



Review

Heart failure across Asia: Same healthcare burden but differences in organization of care[☆]

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ABSTRACT

A gap in the knowledge on the status of heart failure (HF) in Asia versus other regions led to the creation of a working group of Asian experts from 9 countries or regions (Hong Kong, Indonesia, Malaysia, Philippines, Singapore, South Korea, Taiwan, Thailand, and Vietnam). Each expert sought the best available data from local publications, registries, or clinical practice. The prevalence of HF in Asia was generally similar to global values (1% to 3%), but with some outliers. There were substantial variations in healthcare spending, and the average cost of HF hospitalization varied from 813 US\$ in Indonesia to nearly 9000 US\$ in South Korea. Comorbidities were frequent, particularly hypertension, diabetes mellitus, and dyslipidemia. Modifiable risk factors such as smoking were alarmingly common in some countries. Asian HF patients spent between 5 and 12.5 days in hospital, and 3% to 15% were readmitted for HF by 30 days. The pharmacological treatment of Asian patients generally followed international guidelines, including renin–angiotensin–aldosterone system inhibitors (61% to 90%), diuretics (76% to 99%), beta-blockers (32% to 78%), and digoxin (19% to 53%), with some room for improvement in terms of life-saving therapies. Our review supports implementation of a more comprehensive and organized approach to HF care in Asia.

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1. Introduction

It is estimated that 38 million people worldwide have heart failure (HF), with most published studies reporting a prevalence of between 1% and 2% of the adult population [1,2]. Data from Europe and North America suggest that 1%–2% of all hospital admissions are related to HF [3], amounting to more than 1 million admissions annually, with 80–90% being due to decompensation of chronic HF [4]. The syndrome still carries a poor prognosis: 5% to 10% of patients die during hospitalization, with a further 15% dying by 3 months, and over half of patients die within 5 years of their first HF hospitalization [5]. Rates of rehospitalization are also high [4,6]. The financial burden of HF, principally due to the cost of hospitalization, is expected to increase substantially in the coming decades due to the aging of the population worldwide [7,8].

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Globally, the etiology of HF varies, but hypertension and coronary artery disease (often associated with obesity and diabetes mellitus) appear to remain important, with valve disease, peripartum cardiomyopathy, infection, and genetic causes being variably important. Published studies suggest that the importance of coronary artery disease as a cause of HF worldwide is increasing [9], and particularly so in Asia [10]. An increase in HF risk factors, such as obesity, hypertension, and diabetes, related to changing lifestyles (“epidemiologic transition”) in Asian countries is likely responsible for the rise in the prevalence of HF [1,11]. However, the availability of data on HF burden and healthcare delivery is limited compared with Europe and North America [12].

This gap in knowledge was the driver for the creation of a working group of Asian experts in HF, whose objectives were to: (i) investigate the current state of HF care in several Asian countries; and (ii) to foster implementation of measures intended to improve the standard of HF care in this region. We describe the currently available data on HF

burden in nine Asian countries, and the current organization of care in those countries, summarizing available data on process and outcome measures for HF care where available. We report data from Hong Kong, Indonesia, Malaysia, Philippines, Singapore, South Korea, Taiwan, Thailand, and Vietnam.

2. Methods

Each author contributed the most recently available data on HF care from their own country, using what they considered to be the best available sources – ideally nationally published data or where these were not available data from local or regional registries or audit projects. Where possible, data were subdivided into HF with reduced ejection fraction (HFREF) and other types of HF. Data were sought on the prevalence of HF, the likely etiological factors, deaths, hospitalization duration and mortality, readmission rates, overall cost of HF management, cost of drug therapy, and whether there were local or national guidelines for HF management. In addition, published data on the country characteristics were collected (population, gross domestic product (GDP), growth, healthcare expenditure as percentage of GDP, life expectancy, and cardiologists per country or per capita). For comparison purposes published data from Europe and North America were also collected [2,3,13–26].

Published data were available for Hong Kong, Philippines, Singapore, South Korea, Taiwan, Thailand, and Vietnam. There were two HF registries for Thailand: one registry on all hospitalized HF (HFREF and other HF) [27] and another for HFREF only [28]. The data from the Philippines also included data from five major hospital centers [29], while those from Indonesia include data from one hospital based on experience since 2009. The data from Vietnam were collected at the Hanoi Heart Hospital from August 2014 to February 2015. The data from Malaysia included all admissions due to acute HF registered in the Institut Jantung Negara (the Malaysian National Heart Institute) acute decompensated HF registry since 2009.

