

Heart failure hospitalization: Why this moment matters

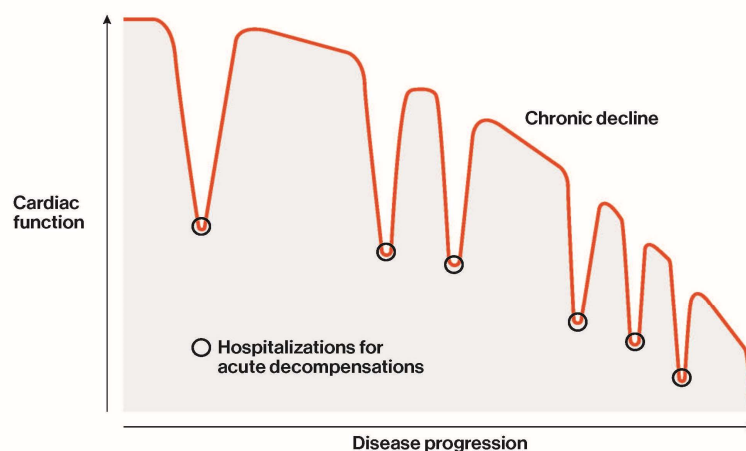
Hospitalization provides an opportunity for physicians to optimize heart failure treatment to reduce the likelihood of hospital readmission and death, reduce the burden of hospitalizations, and improve outcomes for patients living with heart failure.

What is chronic heart failure?

- Heart failure (HF) is a **progressive disease** where the heart cannot pump enough blood around the body. This, in most cases, happens because the heart muscle responsible for the pumping action weakens or stiffens over time¹.
- HF can be life threatening if neglected and under-treated, as damage occurs to the heart – even if no symptoms are present.
- There are **two main types of HF**: reduced ejection fraction (HFrEF) and preserved ejection fraction (HFpEF)². About half of all HF patients have reduced ejection fraction³.
- There is currently no cure for HF, leading to the **death of around half of all patients within five years of diagnosis**^{4,5}.
- The goals of treatment in patients with HF are to improve their clinical status, functional capacity and quality of life, **prevent hospital admission and reduce mortality**⁶.
- HF is approaching epidemic proportions, affecting at least **26 million people globally**⁷.

What is an acute heart failure episode?

- Acute heart failure (AHF) is the **sudden and acute worsening** of the signs and symptoms of heart failure.
- As an AHF episode approaches, patients become **severely breathless and incapacitated**, they rapidly gain weight due to fluid build-up in the lungs and around the body⁸; this is often compared to the sensation of drowning⁹.
- Every AHF episode contributes to a **downward spiral of worsening health and damage to vital organs**, such as the heart and kidneys, which decreases the chance of the patient surviving another episode^{4,10,11}.
- There is currently no approved treatment for acute heart failure.



Heart failure as a progressive disease with deterioration of cardiac function and quality of life. Adapted from Mesquita *et al.*, *International Journal of Cardiovascular Sciences*. 2017;30(1):81-90¹²

The burden of hospitalization

- HF is the **number one reason** for hospitalization in **people over 65 years**¹³ with nearly **1 million patients** hospitalized every year in US and Europe¹⁴.
- **83 percent** of HF patients are hospitalized due to an AHF episode **at least once**, and **nearly half** (43%) are **hospitalized at least four times**¹⁵.
- Hospital admission for HF provides a key opportunity to **optimize HF therapy** according to guidelines is critical to reduce the likelihood of another acute episode or dying¹⁶.

The impact of hospitalization on patients and their caregivers

- An average length of stay in hospital for a HF patient is **five to 10 days**¹⁷.
- The outlook for HF patients following hospitalization is poor. In the first 30 days after leaving hospital, **one in four face readmission**¹⁸ and **up to one in 10 are likely to die**¹⁹.
- The transition from hospital care, where they have been closely supervised, to care at home, where they are less frequently monitored, is thought to increase the risk of a sudden decline in health²⁰.
- Living with HF, including hospitalization, places a huge burden on the patient, but also their support network. A recent survey of caregivers found that half did not feel prepared or supported in their role, and one in 10 (13%) have quit their jobs to provide care for a person with HF²¹.

The impact of hospitalization on healthcare systems

- HF places a **huge financial burden** on global healthcare systems²².
- In the United States, the majority of HF-related costs can be attributed to in-hospital care (60%), with the remainder of costs attributed to nursing homes (13%), home health care (9%), HF medication (9%) and physicians (7%)²³.

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