

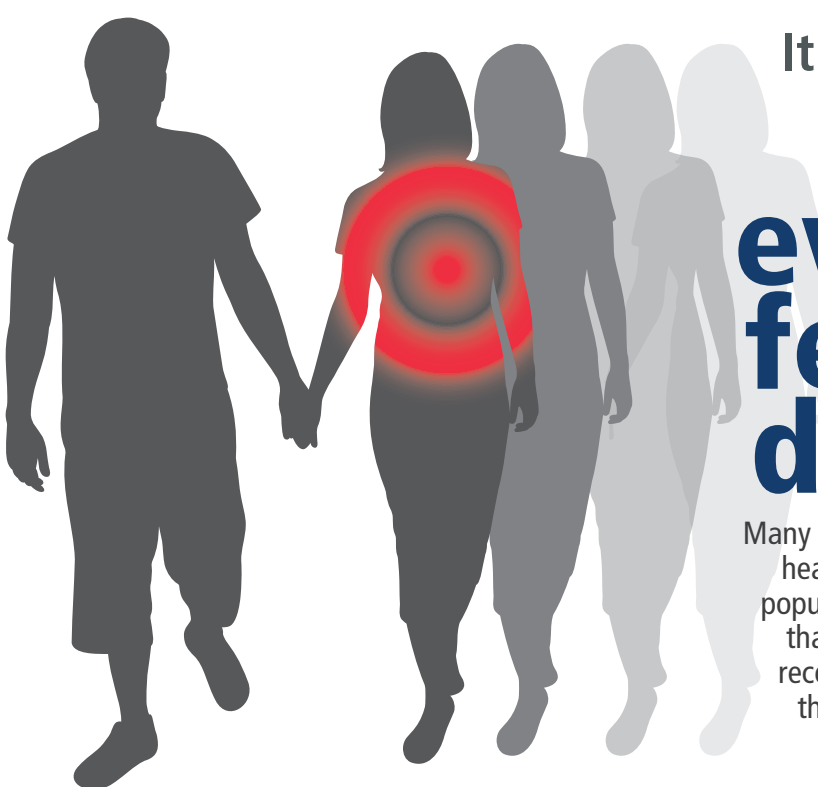
Know Heart Failure. Know Your Patients.

Approximately 6.5 million American adults live with heart failure, and nearly

900,000 new cases are diagnosed each year.

It's vitally important that health care providers understand the disease and their patient populations.

Heart disease is the leading cause of death for American women.



It accounts for **1 in every 4 female deaths**

Many women are unfamiliar with heart disease's toll on their population. One study showed that only **54% of women** recognized heart disease as the **number 1 killer** of American women.

In 2013, heart disease killed 289,758 American women. About **3 million American women** have heart failure. Of the 900,000 new cases of heart failure diagnosed ever year, women account for **505,000**. Women die from congestive heart failure more often than men do, accounting for **56.3%** of all heart failure deaths.

Roughly **5.8%** of all white women and **7.6%** of African-American women and **5.6%** of Mexican-American women all have coronary heart disease.

Among Hispanic women, heart disease and cancer cause roughly the same number of deaths each year. Heart disease is second only to cancer as the cause of death for American Indian/Alaska native and Asian or Pacific Island women.

HISPANIC AMERICANS

Among all Americans, Hispanic Americans have higher rates of cardiac dysfunction, which can lead to heart failure. They also have high rates of incidence of heart failure compared to whites (3.5 to 2.4 per 1000 person-years, respectively).

Hispanic Americans also tend to experience the comorbidities of heart failure more frequently. They have higher rates of diabetes, obesity, and metabolic syndrome than do their white counterparts.

Some **12.6%** of Hispanic-American males have diabetes, as do **12.7%** of Hispanic-American females.

AFRICAN AMERICANS

Among all ethnicities, African Americans are at a particularly high risk for heart failure, and more African Americans die of heart failure within 5 years of diagnosis than any other group.

The leading cause of heart failure in African Americans is poorly controlled hypertension (high blood pressure). African Americans tend to get high blood pressure at an earlier age, and it tends to be more severe and more often than in their white counterparts.

One study found that **30.0%** of African Americans had uncontrolled high blood pressure, as opposed to **21.3%** of whites.