3. Results

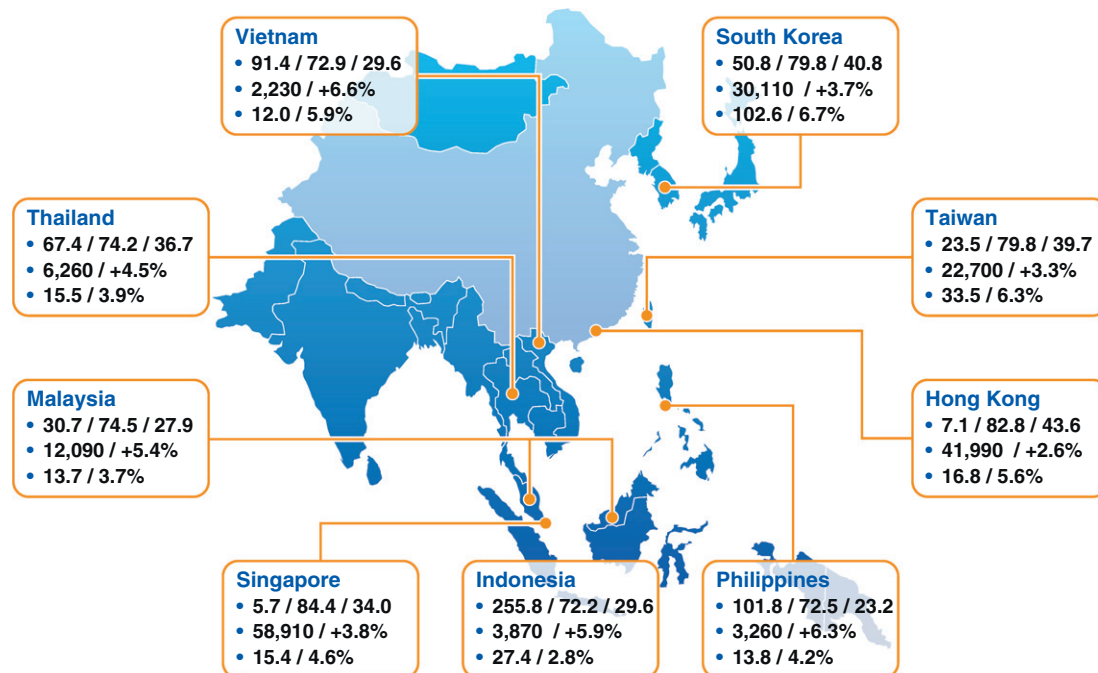
General socioeconomic and health expenditure data for the region are presented in Fig. 1 [13,14,17]. The populations of the nine participating Asian countries varied greatly in size from Singapore (5.7 million) to Indonesia (256 million). The wealth of the countries also varied markedly, ranging from a GDP per capita of 2230 US\$ in Vietnam to 58,910 US\$ in Singapore. As a percentage of GDP, South Korea spent the most

on healthcare (6.7%) though this was still substantially lower than Europe and the USA. Four countries (Indonesia, Vietnam, Thailand, and the Philippines) spent more than 20% of their healthcare budgets on pharmaceuticals. The average published cost of HF hospitalization varied from 813 US\$ in Indonesia to nearly 9000 US\$ in South Korea. The number of cardiologists in each country for which data were available were: Hong Kong 228 (32 per million of population), the Philippines 1400 (14 per million), Singapore 229 (40 per million), Taiwan 1637 (70 per million), Vietnam 2000 (21 per million), and USA 27,076 (84 per million).

Of the countries for which data were available, the prevalence of HF (1% to 3%) was generally similar to values reported for Europe and the literature value of 0.9% in China [30], though values >5% were reported from Indonesia and Taiwan (Table 1) [2,3,20,22–29, 31–34]. The prevalence was reported as higher in men than women, but Asian HF patients appeared to be slightly younger than their European and American counterparts, reflecting the generally younger demographic of these countries. The reported etiologies of HF are also presented in Table 1: ischemic heart disease was the most common cause of HF in all countries except Hong Kong, where hypertensive heart disease was the most common cause (70% versus 29% for ischemic heart disease).

Vascular risk factors such as hypertension, diabetes mellitus, and dyslipidemia were common in HF patients in all countries (Table 1), but particularly so in Malaysia (75%, 67%, and 52%, respectively) and Singapore (69%, 55%, and 65%, respectively). Smoking was frequent, with high reported rates in some countries, most notably the Philippines (54%) and Vietnam (31%). Rates of renal disease ranged from 4% in the Philippines to 31% in Taiwan. Roughly a fifth of patients had concomitant atrial fibrillation and more than a tenth had chronic obstructive pulmonary disease or asthma.

Available data on hospitalizations for HF and associated mortality are presented in Table 2 [3,20,22,23,35–38]. The country with the highest number of HF hospitalizations was Taiwan, with 40,000



Population (million)/life expectancy*/mean age* – GDP per capita (USD) / GDP growth (per annum) – Health expenditure total (billion USD) / % of GDP
* CIA World Factbook 2015

Fig. 1. National characteristics in nine Asian countries [13,14,17]. GDP, gross domestic product.

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