

Background

An 87-year-old male with NYHA Class II/III heart failure (HF) with reduced ejection fraction (35-40%), a history of hypertension, atrial fibrillation, and chronic kidney disease was discharged from an HF-related hospital stay. The patient was taught to take SOZO measurements at home, and data were collected on SOZO for 134-days. The patient and investigators were blinded to the data during the observation period.

Observations

- 1 HF-Dex 56.7% after hospital discharge, quickly followed by HF hospital readmission
- 2 HF-Dex remains high after readmission and skilled nursing facility (SNF) stay; bumetanide gradually increased to little effect
- 3 SOZO data unavailable prior to 2nd HF hospital readmission
- 4 Clinical stability achieved

Conclusions

- The patient's HF-Dex was >50% for the majority of the observation period, note that ECF volumes are higher than ICF volumes
- Patients with HF-Dex in the dark blue range may require further clinical investigation
- This patient reached clinical stability when HF-Dex was approximately 50%

SOZO Objective Fluid Volume Outputs

●●	HF-Dex Heart Failure Index
▲	Total body water (TBW)
●	Extracellular fluid (ECF)
■	Intracellular fluid (ICF)
●	Weight

Changes in HF-Dex, ECF, and weight during observation period

	HF-Dex (%)	ECF (L)	Weight (kg)
Study initiation 03-Apr-2019	56.7	19.2	71.0
Clinical stability 13-Aug-2019	50.3	16.3	67.7
Change	-6.4	-2.9	-3.3
% Change	-11.3%	-15.1%	-4.6%

