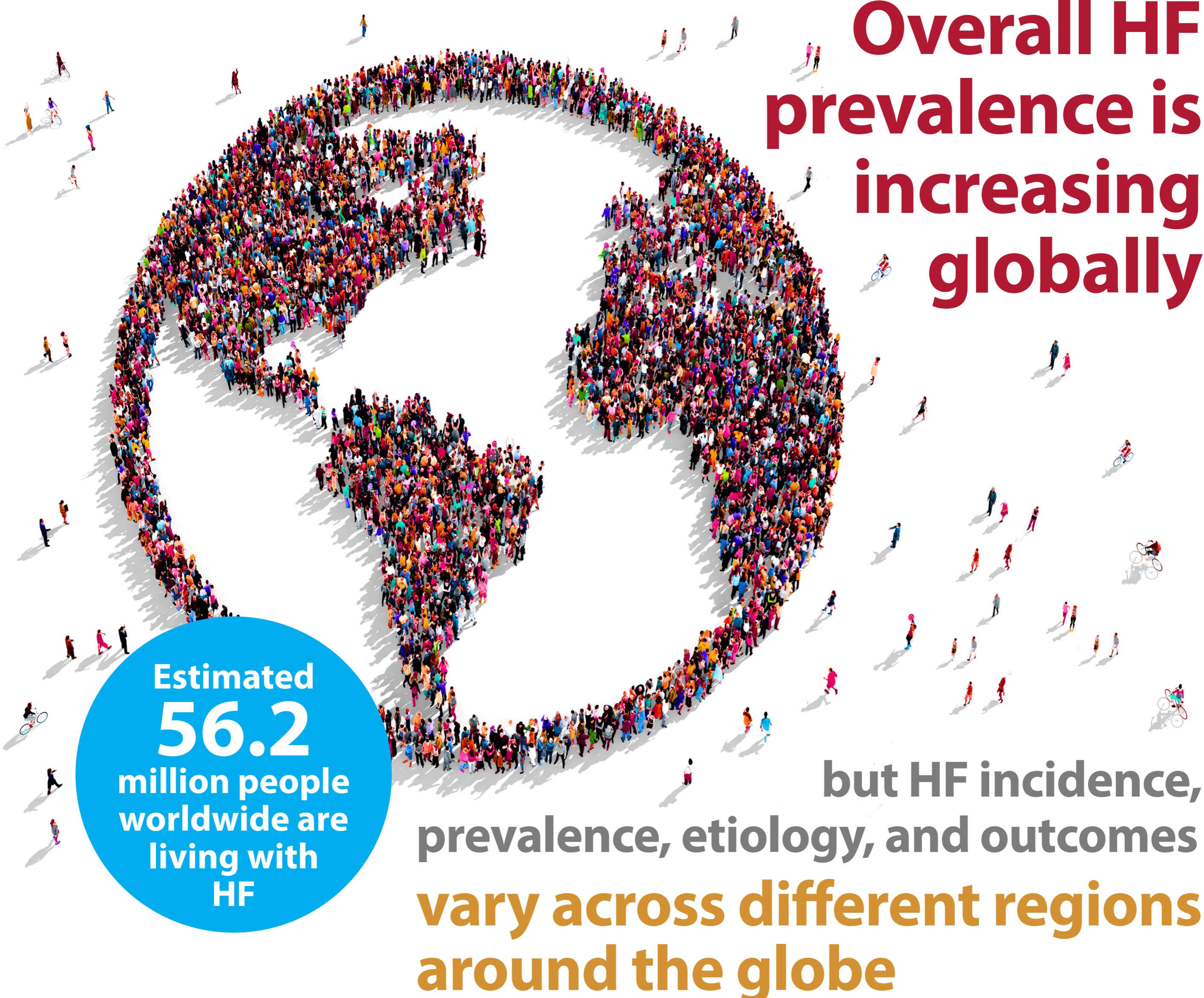
