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COMPARING DURATION OF HOSPITALIZATION IN EARLY VERSUS DELAYED INITIATION OF CARVEDILOL IN PATIENTS WITH ACUTE HEART FAILURE (A3), Jasmine Putnam, Chris Hauschild, Loma Linda Medical Center, Loma Linda, CA ([jputnam@llu.edu](mailto:jputnam@llu.edu))  
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Heart failure (HF) guidelines recommend beta-blockers for patients with chronic HF, but discourage their routine use during hospitalization for worsening HF. This retrospective study evaluates the impact of early initiation (EI, within 24 hours of admission) versus late initiation (LI) of carvedilol on the duration of hospitalization in patients with acute heart failure. The study reviewed 758 HF patients admitted at Loma Linda University Medical Center during 2007. All subjects were included if they had systolic dysfunction with ejection fraction (EF) < 40% and were given carvedilol. Length of hospitalization was compared between patients given carvedilol within 24 hours of admission (EI, n=444) and patients given carvedilol more than 24 hours after admission, but prior to discharge (LI, n=314). Patients in the EI group had significantly shorter duration of hospitalization compared to the LI group, 4.88 versus 9.51 days ( $p < 0.001$ ). The preliminary results of this study suggest that early hospital initiation of carvedilol may shorten the duration of hospitalization in acute heart failure patients. Full results will be discussed.