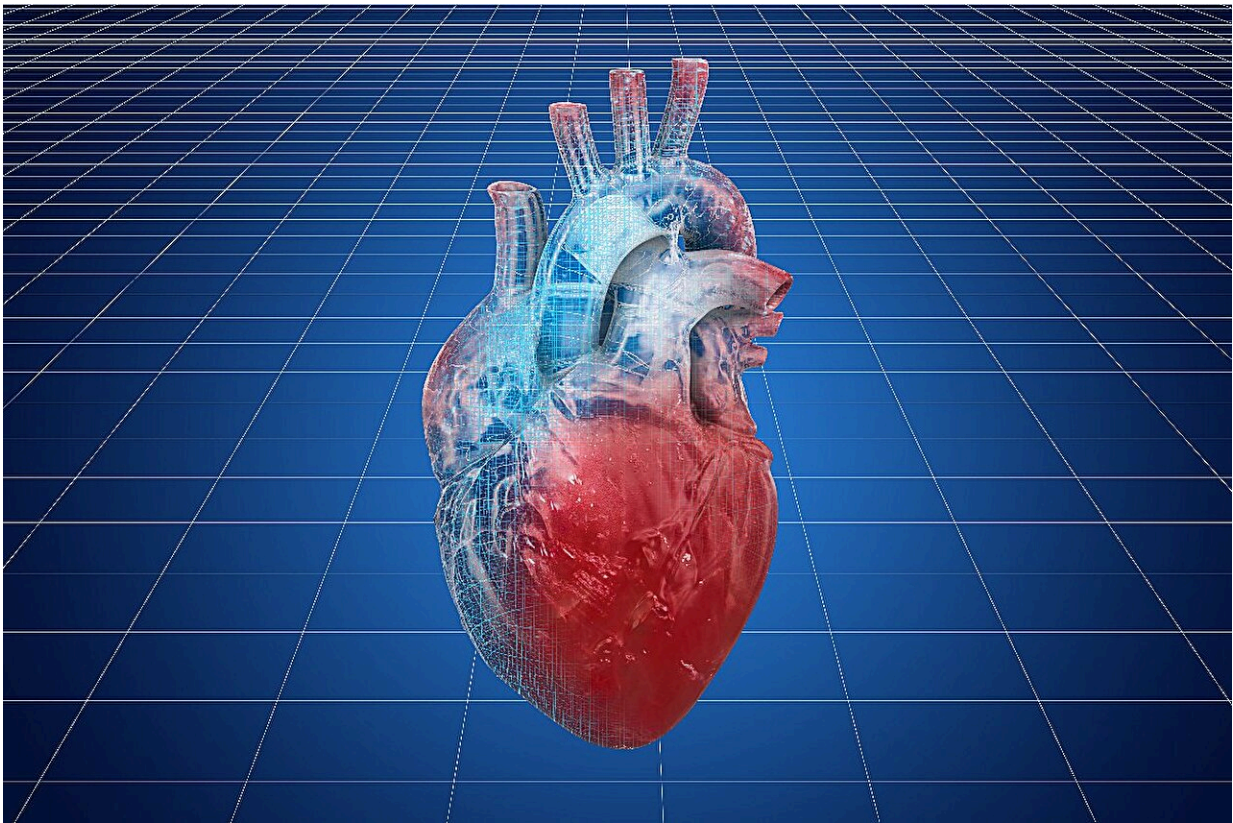


# Large geographic variation seen with heart failure phenotypes

July 18 2024, by Lori Solomon

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There is substantial geographic variation in patient characteristics, treatment, and outcomes among patients with heart failure with preserved ejection fraction (HFpEF) or mildly reduced ejection fraction

(HFmrEF), according to a study [published](#) online June 23 in the *European Journal of Heart Failure*.

Mingming Yang, from the University of Glasgow in the United Kingdom, and colleagues investigated geographic differences in HFpEF and HFmrEF across five global regions. The analysis included 19,959 patients (23.1% with HFmrEF).

The researchers found that regardless of HF phenotype, patients from Western Europe were oldest and those in Central/Eastern Europe and Russia were youngest. Latin America had the greatest portion of females, while North America had the most Black patients. In North America, obesity and diabetes were most prevalent, while hypertension and coronary heart disease were most common in Central/Eastern Europe and Russia.

Self-reported health status varied widely and was the worst in North America and best in Asia-Pacific. Rates of the primary composite end point (cardiovascular death or HF hospitalization) among patients with HFmrEF were 12.56 per 100 patient-years in North America, 11.67 in Asia-Pacific, 10.12 in Central/Eastern Europe and Russia, 8.90 in Latin America, and 8.43 in Western Europe. For HFpEF, the corresponding rates were 11.47, 7.80, 5.47, 5.92, and 7.80. The primary composite end point was driven by differences in the rate of HF hospitalization.

"These findings have implications for interpretation and generalizability of trial results, design and conduct of future trials, and optimization of care for these patients," the authors write.

**More information:** Mingming Yang et al, Geographical variation in patient characteristics and outcomes in heart failure with mildly reduced and preserved ejection fraction, *European Journal of Heart Failure* (2024). [DOI: 10.1002/ejhf.3352](https://doi.org/10.1002/ejhf.3352)

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