

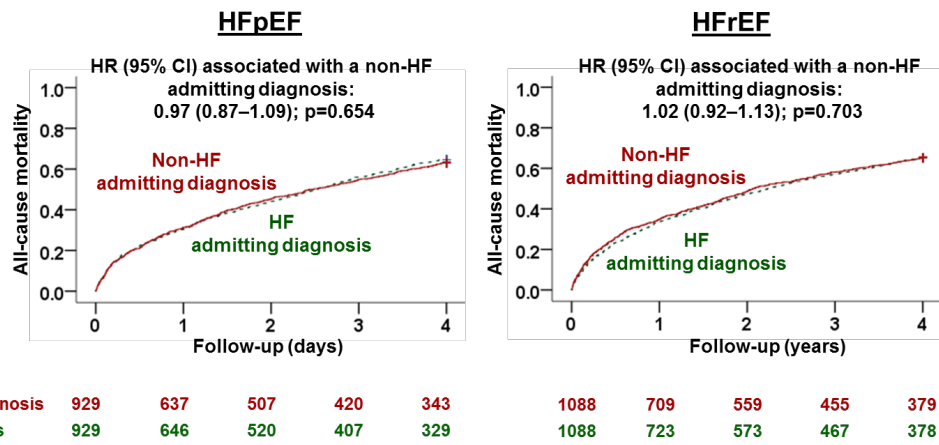
**Title:** Non-Heart Failure Admitting Diagnosis and Outcomes in Older Patients with Heart Failure with Preserved and Reduced Ejection Fraction (HFpEF and HFrEF)

**Background:** Heart failure (HF) is a clinical syndrome and can be difficult to diagnose. A missed diagnosis during hospital admission may delay initiation of HF management.

**Methods:** In Medicare-linked OPTIMIZE-HF, of the 8837 hospitalized patients with HFpEF (EF $\geq$ 50%) and a principal discharge diagnosis of HF, 967 (11%) had a non-HF admitting diagnosis. Propensity scores for non-HF admitting diagnosis, estimated for each of the 8837 patients, were used to assemble a matched cohort of 929 pairs of patients with and without admitting diagnosis of HF (mean age, 78 years; 67% women; 12% African American). We replicated the process with 10,577 patients with HFrEF (EF $\leq$ 40%) to assemble a matched cohort of 1088 pairs of patients (mean age, 75 years; 42% women; 15% African American).

**Results:** HRs (95% CIs) for 4-year all-cause mortality associated with a non-HF admitting diagnosis were 0.97 (0.87–1.09; p=0.654) and 1.02 (0.92–1.13; p=0.703) for matched patients with HFpEF and HFrEF, respectively (**Figure**). Respective HRs (95% CIs) for HF readmission were 0.82 (0.70–0.95; p=0.009) and 0.87 (0.77–0.98; p=0.022). There was no association with all-cause readmission. None of the outcomes were significant at 30 days in either matched HF cohorts.

**Conclusion:** In hospitalized patients with HFpEF and HFrEF who had a principal discharge diagnosis of HF, a non-HF admitting diagnosis was seen in more than 1 in 10 patients, and had no association with short-term outcomes, but was associated with a lower risk of HF readmission at 4 years.



**Figure.** Kaplan Meier plots for all-cause mortality in propensity score-matched patients with heart failure and preserved ejection fraction (left panel) and reduced ejection fraction (right panel), by admission diagnosis of heart failure vs. others