

# Heart Failure: Who We Treat Versus Who We Study

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The prevalence of patients with the diagnosis of heart failure (HF) continues to increase, with recent data suggesting that the current estimate in the United States should now be over 7 million patients. This estimate is based on the recent census confirming a current population of 300 million people in the United States, and an estimated average prevalence of heart failure in 2.5% of the population [1–4]. There are many sources of information about the patients with heart failure, including population surveys [5–14] and data from patients identified and followed from the time of a hospitalization for HF [15–17], as well as inpatient registries [18,19]. Many patients have been enrolled in pharmaceutical and devices trials in HF, but the patients enrolled are often not reflective of the patients being managed outside of these trials in terms of age, gender, race, and comorbidities. And yet, investigators have extrapolated the results of these trials to all patients with heart failure. This article is a comparison of the demographics and outcomes of the patients with heart failure that are treated and those that have been studied.

## Age

There are many demographic factors that influence the prevalence of HF, but age is the most powerful influence. It is clear that heart failure is a disease of advancing age, being relatively uncommon in those below the age of 50 years, but the disease increases progressively with each subsequent decade [1–4]. It affects as many as 10% to 15% of people over the age of

65 years, and even higher in those over 75 years (Fig. 1). The average age of patients admitted to the hospital is 75 years [2–19]. Patients over 65 years make up only 12% of the population, but account for 38% of hospital discharges and 46% of hospital days [2]. The finding of preponderance of hospitalized patients being elderly is also reflected in data from the Centers for Disease Control [2], which showed almost no increase in the number of patients under the age of 64 years who were hospitalized with HF over the last 25 years, while the number between 64 and 84 years, and those over the age of 85 years, has nearly doubled (Fig. 2). The population over 65 years is expected to double in the next 20 years from an estimated 32 million in the year 2000, to nearly 70 million by the year 2025 [2,3]. Thus, heart failure will be a major health problem for the aging United States population for the next several decades.

## Race and gender

The prevalence of heart failure varies considerably by race and gender [20–26]. Data have shown that the overall prevalence is essentially equal between men and women, averaging approximately 2.4% in males and 2.6% in females [1–4]. However, this percentage varies between 2.5% and 3.1% in males, being highest in African American males, and between 1.6% and 3.5% in females, with the lowest prevalence in Latino women and highest in African American women (Table 1). More men seem to have HF under the age of 55 years, but women are equally affected thereafter, and by living an average of 7 years longer, women have an equal overall prevalence. The percentage of men who are hospitalized is nearly equal, as shown in

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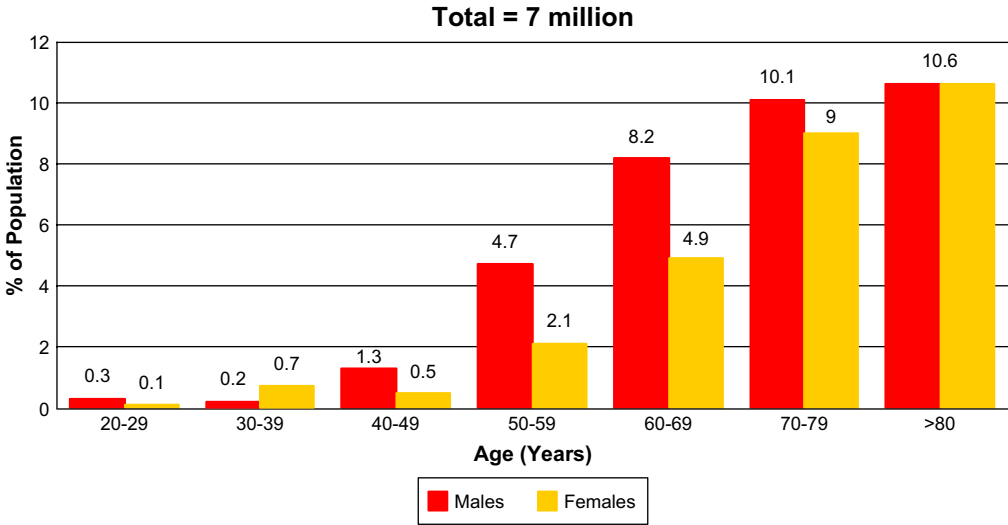


Fig. 1. Impact of age and gender on the prevalence of heart failure. (Data from Thom T, Haase N, Rosamond W, et al. Heart disease and stroke statistics—2006 update: A report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. *Circulation*. 2006;113:e85-e151.)

the large Acute Decompensated Heart Failure National Registry (ADHERE) database [19,20]. The racial mix was predominantly Caucasian, but reflective of national race percentages and

disease prevalence. The mortality also varies considerably by race and gender, with the highest mortality of 3.5% in African American females.

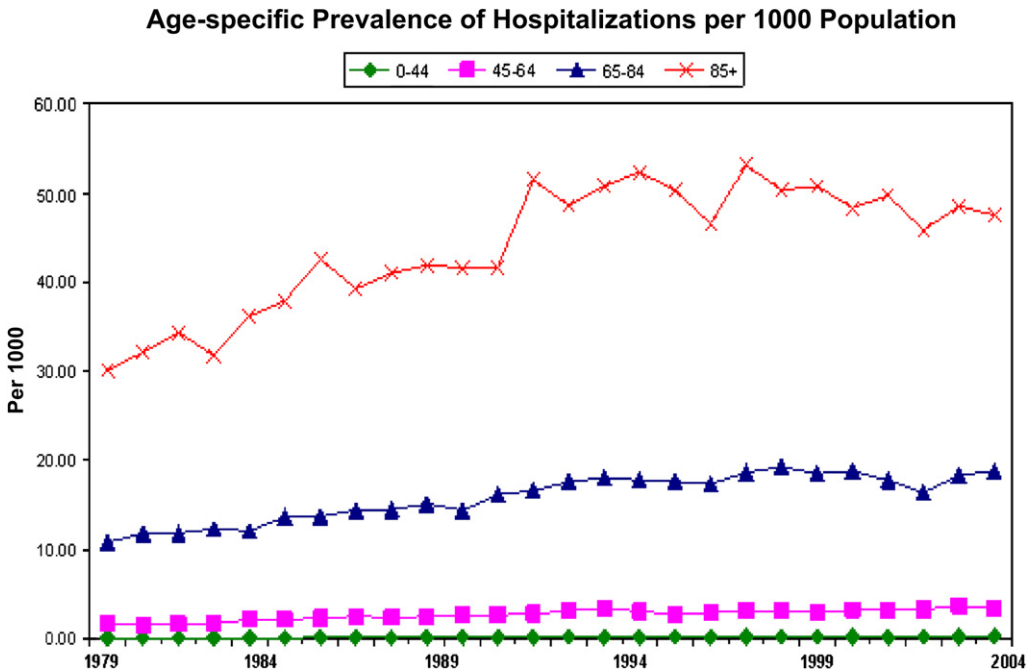


Fig. 2. Influence of age on the rate of hospitalization for heart failure. (From Centers for Disease Control. Heart failure fact sheet. Atlanta, GA: Centers for Disease Control and Prevention, 2006. Available at [http://www.cdc.gov/dhdsp/library/pdfs/fs\\_heart\\_failure.pdf](http://www.cdc.gov/dhdsp/library/pdfs/fs_heart_failure.pdf).)

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