

Registry identifies early onset of heart failure and lack of defibrillators in Asia

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For the first time this year a late breaking clinical trials session will be held at the Asian Pacific Society of Cardiology (APSC) Congress to highlight world-class research coming out of the region.

The 21st APSC Congress, which is taking place 13-15 July in Singapore, will show-case original research from six late breaking clinical trials and 250 abstracts. The meeting is expected to be attended by over 2000 delegates from 45 countries.

"The epidemic of cardiovascular disease is rising in Asia, and with this comes the growing realization that the disease phenotype may be different from that of other parts of the world. There are unique risk factors, genetics and public health issues which taken together mean that the findings of studies undertaken in the West may not automatically translate to Asian populations," said Dr Jack Tan, the APSC Congress chair. "All this makes it really important to have a platform for Asian cardiovascular research. We hope new opportunities to present research at an Asia centered meeting will encourage more researchers from our region to get involved in clinical trials and registries."

For example, the ASIAN-HF registry¹, which is being presented at the late breaking clinical trials session on 13 July 2017, demonstrates how [heart failure patients](#) in Asia are younger and have more co morbidities than their western counterparts.

The scientific content of the APSC, added Dr Tan, will be enhanced by

European Society of Cardiology (ESC) hosted sessions. On Friday 14th July at 14:00- 15:30 (Room 335) ESC President Prof. Jeroen Bax will chair a session exploring new ESC Guidelines on prevention, atrial fibrillation, and heart failure. Then at 16:00-17:30 (Room 335) a second ESC session will look at cutting edge cardiology including the role of TAVI, Computed Tomography in Imaging and percutaneous coronary intervention for left main disease.

"The idea of these sessions is to highlight both the latest ESC Guidelines and key topics from the last ESC Congress to give a flavour of our recent activities," said Prof. Jose Luis Zamorano, the ESC course director at APSC. "The ESC welcomes the opportunity for close collaborations with the APSC. While there may be some differences in patient populations, there is still a great deal that we can all learn from each other about different ways of practicing cardiology."

ASIAN-HF registry

In the late breaking clinical trial session Prof. Carolyn Lam, from the National Heart Centre, Singapore and Duke-National University of Singapore, will present the results of The Asian Sudden Cardiac Death in Heart Failure (ASIAN-HF) registry¹ which set out to gather real-world data on the demographics, risk factors and outcomes of heart failure patients in Asia.

The prospective registry reviewed clinical characteristics and outcomes of 5,276 patients with heart failure with reduced ejection fraction (HFrEF; EF \leq 50%). Subjects were recruited from 46 centres across 11 regions (including Hong Kong, Taiwan, China, Japan, Korea, India, Malaysia, Thailand, Singapore, Indonesia and the Philippines). For the study, ICD-eligible patients were defined as those with ejection fractions \leq 35% and New York Heart Association Class II-III.

Results for the registry showed:

- Among patients with HFrEF, the mean age was 59.6 year (this contrasts with a mean age in the US of 70 years).
- Among patients with HFpEF, the mean age was 68 years (this contrasts with a mean age in the US of 72 year).
- Two thirds of subjects had two or more co morbidities.
- Having two or more co morbidities increased the odds of HFpEF (vs. HFrEF) by around 50%.
- Being a woman increased the odds of HFpEF (vs. HFrEF) threefold.
- At six months, 13.1% of patients had died or were hospitalized for HF (13.9% in HFrEF; 8.9% in HFpEF).
- Among 3240 ICD eligible patients only 389 (12%) were ICD recipients. Utilization of ICDs varied widely across Asia from 1.5% in Indonesia to 52.5% in Japan.
- Over a median follow-up of 417 days, ICD implantation reduced risks of all-cause mortality (HR=0.71, 95% CI 0.52-0.97) and sudden cardiac death (HR=0.33, 95% CI 0.14-0.79).

"In our registry we are seeing that despite being much younger than patients in the rest of the world, Asian patients with heart failure have a high burden of co morbidities and [risk factors](#), many of which are modifiable," said Prof. Lam.

The study revealed underutilization of potentially life-saving implantable cardiac defibrillators. "This we believe may be due to lack of understanding around the device and cultural resistance to the idea of having a foreign body implanted, which represent opportunities for patient education," said Prof. Lam. The public in Asia, she added, need to be educated to take heart failure more seriously.

The registry, she added, showed that there were distinct differences

between Asian and Western patients with heart failure. "The results show that we can't just extrapolate the characteristics and outcomes of Western patients with heart failure to Asians, and that even within Asia we can't extrapolate results from one region to another. As cardiologists we need to be conducting more [heart failure](#) trials in Asia."

The registry, said Prof. Lam, puts an infrastructure in place that can be extended to clinical trials. "We have shown that despite the language and cultural differences across Asia we can get together to successfully recruit thousands of patients. Our dream is that once we have completed the first observational phase we can move on to become an interventional trial network."

Provided by European Society of Cardiology

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