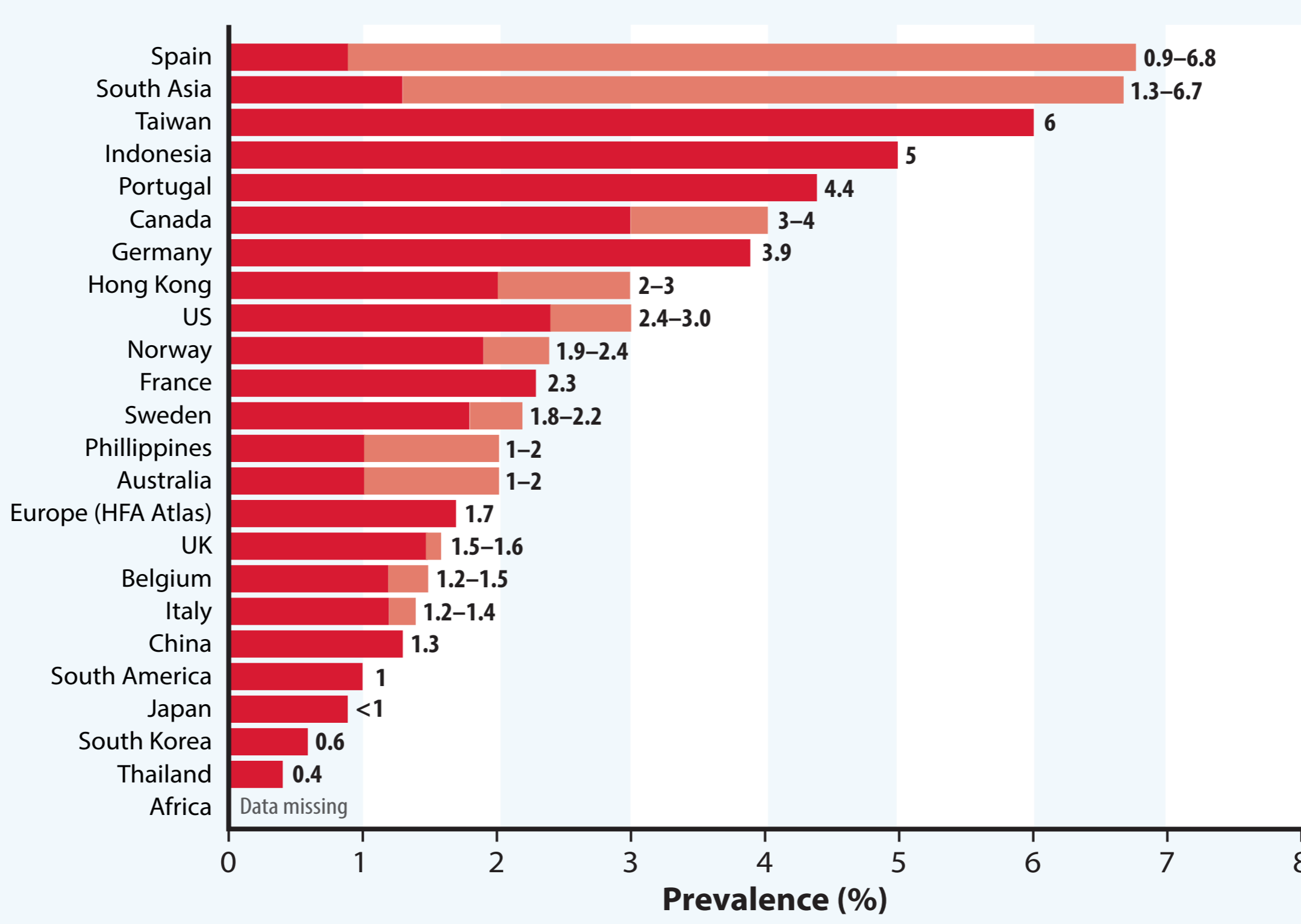


