

Early Initiation of Tolvaptan is Associated with Early Discharge in Elderly Heart Failure Patients

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Several elderly heart failure (HF) patients were observed to have decreased activities of daily living (ADL) during hospitalisation. Shortening of hospital stays is especially important in the elderly, as decreasing ADL is associated with prognosis. The effect of the length of hospital stay for the elderly compared with younger population was investigated, focusing on the early initiation of tolvaptan (TLV) after hospitalisation.

A total of 146 patients under 80 years old and 101 patients over 80 years old who were hospitalised with HF from February 2011 to June 2016 and had initiated TLV were analysed.

The relationship between the time until commencement of TLV and the length of hospital stay was evaluated. Additionally, a comparison was made between the TLV early start group (within the median) and the

delayed start group (after the median) for both groups.

A significant correlation was observed between TLV initiation duration and the length of hospital stay (under 80: $r=0.382$, $p<0.001$; over 80: $r=0.395$, $p<0.001$). The length of hospital stay in the early group was significantly longer than that in the delayed group between both groups (under 80: early 21.0 ± 13.0 days and 33.0 ± 22.7 days, $p<0.001$; over 80: early 21.3 ± 12.5 days and 32.9 ± 17.9 days, $p<0.001$). Conversely, no statistically significant difference was found in the length of hospital stay after initiation of TLV. Moreover, no increase in adverse events in the elderly was observed.

The early initiation of TLV after hospitalisation is useful for HF patients, regardless of age. 