HFSTATS SHEET Heart Failure Hospitalization Rates



- Rates of HF hospitalizations declined from 2010 to 2014, followed by an increase from 2014 to 2017. (Fig. 1)¹ This increase was consistent across age groups and sexes, with the highest rates being among Black patients.
- HF hospitalizations among young adults between the ages of 18-45 years also increased since 2013, and Black patients accounted for 50% of these hospitalizations.²
- HF hospitalizations among the elderly (age >80 years) have increased since 2014 with high burdens of hospitalizations among patients with comorbid conditions.

Figure 1: US Trends for Overall HF Hospitalizations, Unique Patient Visits, and Postdischarge HF Readmissions¹



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- According to a retrospective analysis of the Nationwide Inpatient Sample (NIS) with weighted data between 2004 and 2018, after an initial decline between 2004 and 2013, there was an increase in HF hospitalizations after 2013 (Fig. 2).³
- HF hospitalization rates vary by race/ethnicity, with several studies demonstrating Black patients with HF have higher hospitalization rates compared with other races and ethnicities.⁴
- Data from the NIS from 2002-2013 showed that Black women and men had the highest rates of hospitalizations for HF compared with other races, and the rate of HF hospitalizations for Black women and men was almost two and a half times higher than for White patients with HF. Asian/Pacific Islanders had the lowest HF hospitalization rates (Figs. 3a, 3b).^{5,6}

Figure 2: Trends of Hospitalization for HF According to Age Between 2004 and 2018



*means annual percentage change (APC) is significantly different from zero at α = 0.051. J Card Fail. 2023; 29 P1412-1415.

Figure 3a: National Crude Hospitalization Rate by Race/Ethnicity and Sex



Figure 3b: National Age-Standardized Hospitalization Rate by Race/Ethnicity and Sex



PI = Pacific Islander

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- In general, men have higher HF hospitalization rates than women (Fig. 4).
- Importantly, HF hospitalization rates have been increasing for both women and men since 2013.³
- From the 2004-2018 NIS, the mean age at hospitalization for HF was 72.3 ±14.3 years.⁷

Table 1: Trends in Heart Failure Hospitalizations by Age

Category	Timespan	Trend	Source
Age at Hospitalization		Median [IQR]	
HFrEF	2008-2018	74.0 [74.0-83.0] to 71.0 [59.0-81.0], p<0.001	NIS ¹²
HFpEF	2008-2018	78.0 [67.0-86.0] to 77.0 [66.0-85.0], p<0.001	NIS ¹²
Hospitalization Rates		Annual Percentage Change	
Age ≥ 65 years	2004-2014	-4.5%, p<0.05	NIS ²
Age ≥ 65 years	2014-2018	2.8%, p<0.05	NIS ²
Age 18-64 years	2004-2013	-2.3%, p<0.05	NIS ²
Age 18-64 years	2013-2018	7.0%, p<0.05	NIS ²
In-Hospital Mortality		Mortality Rate	
Age 18-34 years	2002-2016	2.2% to 1.6%, p=0.13	NIS ¹³
Age 35-44 years	2002-2016	1.5% to 1.0%, p=0.01	NIS ¹³
Age 45-54 years	2002-2016	1.7% to 1.3%, p<0.001	NIS ¹³
Age 55-64 years	2002-2016	2.4% to 1.7%, p<0.001	NIS ¹³
Age 65-74 years	2002-2016	3.5% to 2.3%, p<0.001	NIS ¹³
Age ≥ 75 years	2002-2016	5.8% to 3.8%, p<0.001	NIS ¹³

HF = heart failure; HFrEF = heart failure with reduced ejection fraction; HFpEF = heart failure with preserved ejection fraction; IQR = interquartile range; NIS = Nationwide Inpatient Sample.

- Between 2008 and 2018, the median age at hospitalization for HFrEF decreased from 74 to 71 years, and the median for HFpEF decreased from 78 to 77 years (Table 1)^{3,7}
- NIS data revealed a progressive increase in age-adjusted HF hospitalizations between 2013 and 2018.⁷ Hospitalization rates increased by 2.8% among adults ≥65 years, and increased by 7.0% among adults aged 18-64 years. (Table 1).³

Figure 6: Left Ventricular Ejection Fraction Distribution in the GWTG-HF Registry⁹



GWTG-HF = Get With the Guidelines; HFmrEF = heart failure with mildly reduced ejection fraction; HFpEF = heart failure with preserved ejection fraction; HFrEF = heart failure with reduced ejection fraction; LVEF = left ventricular ejection fraction

Figure 4: Trends of Hospitalization for HF According to Sex Between 2004 and 2018



*means annual percentage change (APC) is significantly different from zero at α = 0.051. J Card Fail. 2023; 29 P1412-1415.

 NIS data from 2008-2018 show 11,693,994 admissions for HF as a primary diagnosis: 5,354,696 (45.8%) HFrEF; 3,605,004 (30.8%) HFpEF; and 2,734,294 were unspecified. Of the hospitalizations with specific diagnoses, 57.7% were for HFrEF in 2018 (Fig. 5).⁸

Figure 5: Annual HF Hospitalization Volumes



HFrEF = heart failure with reduced ejection fraction; HFpEF = heart failure with preserved ejection fraction J Card Fail. 2023; 29 P1412-1415.

- Hospitalizations for both HFrEF and HFpEF have been increasing with HFrEF constituting approximately 45%-58% of the hospitalizations.
- The GWTG registry included patients hospitalized for HF between January 2014 and September 2019.⁹ These data provide a more direct and complementary measure of the distribution of EF in patients admitted for HF (Fig. 6).



For more information visit https://hfsa.org/hf-stats

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