Screening and Diagnosis

Catching heart failure early in its progression is vital to effectively treating and managing the disease. If the risk of HF is significant in a patient, screening tests such as the BNP and NT-proBNP blood tests and noninvasive tests, such as the echocardiogram, can be powerful tools for early diagnosis and the initiation of an effective treatment plan.

(For more information on BNP and NT-proBNP screening, consult the 2017 ACC/AHA/HFSA Focused Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure, available at <http://circ.ahajournals.org/content/136/6/e137>.)

Referrals

At any stage of HF management, referral to a heart failure specialist may be an appropriate step, particularly for patients who are struggling to manage their condition. Some find the **I-NEED-HELP** acronym helpful in this regard. It is:

- I** Intravenous inotropes
- N** New York Heart Association (NYHA) class IIIB/IV or persistently elevated natriuretic peptides
- E** End-organ dysfunction
- E** EF $\leq 35\%$
- D** Defibrillator shocks
- H** Hospitalizations >1
- E** Edema despite escalating diuretics
- L** Low systolic BP ≤ 90 , high heart rate
- P** Prognostic medication; progressive intolerance or down-titration of guideline-directed medical therapy (GDMT)

Treatment & Management

Effective treatment for heart failure relies heavily on proper screening and guideline-directed medication therapy (GDMT), as well as understanding the indications for device implantation. Helping your patients understand the importance of medication adherence to better outcomes is critical.

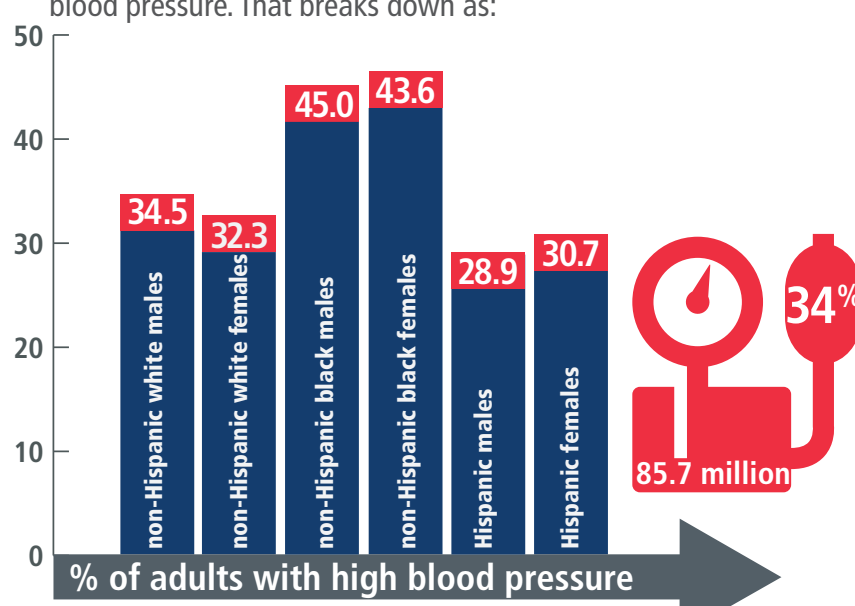
For those patients at higher risk of hospital admission, understanding the symptoms that require medical treatment is paramount. Help your patients know the symptoms they should contact you about:

- Rapid weight gain — Help your patients understand how much of a weight gain should trigger a call to you.
- Shortness of breath while at rest
- Increased swelling of the lower limbs
- Swelling of or pain in the abdomen
- Trouble sleeping (waking up short of breath, using more pillows)
- Frequent dry, hacking cough
- Loss of appetite
- Increased fatigue or feeling tired all the time

