

combination of multiple heart failure medications aggressively in this population. As a result, this study may provide an opportunity to improve the quality of heart failure care in the elderly.

## 5. Conclusions

GDMT improved all-cause mortality in malnourished elderly patients hospitalized with HFrEF. These results may provide a basis for recommending GDMT to frail elderly heart failure patients. However, there was no significant association between GDMT and reduced heart failure rehospitalization in this population. As the results are based on small observational study, future observational studies based on a larger patient population as well as experimental studies are needed to replicate the results generated in this study and establish appropriate treatment strategies in elderly heart failure patients.

## 6. References

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