

# Differences identified according to ejection fraction in heart failure

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Patients with acute decompensated heart failure (ADHF) have

significant differences according to left ventricular ejection fraction, according to a study recently published in *BMC Cardiovascular Disorders*.

Ming-Shyan Lin, from Chang Gung Memorial Hospital Chiayi Branch in Taiwan, and colleagues conducted a retrospective cohort study between 2001 and 2021 involving ADHF patients discharged from hospitals. The primary outcome components were cardiovascular mortality and heart failure rehospitalizations, as well as all-cause mortality, [acute myocardial infarction](#) (AMI), and stroke.

A total of 12,852 ADHF patients were identified, including 17.3 percent with heart failure with mildly reduced ejection fraction (HFmrEF). The researchers found that patients with HFmrEF had a significant phenotype comorbid with diabetes, dyslipidemia, and [ischemic heart disease](#) in comparison with patients with heart failure with reduced ejection fraction (HFrEF) and [heart failure](#) with preserved ejection fraction (HFpEF).

Similar rates of cardioversion and coronary interventions were seen for both HFmrEF and HFrEF. An intermediate clinical outcome was seen between HFpEF and HFrEF; the highest rate of AMI was seen with HFmrEF (9.3, 13.6, and 9.9 percent for HFpEF, HFmrEF, and HFrEF, respectively). The AMI rates were significantly higher in HFmrEF than HFpEF but not HFrEF.

"These findings are of importance to future research strategies on prevention and treatment of different HF types and ischemic heart disease," the authors write.

**More information:** Ming-Shyan Lin et al, Acute heart failure with mildly reduced ejection fraction and myocardial infarction: a multi-institutional cohort study, *BMC Cardiovascular Disorders* (2023). [DOI:](#)

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