



IMPORTANT
CONSIDERATIONS
ON HF RISK
FACTORS & HF
PRESENTATION IN
WOMEN

# IMPORTANT CONSIDERATIONS ON HF RISK FACTORS & HF PRESENTATION IN WOMEN







Symptoms and/or signs of HF caused by a structural and/or functional cardiac abnormality

# CORROBORATED BY AT LEAST ONE OF THE FOLLOWING

Elevated natriuretic peptide levels

Objective evidence of cardiogenic pulmonary or systemic congestion



# IMPORTANT CONSIDERATIONS ON HE RISK FACTORS & HE PRESENTATION IN WOMEN

# **DEFINITION**

#### HF is a clinical syndrome with current or prior

• Symptoms and or signs caused by a structural and/or functional cardiac

#### And corroborated by at least one of the following:

- Elevated natriuretic peptide levels
- Objective evidence of cardiogenic pulmonary or systemic congestion

## **STAGES**

#### AT RISK (STAGE A)

Patients at risk for HF, but without current or prior symptoms or signs of HF and without structural cardiac changes or elevated biomarkers of heart disease

#### PRE-HF (STAGE B)

Patients without current or prior symptoms or signs of HF with evidence of one of the following:

- Structural Heart Disease
- Abnormal cardiac function
- Elevated natriuretic peptide or cardiac troponin levels

#### HF (STAGE C)

Patients with current or prior symptoms and/or signs of HF caused by a structural and/or functional cardiac abnormality

#### **ADVANCED HF (STAGE D)**

Severe symptoms and/or signs of HF at rest, recurrent hospitalizations despite GDMT, refractory or intolerant to GDMT, requiring advanced therapies transplantation, mechanical circulatory support, or palliative care

### Language matters!

Universal

of Heart

**Definition** and

Classification

Failure (HF)

The new universal definition offers opportunities for more precise communication and description with terms including **persistent HF** instead of "stable HF," and **HF in remission** rather than "recovered HE."

## **CLASSIFICATION BY EF**

#### **HF with reduced EF (HFrEF)**

• HF with LVEF < 40%

#### **HF with mildly reduced EF (HFmrEF)**

HF with LVEF 41-49%

#### **HF with preserved EF (HFpEF)**

• HF with LVEF > 50%

#### **HF with improved EF (HFimpEF)**

 HF with a baseline LVEF of < 40%, a 10-point increase from baseline LVEF, and a second measurement of LVEF of > 40%



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# **PREDISPOSITION**

TRADITIONAL RISK FACTORS



Diabetes Mellitus
Hypertension
Obesity
Tobacco Use
Lifestyle
Social
Determinants of
Health



Sex Differences

Risk Factors for Heart Failure

# **HYPERTENSION**

MORE POTENT RISK FACTOR FOR HEART FAILURE IN WOMEN 3X vs 2X

## **DIABETES**

MORE POTENT RISK FACTOR FOR HEART FAILURE IN WOMEN

5X vs 2X

# **OBESITY**

HIGHER RISK FOR HEART FAILURE IN WOMEN STRONGER RISK FACTOR FOR HFPEF

# **SMOKING**

MORE POTENT RISK FACTOR FOR HEART FAILURE IN WOMEN VS MEN



# **PREDISPOSITION**

SEX-SPECIFIC RISK FACTORS

### **BREAST CANCER THERAPY**

- Anthracycline/tyrosine kinase inhibitor-associated LV dysfunction (potentiated risk if both)
- Radiation

Sex-Specific Risk Factors In Women

### **AUTOIMMUNE DISEASE**

- ↑ Prevalence of SLE, RA, scleroderma in women
- ↑ Inflammation
- † Innate immunity

### **PREGNANCY**

Gestational HT, DM,

- Preeclampsia
- Eclampsia
- Peripartum cardiomyopathy

# ACUTE CORONARY SYNDROME W/O CAD

Stress Cardiomyopathy

- Emotional > physical triggers
- Apical ballooning & LV dysfunction

Spontaneous Coronary Artery Dissection (?)



# **SEX DIFFERENCES IN HF**

# PRESENTATION & PROGNOSIS



