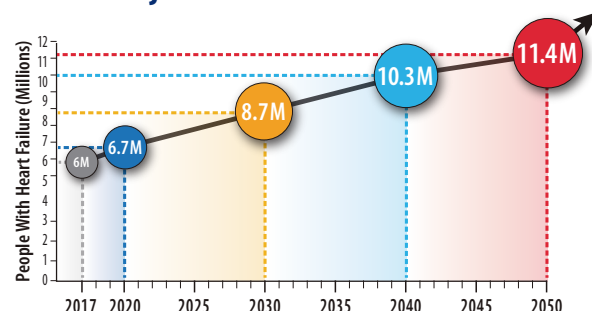


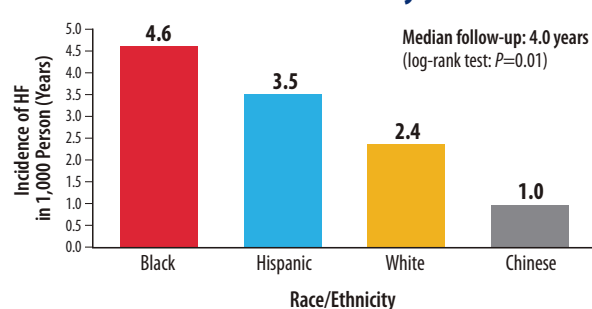
## Incidence, Prevalence, and Lifetime Risk Estimates of Heart Failure in the United States

- The lifetime risk of HF has increased to 24%; approximately 1 in 4 persons will develop HF in their lifetime.<sup>1,2</sup>
- Approximately 6.7 million Americans over 20 years of age have HF, and the prevalence is expected to rise to 8.7 million Americans by 2030, 10.3 million in 2040, and 11.4 million Americans by 2050 (Figure 1).<sup>3-5</sup>
- The lifetime risk of HF has risen both in females and males.<sup>6,3</sup>
- The prevalence rate of HF among US adults is approximately 1.9% to 2.8% for the overall population and is higher among older patients.<sup>7,8</sup> The prevalence rate is expected to increase to 8.5% among 65- to 70-year-olds (Table 1).<sup>5</sup>
- Among HF subtypes, the lifetime risk of HFpEF was greater than the lifetime risk of HFrEF in women, whereas the lifetime risk of HFpEF was similar to HFrEF in men, but these vary by race and ethnicity.<sup>9</sup>
- Globally, HF is most prevalent among adults ≥60 years of age; the risk of developing HF is 20-fold higher among adults ≥60 years of age compared with those under 60 years of age.<sup>10</sup>
- The incidence and prevalence of HF are higher among Black individuals compared to other racial and ethnic groups (Figure 2).<sup>11</sup> The prevalence of HF has increased among Black and Hispanic/Latino individuals over time.

**Figure 1: Prevalence of Heart Failure and Future Projection if Current Trends Continue**



**Figure 2: HF Incidence Rates by Race/Ethnicity of Studied Individuals in the US as Estimated in the MESA Study**



- The risk of developing HF in individuals with obesity and hypertension continues to increase.<sup>12-17</sup>

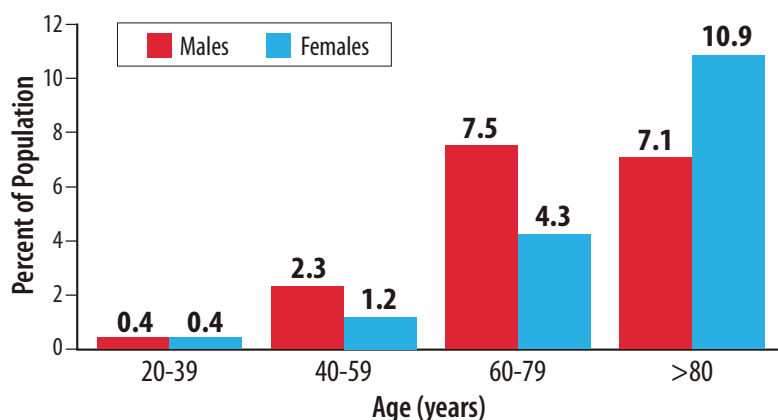
**Table 1: Prevalence of Heart Failure in the United States**

| Author, publication year | Siontis 2022                                                                                  | Siontis 2022                                                                              | Rethy 2022                                                                                                  | Khera, 2017                                                                      | Chang, 2018                                                                                                                                                                                                                 |
|--------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Years studied            | 1999-2018                                                                                     | 1999-2018                                                                                 | 1/2001-12/31/2016                                                                                           | 2002-2013                                                                        | 2005-2014                                                                                                                                                                                                                   |
| Population               | NHANES survey (all participants)                                                              | NHANES survey of patients over the age of 65                                              | NHANES survey of nonpregnant adults 35 years or older                                                       | Medicare beneficiaries over 65 years of age                                      | Participants in ARIC aged 55 or older                                                                                                                                                                                       |
| Diagnostic criteria      | Patient self-report                                                                           | Patient self-report                                                                       | Patient self-report                                                                                         | Inpatient or outpatient ICD 9 codes                                              | Random sample of eligible heart failure hospitalizations with ICD 9 codes with manual abstraction                                                                                                                           |
| Prevalence               | 19 per 1000 persons in 1999<br>26 per 1000 persons in 2017<br>No significant change over time | 55 per 1000 persons in 1999<br>98 per 1000 persons in 2004<br>64 per 1000 persons in 2017 | 31.8 per 1000 persons in 2001-2005<br>30.4 per 1000 persons in 2013-2016<br>No significant change over time | 162 per 1,000 in 2004<br>172 per 1,000 in 2013<br>Significant increase over time | Black Women: 30.5/1,000PY<br>Black Men: 38.1/1,000PY<br>White Women: 15.2/1,000PY<br>White Men: 20.7/1,000PY<br>Significant increase over the study period (+1.9% per year in White women to +4.3% per year in Black women) |