Topline Global Trends, Risk Factors, Comorbidities, and Prediction of Future Heart Failure State



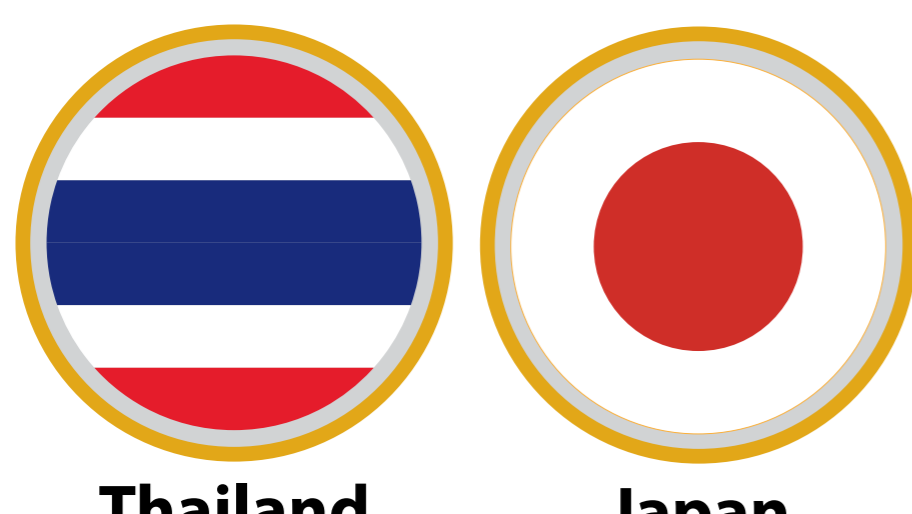
HF prevalence estimates around the world range from 1% to 3% of the overall population

56.2 million people worldwide with HF [95% CI; 46.4 –67.8 million]



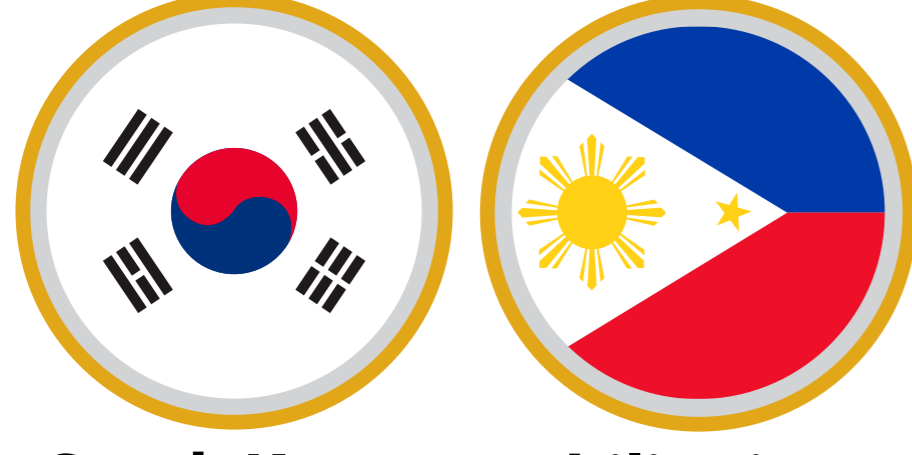
Worldwide prevalence of HF. Values represent age-adjusted prevalence rates from different countries (for some countries a prevalence range is noted and data are derived from more than 1 study. Shades of color represent the ranges of prevalence.

Countries with LOWEST prevalence of HF



Thailand

Japan



South Korea

Philippines

0.4% – 2.0%

The Global Burden of Disease study has reported a

29.4% worldwide increase in the prevalence of HF from 2010 to 2019.

Prevalence varies greatly by country.

