients with at least one HF admission was calculated between the two groups and differences were compared using the t-test.

Results: There were a total of 3308 (49.9%) patients with at least one hospitalization during the study, of which 831 patients (12.5%) had the hospitalization for HF (table).

Region	EPL (n=3319) LOS#	EPL (n=3319) No. Pts (%)	PBO (n=3313) LOS#	PBO (n=3313) No. Pts (%)	P value
Overall	8.6 ± 8.8	390 (11.8)	10.3 ± 11.0	441 (13.3)	0.013
US/Canada	7.7 ± 9.0	62	10.0 ± 12.2	92	
Western Europe	8.4 ± 8.0	109	10.4 ± 9.8	119	
Eastern Europe	11.0 ± 10.5	129	12.1 ± 12.2	149	
Latin America	6.9 ± 7.0	46	8.7 ± 9.4	39	
Rest of World	5.3 ± 3.9	44	6.2 ± 6.0	42	

#Mean ± SD.

Conclusion: Treatment with EPL significantly reduced HF hospitalization and LOS for post-AMI patients with HF, indicating a significant improvement in morbidity in this population. These results were consistent across the different countries.

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Safety of betablockade on functional ability, cognitive function and depression in elderly heart failure patients. Data from a large nationwide study: the bring-up2.

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Background: Disability (i.e. loss of ability to perform independently activities of daily living, ADL), cognitive impairment, depression and poor quality of life (QoL) are common in frail heart failure (HF) elderly pts. However, little is known about the impact of recommended treatments -such as Betablockers (BB) - on these conditions. As a consequence, BB are usually underprescribed because their perceived side effects. Aim of the study was to assess the influence of carvedilol treatment on the degree of disability, cognitive impairment, depressive symptoms and QoL in elderly pts using multimensional assessment instruments.

Methods: A total of 1126 pts aged >70 yrs (76±5, range 70-93, Males 63%, NYHA III-IV 51.8%) from the observational multicentre study BRING-UP2 (Betablockers in patients with congestive heart failure.Guided use in clinical practice-2) were evaluated. Data were collected at baseline and at 1-year follow-up using VAS questionnaire (eValuation of elderly pAtientS), including: socio-economic factors, ADL score (14-item scale), cognitive function (MMSE, WAIS Digit-Symbol: WDS), depressive symptoms (15-item GDS) and Quality of Life (Minnesota LHFQ).

Results: At baseline visit, 375 pts (33%) were already on BB treatment and were excluded from the study, 317 (28.2%) started BB treatment (ST) and 434 (38.8%) were found not eligible to BB (NT), according to Guidelines recommendations. Except for gender (25.2% vs 41.7% males on ST vs NT pts, p<0.01), comorbidity (Charlson index >2 49% vs 62%, p=0.0029) no baseline significant differences were found between the 2 groups in socio-economic variables, depressive symptoms (GDS >6 46.5% vs 47.0% (p=ns), disability (ADL score<11 42.5% vs 42.6%