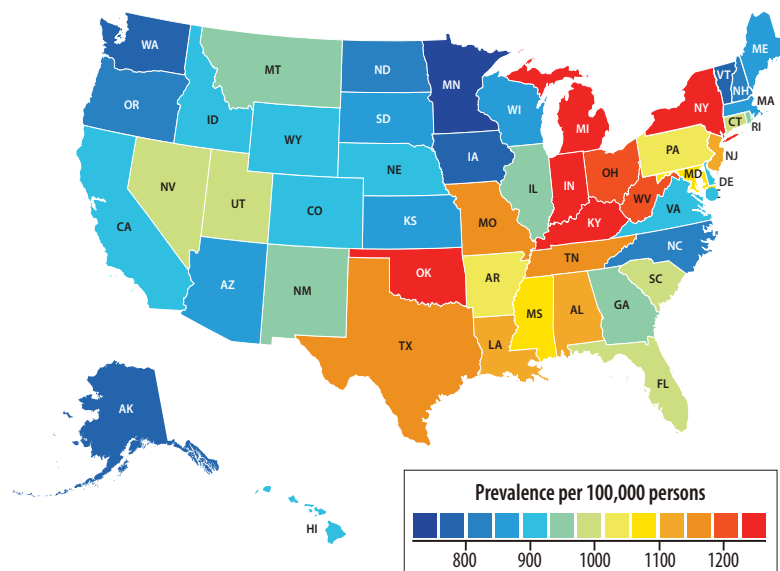
- Approximately 33% of the US adult population without known symptomatic HF is at risk for HF (Stage A) and 24%-34% have pre-HF (Stage B) (Figure 4).
- The prevalence of HF varies across age groups, showing lower rates in women compared to men between the ages of 40-59 and 60-79. However, the prevalence is higher in women aged >80 years (Figure 3).

**Figure 3: Prevalence of HF Among US Adults ≥20 Years of Age, by Sex and Age (NHANES, 2017-2020)**



- The PAR% for risk factors for hypertension, obesity, diabetes mellitus, and coronary heart disease vary according to race and ethnicity (Figure 5).
- The proportion of individuals with HF exhibiting 3 or more comorbidities increased from 68% in 2002-2004 to 87% in 2012-2014.<sup>18</sup>

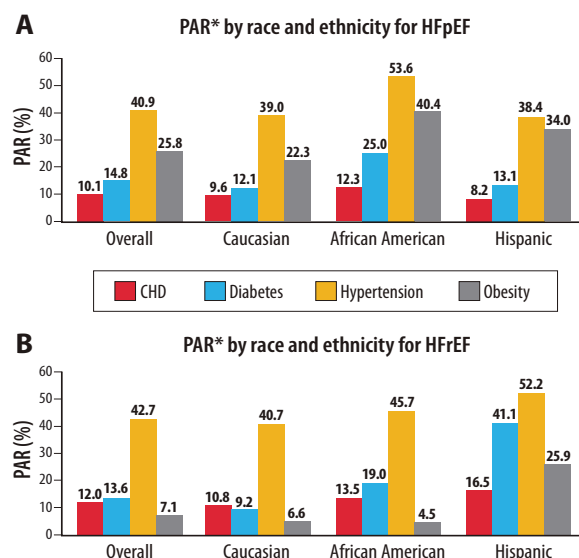
**Figure 6: Age-Adjusted Prevalence of HF per 100,000 Persons**



**Figure 4: Prevalence Across HF Stages**

|                                                                 | Stage 0<br>No HF/Risk | Stage A<br>At-Risk | Stage B<br>Pre-HF | Stage C<br>HF | Stage D<br>Advanced HF |
|-----------------------------------------------------------------|-----------------------|--------------------|-------------------|---------------|------------------------|
| Olmsted County (age ≥45 years)                                  | 32%                   | 22%                | 34%               | 12%           | 0.2%                   |
| Atherosclerosis Risk in Communities Study (age: 67-91 years)    | 5%                    | 52%                | 30%               | 13%           |                        |
| Framingham Heart Study (mean age: 51±16 years)                  | 38%                   | 36.5%              | 24.2%             | 1.2%          |                        |
| Pooled cohorts (MESA, CHS, ARIC) using updated 2023 definitions | 16.7%                 | 37.4%              | 43.2%             | 2.7%          |                        |

**Figure 5: Population-attributable Risk (PAR) by Race and Ethnicity for Heart Failure**



**A, Population-attributable risk (PAR)\* by race and ethnicity for heart failure (HF) with preserved ejection fraction.** \*Sum of PAR% within race/ ethnicity may be >100% as incidence rates are not adjusted for other risk factors.

**B, PAR\* by race and ethnicity for HF with reduced ejection fraction.** \*Sum of PAR% within race/ethnicity may be >100% as incidence rates are not adjusted for other risk factors.

- Within the US there are geographic variations in the prevalence of HF. A low HF prevalence has been reported in the Northern Great Plains and Western states, and the highest prevalence has been reported in Midwestern and Eastern states (Figure 6).<sup>19</sup>
- The prevalence of HF is higher among young and middle-aged Black adults compared with young and middle-aged White adults.<sup>20</sup>



For more information visit  
<https://hfstats.org>



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