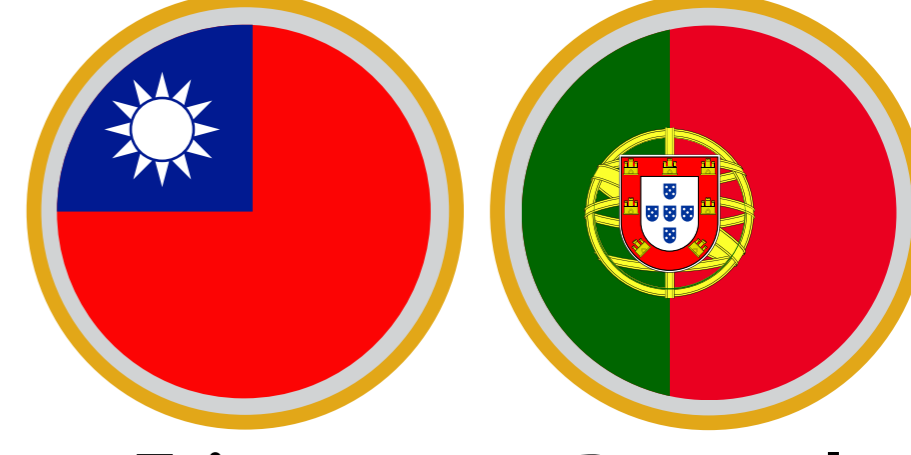
No prevalence estimates are available from certain areas of the world including northern and sub-Saharan Africa.

Countries with HIGHEST prevalence of HF



Spain

Indonesia



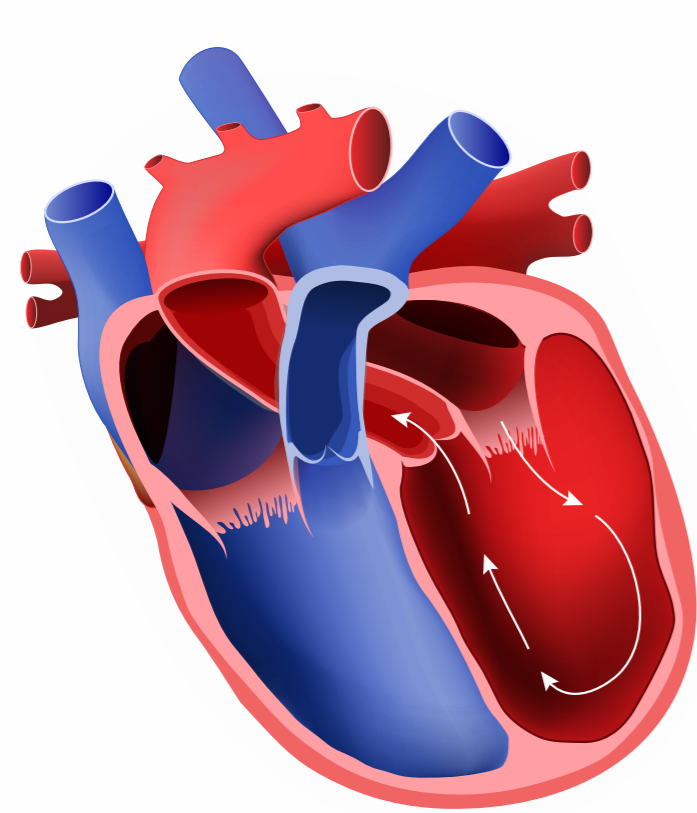
Taiwan

Portugal

4.4% – 6.8%

Globally, leading risk factors for developing incident HF include advancing age, ischemic heart disease, hypertension, obesity, diabetes mellitus, and smoking

