

Abdominal obesity linked to all-cause mortality in HFpEF

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(HealthDay)—For patients with heart failure with preserved ejection

fraction (HFpEF), abdominal obesity is associated with increased risk of all-cause mortality, according to a study published in the Dec. 5 issue of the *Journal of the American College of Cardiology*.

Tetsuro Tsujimoto, M.D., Ph.D., and Hiroshi Kajio, M.D., Ph.D., from the National Center for Global Health and Medicine in Tokyo, and colleagues examined the correlation between abdominal obesity and the risk of all-cause mortality using data from the Treatment of Preserved Cardiac Function Heart Failure with an Aldosterone Antagonist trial. Data were included for 3,310 patients with HFpEF: 2,413 with abdominal obesity and 897 patients without abdominal obesity.

The researchers found that 500 patients died during a mean follow-up of 3.4 years. For patients with and without abdominal obesity, all-cause mortality rates were 46.1 and 40.7 events per 1,000 person-years, respectively. The risk of all-cause mortality was significantly higher for patients with versus those without abdominal obesity, after multivariable adjustment (adjusted hazard ratio, 1.52). Patients with versus without abdominal obesity also had significantly higher risk of cardiovascular and non-cardiovascular mortality (adjusted hazard ratios, 1.50 and 1.58, respectively).

"The risk of all-cause mortality was significantly higher in [patients](#) with HFpEF with abdominal obesity than in those without [abdominal obesity](#)," the authors write.

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