

$\beta$ -blockers are considered as standard therapy for patients with stable chronic heart failure (CHF) and to prolong survival and reduce hospitalizations. We examined the effects of the  $\beta$ -blocker on mortality, hospitalization and symptoms in patients with CHF and the related factors to the use of  $\beta$ -blockers. Patients in New York Heart Association class II-IV were included if they were treated for heart failure from January 2002 to June 2002. At baseline, 6 months, and 12 months, they were assessed for the change of NYHA class and all deaths and hospital admissions. Demographic and clinical characteristics of the groups were compared to explore the related factors to the use of  $\beta$ -blockers. As results, 123 of 235 patients received  $\beta$ -blockers. Women were 62(50.4%), NYHA class II was 80(65%) and the nonischemic cause of CHF were 74(60.2%) in  $\beta$ -blocker group. LVEF and the use of ACEI/ARB were the related factors to the use of  $\beta$ -blocker. Carvedilol was the most common  $\beta$ -blocker used and followed by atenolol and metoprolol. The average dosages were titrated to lower dosage than the recommended target doses. NYHA class was improved in the  $\beta$ -blocker group compared with the non  $\beta$ -blocker group at 6 months and 12 months( $p=0.016$ ,  $p=0.017$ , respectively). There was no significant difference in reasons for hospitalizations( $p=1.000$ ). Number of hospital admissions was lower in the  $\beta$ -blocker group( $p=0.033$ ). Treatment effects were independent of age, cause of heart failure, NYHA class, the use of diuretics, the use of ACEI/ARB or the concomitant use of ACEI/ARB and diuretics. In conclusions,  $\beta$ -blockers improved mortality, reduced the need for hospitalizations and improved NYHA class. Factors affecting use of  $\beta$ -blockers were LVEF and the use of ACEI/ARB.

[PF1-2] [ 2003-10-10 14:00 - 17:30 / Grand Ballroom Pre-function ]

### **Analysis of Spironolactone Use in Chronic Heart Failure**

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**Background** Aldosterone has an important role in the pathophysiology of heart failure. Aldosterone promotes the retention of sodium, the loss of magnesium and potassium, sympathetic activation, parasympathetic inhibition, myocardial and vascular fibrosis, baroreceptor dysfunction, and vascular damage and impairs arterial compliance. **Objectives** We investigated the effects of additional spironolactone to angiotensin-converting enzyme inhibitor (ACEI) / angiotensin-II receptor blocker (ARB) in patients with heart failure. **Methods** In a retrospective study, we evaluated 290 patients who had heart failure, left ventricular systolic dysfunction and NYHA class of more than II. A total of 99 patients were received spironolactone, and 159 not received. We analyzed spironolactone dose, relationship on hospitalization and death, factors affecting of spironolactone use, and relative risks of hospitalization and death from all causes. **Results** Mean dose of spironolactone was  $28.1 \pm 12.7$ mg and there were more patients with cardiac caused hospitalization in spironolactone group than non-spironolactone group( $p=0.013$ ). Factors affecting spironolactone use were  $LVEF \leq 35\%$ , NYHA class III-IV, Age  $\leq 65$ yr, digitalis use. Spironolactone had better effect on death and hospitalization in cases of ischemic cause, NYHA class III, ACEI/ARB+loop diuretic+ $\beta$ -blocker use. **Conclusion** Spironolactone, aldosterone-receptor blocker, in addition to standard therapy, can reduce the risk of morbidity and death among patients with chronic heart failure.

[PF1-3] [ 2003-10-10 14:00 - 17:30 / Grand Ballroom Pre-function ]

### **Retrospective Evaluation of Heptaplatin Nephrotoxicity in Patients with Advanced Gastric Cancer**

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There are contradicting reports on the nephrotoxicity of heptaplatin, a new platinum derivative. A retrospective study was performed to compare the toxicities of heptaplatin-containing regimens with the ones not. Seventy-seven patients with advanced gastric cancer who did not receive any chemotherapy within the last 3 months before the treatment were evaluated. Among them 38 patients received heptaplatin-containing regimens (heptaplatin/epirubicin/5-FU: 26, heptaplatin/5-FU: 12) and 39 patients received other regimens (cisplatin/epirubicin/5-FU:11, epirubicin/leucovorin/5-FU: 28). Serum creatinine (Scr) before and after the