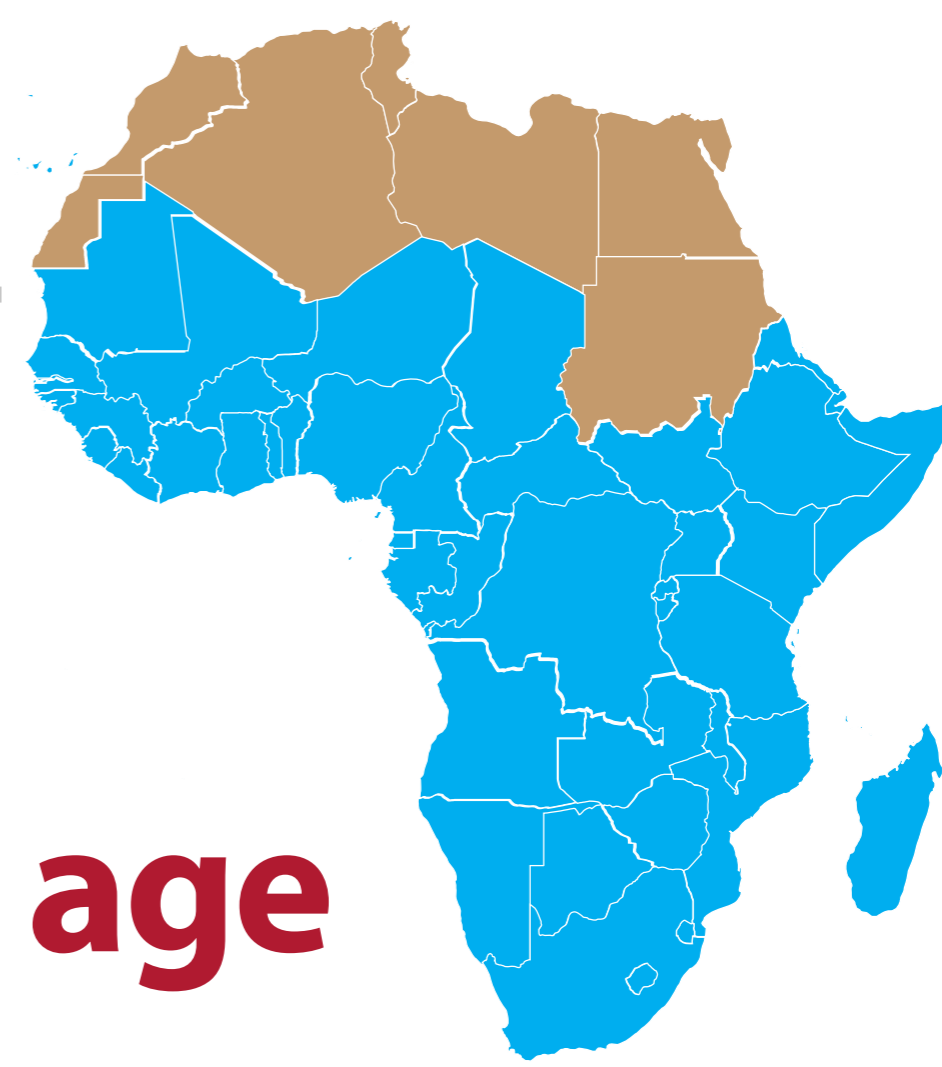
Ischemic etiology is more often identified as an underlying cause of HF than nonischemic etiology in Europe and North America (>50%), whereas nonischemic cardiomyopathy is identified as the most common cause in the Caribbean, sub-Saharan Africa, and Latin America.



