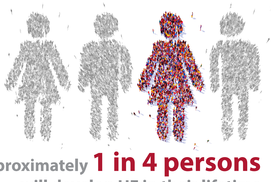
Incidence, Prevalence, and Lifetime Risk Estimates of Heart Failure in the United States

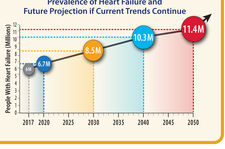
HFSTATS
HEART FAILURE SOCIETY OF AMERICA ANNUAL REPORT

The lifetime risk of heart failure (HF) has **increased to 24%**



Approximately **1 in 4 persons** will develop HF in their lifetime

Approximately 6.7 million Americans over 20 years of age have HF, and the prevalence is expected to rise to **11.4 million** Americans by 2050



Risk of developing HF was 62% higher

in the second epoch (1990-2014) relative to risk factor strata in the first epoch (1965-1989) in the following categories:

Overweight or obese participants

Participants with intermediate/high blood pressure (BP)

Systolic BP ≥130 but <140 mm Hg
Diastolic BP ≥ 80 but <90 mm Hg

Systolic BP >140 mm Hg
Diastolic BP >90 mm Hg

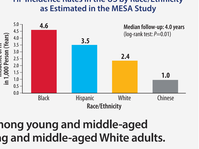
The prevalence of HF among US adults is approximately 1.9% to 2.8% for the overall population

PREVALENCE BY RACE/ETHNICITY

The incidence and prevalence of HF are higher among Black individuals compared to other racial and ethnic groups

- The prevalence of HF has increased over time among Black and Hispanic/Latino individuals.
- The prevalence of HF is higher among young and middle-aged Black adults compared with young and middle-aged White adults.

HF Incidence Rates in the US by Race/Ethnicity as Estimated in the MESA Study

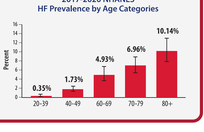


PREVALENCE BY AGE CATEGORIES

HF is most prevalent among adults greater than 60 years old in the overall population.

- The prevalence is higher among older adults and is expected to increase to 8.5% among 65 to 70-year-olds.

2017-2020 NHANES HF Prevalence by Age Categories



Approximately 33% of the US adult population without known symptomatic HF is at-risk for HF (Stage A HF)

24-34% of the US population have pre-HF (Stage B HF)

There are US regional differences in the proportion of patients diagnosed with HFrEF and HFpEF, which likely relates to varied population demographics including age, ethnic background, and comorbidity prevalence.

Region	All HF (6,403,626)	HFrEF (n= 3,858,341)	HFpEF (n=-2,545,286)
Northeast	21.3%	20.2%	22.9%
Midwest	24.2%	24.1%	24.3%
South	39.2%	40.1%	37.8%
West	15.3%	15.6%	14.9%

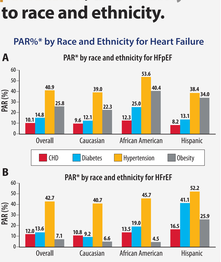
The trend for HF with preserved ejection fraction (HFpEF) across populations is increasing with significant differences by race and ethnicity.

Women experience a higher lifetime risk of HFpEF

The population-attributable risk (PAR) for CHD, diabetes, hypertension, and obesity vary according to race and ethnicity.

Not only is the contribution of risk factors of hypertension, diabetes, obesity, hypercholesterolemia, and smoking to incident HF greater in Black patients than White patients, but this difference seems to be increasing over time.

PAR%* by Race and Ethnicity for Heart Failure



A, 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.

CHD = coronary heart disease; HF = heart failure; PAR = population-attributable risk

The incidence and burden of risk factors for HF is increasing over time. The proportion of individuals with HF exhibiting 3 or more comorbidities increased from

68% in 2002–2004 → **87%** in 2012–2014

The risk factors with the greatest increases in prevalence are hypertension, obesity, and smoking.

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*. 2025;31 P66-116

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