

### Transcript Details

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## The Disease Burden and Epidemiology of Heart Failure

### Announcer:

You're listening to ReachMD. This medical industry feature is titled "The Disease Burden and Epidemiology of Heart Failure." Here is your guest, Dr. Nancy Albert.

### Dr. Albert:

Welcome everyone, and thank you for listening today as we begin our heart failure podcast series. This 6-part series will touch on a variety of topics, including diagnosis, disease state awareness, and comorbidities as they relate to heart failure.

My name is Dr. Nancy Albert. I am the associate chief nursing officer for the Office of Nursing Research and Innovation within the Cleveland Clinic Health System and a clinical nurse specialist for the Kaufman Center for Heart Failure at the Cleveland Clinic main campus in Ohio.

Today we will discuss the disease burden, epidemiology, and clinical characteristics of heart failure.

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Let's start with a brief review of heart failure. Heart failure is defined as a progressive disease of the heart that affects the ability of the heart to deliver a sufficient amount of blood to the body. Overtime, heart failure causes fatigue, swelling of extremities, and fluid in the lungs leading to shortness of breath.

Heart failure imposes a significant burden on the US population. Approximately 6.2 million adults have heart failure, and this number is projected to grow to more than 8 million by 2030. More alarming, perhaps, is that between 53% and 74% of adults diagnosed with heart failure will die within 5 years.

Heart failure is also a leading cause of hospitalization in patients aged 65 years or older, with 24% (or over 1 in 5) of patients being rehospitalized within 30 days of discharge. Overall, there are approximately 1 million hospitalizations for heart failure annually in the United States and Europe, which is an alarming statistic.

There are 3 types of heart failure. Heart failure with reduced ejection fraction (or reduced pumping power of the lower left chamber of the heart), heart failure with mildly reduced ejection fraction, and heart failure with preserved ejection fraction (or heart failure caused by stiffness of the lower left chamber of the heart).

Let's talk specifically about the incidence of heart failure with preserved ejection fraction. My colleague will discuss this condition in detail in a separate podcast, but for now it is important to know that its incidence is rising at an alarming rate. The prevalence of heart failure with preserved ejection continues to increase at a rate of approximately 1% a year in the developed world as the population ages with the high prevalence of comorbidities, such as hypertension, diabetes, and obesity.

Taken together, the increasing disease burden and hospitalizations associated with heart failure provide further evidence that this disease is a healthcare epidemic of uncertain proportions.

Thank you for joining me today.

As we have discussed, heart failure imposes a heavy burden on the US population that is leading to increased hospitalizations and mortality.

I encourage you to learn more about heart failure by listening to the other podcasts in this series. I hope you'll join my colleague, Dr. Steven Greene, for the next chapter as he outlines the pathophysiology of heart failure with reduced ejection fraction compared to heart failure with preserved ejection fraction.

**Announcer:**

This program is part of a 6-part series supported by and created on behalf of Boehringer Ingelheim Pharmaceuticals, Inc. and Lilly USA, LLC. If you missed any part of this discussion and would like to access the other episodes in this series, visit [reach-m-d-dot-com-slash-industry-feature](https://reach-m-d-dot-com-slash-industry-feature). This is ReachMD. Be part of the knowledge.