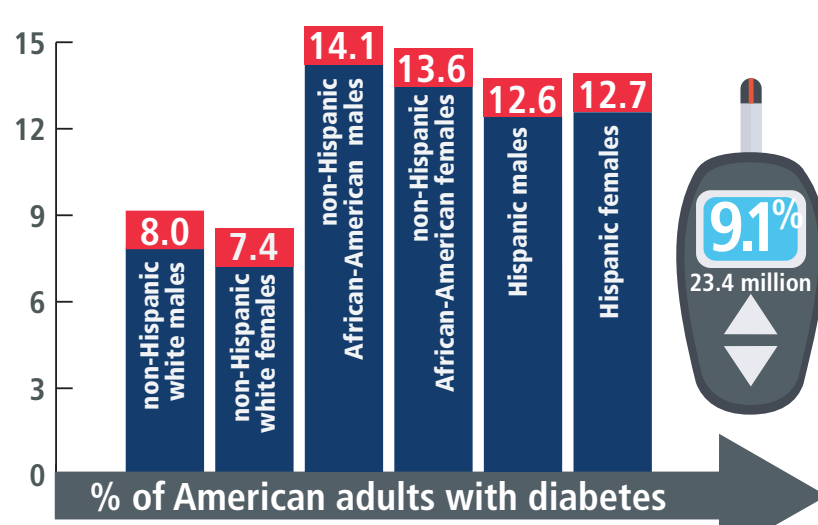
Comorbidities

The most common comorbidities that occur with heart failure include coronary heart disease, hypertension (high blood pressure), abnormal cholesterol levels, obesity, and diabetes. Proper management and treatment of comorbidities is a hallmark of heart failure prevention.

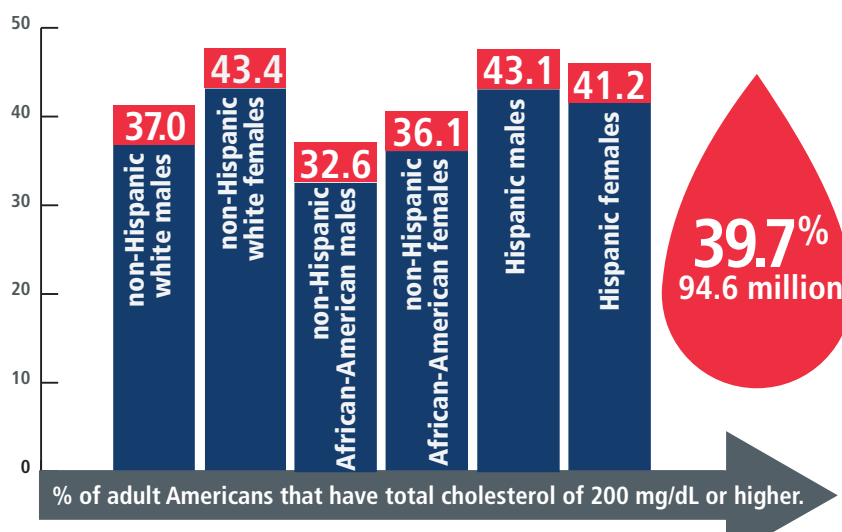
- Nearly half of all non-Hispanic African Americans have some form of cardiovascular disease (**47.7 percent** of females and **46.0 percent** of males).
- Coronary heart disease is the leading cause of deaths attributable to cardiovascular disease, at **45.1 percent**.
- About **34 percent** (85.7 million) of American adults have high blood pressure. That breaks down as:



- Nearly half of all people with hypertension do not have it under control.
- It's estimated that 23.4 million (**9.1 percent**) of American adults have diagnosed diabetes. That breaks down as:



- An additional estimated 7.6 million (**3.1 percent**) American adults have diabetes that is undiagnosed, and another 81.6 million (**33.9 percent**) American adults have prediabetes.
- Too many Americans have high total cholesterol levels, as well—39.7 percent of American adults (94.6 million) have total cholesterol of 200 mg/dL or higher. This breaks down as:



- Obesity continues to be an epidemic in the U.S. among adults and children. The prevalence of obesity grew from 1999 to 2000 through 2013 to 2014, from **30.5 percent** to **37.7 percent**.

About the Heart Failure Society of America, Inc.

In the spring of 1994, a small group of academic cardiologists gathered in New York to discuss the formation of a society that would focus on heart failure. This group had long recognized that the disease was on the rise; yet there was no venue for researchers, trainees, and clinicians to gather to discuss new treatments, research results, and the rise in health care costs associated with heart failure. A society dedicated to heart failure would bring together health care professionals, including researchers, physicians, nurses, and other allied health care professionals, to learn more about the mechanisms of the disease, how best to treat patients, play a role in reducing health care costs, etc. The meeting led to the incorporation of the Heart Failure Society of America, Inc.

The Heart Failure Society of America, Inc. (HFSA) represents the first organized effort by heart failure experts from the Americas to provide a forum for all those interested in heart function, heart failure, and congestive heart failure (CHF) research and patient care.



HFSA

HEART FAILURE SOCIETY OF AMERICA