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# Heart Failure Management: Data from a FADOI Survey among Campanian Internal Medicine Wards

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**Background and Aims**
Heart failure(HF), despite management and therapeutic progress, still remains a syndrome with high prevalence and negative prognosis.

**Materials and Methods**
In June 2024, we sent a questionnaire about HF management to Campanian FADOI members; 32 of them answered it.

**Results**
Among hospitalized patients(pts), HF is present in ≤25%(15.6%); 25-50% (68.8%); >50%(15.6%). The most represented HF is: HFrEF(37.4%); HFmrEF(18.8%); HFpEF(43.8%). Upon admission, HF therapy is optimized in: <25%(37.4%); 25-50%(56.3%) ; 51-75%(6.3%); >75%(0%). Pts undergo an echocardiogram: In the Emergency Department(ED) and ward (68.8%); only in the ward(31.2%). The chest ultrasound is performed: only in ED(6.3%); never(12.5%); rarely(53.1%); only in the ward(21.9%); in ED and ward(6.3%). The QoL questionnaire is administered: Never(71.3%), rarely(28.1%). Length of stay: 3-7 days(28.1%), 8-15 days(71.9%). Evaluation of serum iron concentration is always performed(81.3%); only occasionally(18.7%). Experience with the most recent drugs for HF: No(3.1%), little(9.4%), only in monitored pts after their discharge(31%), already during hospitalization(84.4%). Residual congestion assessment at discharge is possible: only clinically(3.1%); even with tools(12.5%); also with biomarkers(12.5%); all modes(71.9%). Pts are discharched with resolved congestion: satisfactory manner(96.9%); unsatisfactory(3.1%). Pts discharged with already optimized therapy: <25%(3.1%); 25-50%(18.8%); 51-75%(56.2%); >75%(21.9%).

**Conclusions**
The survey shows a still uneven situation in the management of HF.

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