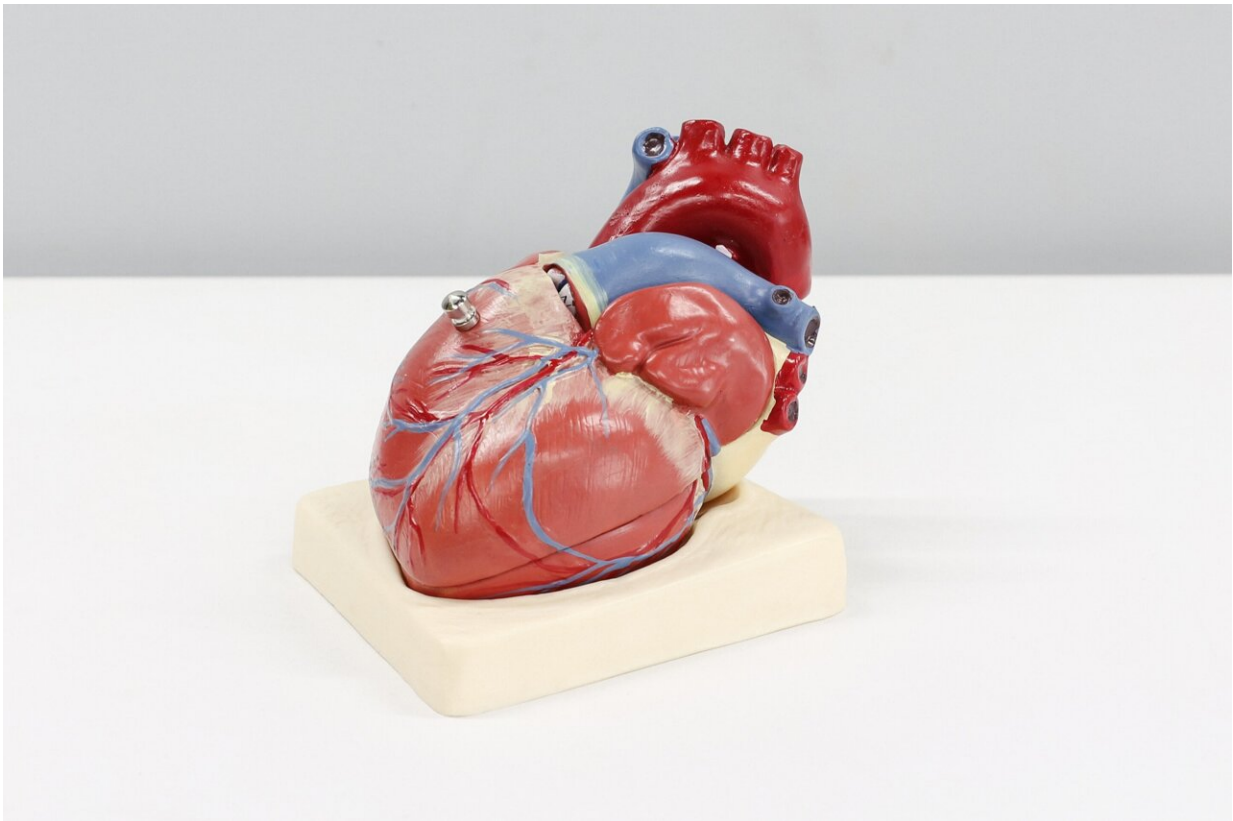


Heart failure places a great strain on health care, new study finds

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Patients with heart failure often suffer from co-morbidities, which places a great strain on the health care services, a multinational study published in *Heart* reports. The researchers, who are based at Karolinska

Institutet, identify an urgent need to improve risk management of the disease.

Up to 64 million people around the world have [heart failure](#), a figure that is expected to rise as populations age and diagnostic methods improve.

According to the new study, there are no multinational studies describing [heart failure patients](#) and the consequences of the disease.

"Given that we know that the incidence of [heart](#) failure increases with population age, a modern, broad view of what the heart failure population looks like, involving risks and costs, is important for all forms of care planning," says Anna Norhammar, adjunct professor at the Cardiology Unit, Department of Medicine (Solna), Karolinska Institutet.

The researchers therefore collected data from both digital medical records and national registry data on over 600,000 heart failure patients from eleven European countries, including Sweden, plus Canada and Israel, from between 2018 and 2020.

The study concludes that between one and two percent of the population suffer heart failure and shows that it is relatively fatal, with an average annual death rate of 13 percent. Heart failure patients also suffer a higher rate of comorbidity than previous national studies have suggested.

"Half of the heart failure patients had [ischemic heart disease](#), half had signs of kidney failure and a third had diabetes," says Professor Norhammar. "One likely reason for the escalation in comorbidity in such patients is that we live longer nowadays with several concurrent conditions. This complicates heart failure care even more, as there are many contributory factors to take account of."

"Another of the study's conclusions is that heart failure is costly. In

Europe, one to two percent of the total health care budget goes towards heart failure care, a cost that is expected to increase," she continues.

"The health care costs are mainly related to a deterioration in heart and kidney failure that requires hospitalization, and to a lesser extent to traditional cardiovascular diseases such as heart attack and stroke. So our data make it clear that intervention to prevent further heart and [kidney failure](#) is needed."

One exciting find that Professor Norhammar identifies is that more patients than previous research has shown have heart failure with preserved left ventricular function.

"This is interesting because a possible new treatment is now available for these patients," she explains. "It's a [diabetes drug](#), that following extensive studies, is now used for heart failure, irrespective of whether the patients have diabetes. These new drugs were basically not used by our cohort since the evidence wasn't in place until 2020. Now that the evidence is here, it'll be interesting to see if the situation can be improved, as we have high hopes it will."

Anna Norhammar has participated in advisory board meetings with companies that develop diabetes and heart failure drugs.

More information: Prevalence, outcomes and costs of a contemporary, multinational population with heart failure, *Heart* (2023). [DOI: 10.1136/heartjnl-2022-321702](https://doi.org/10.1136/heartjnl-2022-321702)

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