performed increased while the β-blocker (Wald χ^2=160.65, p<0.001; R=-0.117, p<0.001) declined as the NYHA heart function progressed.

Conclusion The age of in-hospital patients with CHF declined in the previous 10 years. The primary aetiology was hypertension and the most common aetiology shifted among different aged patients in in-hospital patients with CHF. There was big disparity with the standard treatments for in-hospital patients with CHF in the field of drugs therapy in Hubei province.

[gw22-e0302] **RETROSPECTIVE INVESTIGATION OF IN-HOSPITAL PATIENTS DIAGNOSED WITH CHRONIC HEART FAILURE IN HUBEI PROVINCE**

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Objective To evaluate the current status of chronic heart failure (CHF) in Hubei province and analyse the epidemiology of CHF including the general condition, aetiology and pharmacological therapy.

Methods Data of in-hospital patients with CHF were investigated between 2000 and 2010 from 12 hospitals in Hubei Province. Linear regression was performed to determinate the relationships between the amount of drugs performed with the NYHA function class.

Results (1) A total of 12450 patients were enrolled, of which male was 7166 accounts 57.6%. The average age was 62.03±14.52 years. Patients in the scale of age ≥80, 70–79, 60–69, 50–59, 40–49 and <40 accounted 9.53% (1187/12450), 30.80% (3835/12450), 23.45% (2920/12450), 18.81% (2342/12450), 10.73% (1336/12450) and 6.67% (830/12450) respectively (p<0.001). The NYHA class function α, β and χ accounted 0.6%, 23.20%, 50.31% and 26.50% respectively. (2) The age of patients among 2000–2003, 2004–2006 and 2007–2010 were significant different (66.39±14.05, 64.89±14.43 and 64.19±14.76, respectively, p<0.001) while there was no significant difference among the three groups in the history of CHF (p=0.347). (3) The common causes of CHF were hypertension, coronary heart disease, dilated cardiomyopathy and rheumatic valvular heart disease which accounted 31.54%, 28.24%, 26.57% and 17.49% respectively. The most frequent aetiology for CHF was rheumatic valvular heart disease in patients aged less than 40 years old. While in patients aged 40–49 and 50–59, dilated cardiomyopathy is the primary caution of CHF. To analyse the aetiology of CHF in patients aged 60–69, 70–79 and ≥80, we found the most ones in these three scales were all hypertension. (4) Digitalis, diuretics, ACEI, β-blocker and aldosterone blockers dominated the drug therapy which accounted 47.49%, 68.75%, 50.66%, 44.06% and 53.08% respectively. The amount of digitalis (Wald χ^2=903.41, p<0.001; r=0.271, p<0.001), diuretics (Wald χ^2=818.05, p<0.001, r=0.249, p<0.001), aldosterone blockers (Wald χ^2=76.92, p<0.001; r=0.091, p<0.001)