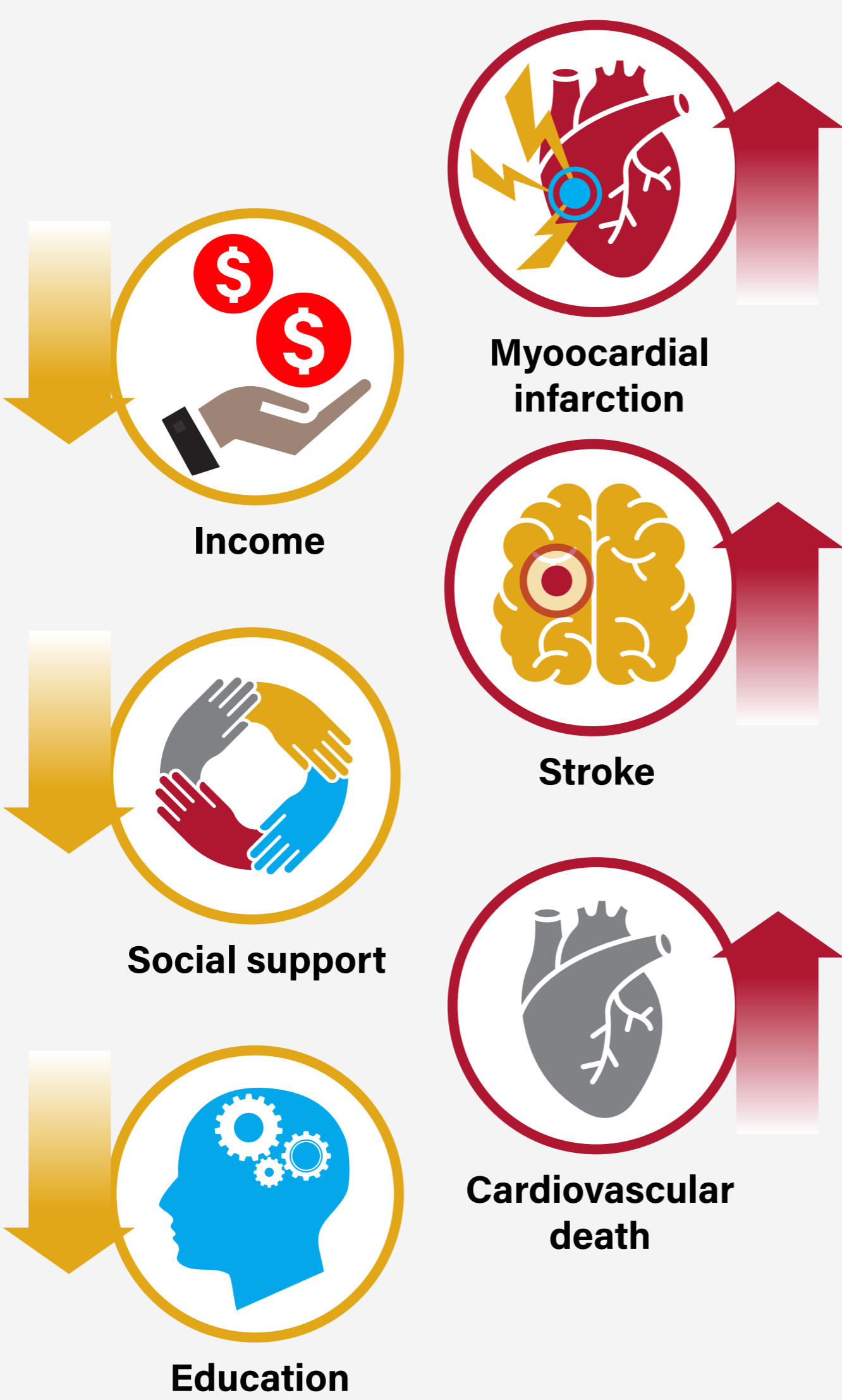
HFrEF

People living with HFrEF from the **Asia-Pacific regions** and **Latin American region** are **10 years younger**

compared with European and North Americans living with HFrEF



In **sub-Saharan Africa**, more than one-half of the individuals with HF are **under 55 years of age**



Lower levels of income, support, and educational attainment have been associated with higher rates of incident myocardial infarction, stroke, and cardiovascular death in individuals with HF

Disparities in SDoH, including structural racism, inequities of living conditions, risk assessment and control, access to healthy food, insurance, care, and resources, and distributions of power and money impact an individual's health and HF risk across the globe in different regions of the world.

All information, including graphics, tables, and text in this infographic are from the report published in the *Journal of Cardiac Failure*, and should be referenced as follows: *J Card Fail.* 2023; 29 P1412-1451

