

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

- Worldwide, it is estimated that approximately 60 million people are living with HF, and this number reflects those with an established diagnosis.¹
- Prevalence estimates around the world range from 0.37 to 6% (**Figure 1**).²⁻⁶

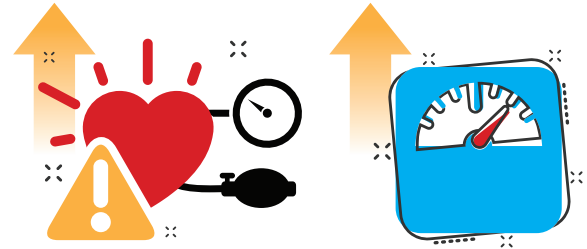
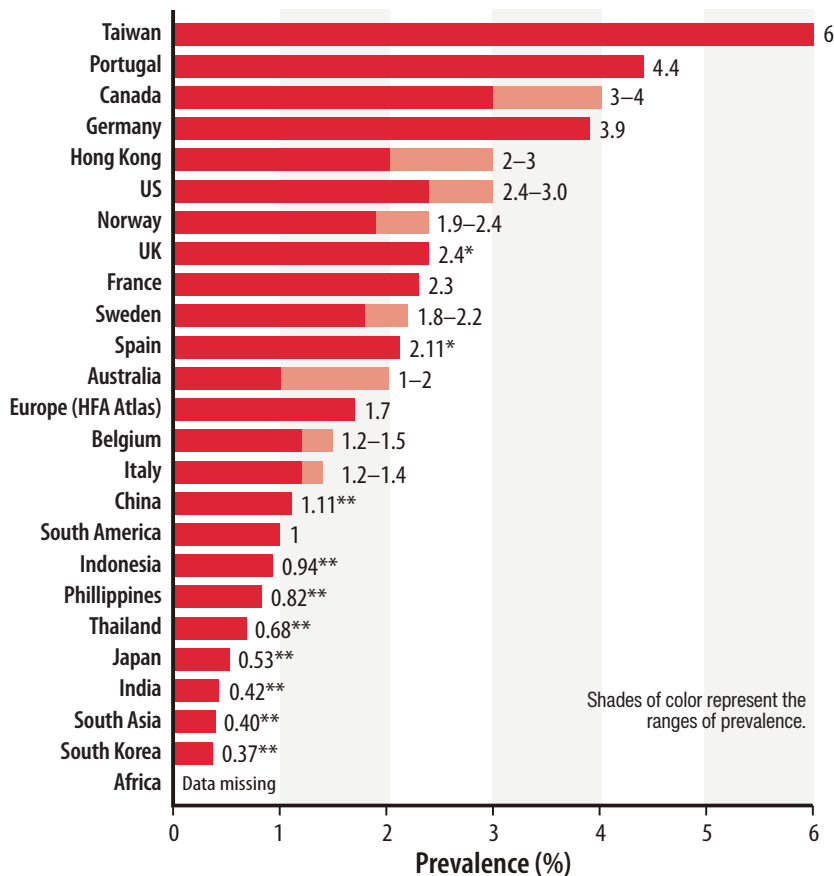


Figure 1: Worldwide Prevalence of Heart Failure



- Globally, HF prevalence is increasing. Per the Global Burden of Disease study, a 29.4% increase was noted globally from 2010 to 2019.
- The prevalence of HF varies globally. Approximately 69.2% of the world's HF population resides in low- and middle-income countries. The region with the highest age-standardized prevalence is in North America, while the lowest is in South Asia.^{2,4}

- The global prevalence of risk factors for HF including hypertension, obesity, and atrial fibrillation are increasing over time.
- Air pollution and increases in ambient temperature and other environmental factors are emerging risk factors.^{7,8}
- The demographics of patients with HF differ across the globe. Secular trends suggest that younger populations are at risk for HF and the proportion of younger individuals diagnosed with HF is increasing.
- The average age of individuals living with HFrEF in the Asia-Pacific regions, Middle East, and Latin America is approximately 10 years younger compared to those in Europe and North America.^{9,10}
- In sub-Saharan Africa, more than half the individuals with HF are under 55 years of age.¹¹
- It is difficult to determine whether this earlier onset is attributable to improved awareness of HF, or whether there are other biological or epidemiological factors playing a role, but nevertheless, it underscores that HF is not limited to older individuals.



Table 1: Prevalence of HF by EF Classes Among Different Populations

	HFrEF EF <40%	HFmEF EF = 40-49%	HFpEF EF ≥50%
European Society of Cardiology (ESC) long-term registry (n=9138)	60%	24%	16%
Global Congestive Heart Failure Registry (G-CHF) (n=23,047)	54%	21%	24%
Asian Sudden Cardiac Death in Heart Failure Registry (ASIAN-HF) (n=6480)	81%	NR	~16%
Japan (n=1245)	36%	21%	43%
HF in Five African Countries: INTERNATIONAL Congestive Heart Failure Study (INTER-CHF) Study (n=1294)	53.7%	30.1%	16.2%
China Cardiovascular Association Database–Heart Failure Registry (n=230,637)	35.6%	20.6%	43.8%
Management of Cardiac Failure program in Northern Sydney Australia (n=5236)	47.8%	14.9%	37.4%
Haiti Cardiovascular Cohort (n=93 among 2981 in CVD Cohort)	71%	6.5%	22.6%

- Data are limited related to different phenotypes of HF according to EF classifications. Prevalence data drawn from different global databases for 3 HF phenotypes by LVEF are shown in **Table 1**.¹²⁻¹⁹
- Globally, leading risk factors for developing incident HF include advancing age, ischemic heart disease, hypertension, obesity, diabetes mellitus, atrial fibrillation and smoking.²⁰⁻²⁴
- Risk factors vary according to age, race, ethnicity, and HF subtype.^{20,21,25} For example:
 - in Southeast Asia, despite a lower prevalence of overweight/obesity, diabetes is a notable risk factor for HF
 - HF risk attributable to hypertension is greater within Black populations worldwide.²²
- In the analysis of the GBD dataset of 204 countries, the top etiologies of HF in men and women were ischemic, hypertensive, and rheumatic heart disease.²
 - the exception is Latin America, where nonischemic cardiomyopathy due to Chagas disease is the leading etiology of heart failure
 - In South Asia, heart anomalies are a leading cause of heart failure
- Between 1990 and 2019, among all global regions and both sexes, there was an increase in HF associated with non-rheumatic degenerative valve disease.²
- Nontraditional risk factors, including SDoH are known to impact global HF trends. Among the 204 countries included in the GBD dataset analysis, greater HF prevalence was associated with a higher socioeconomic deprivation index.²



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



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All information, including graphics, tables, and text in this fact sheet are from the report published in the *Journal of Cardiac Failure*, and should be referenced as follows:
J Card Fail. 2025; 31 P66-116

