



Heart failure

Healthier future
Facts and statistics

efpia*

Heart failure (HF) is when the heart is unable to pump blood sufficiently to maintain adequate flow to meet the body's needs

HF is linked to coronary artery disease, atrial fibrillation, high blood pressure, and is influenced by lifestyle factors such as excessive alcohol consumption



15 million Europeans suffer from HF¹, which results in an estimated annual cost of approximately 2% of European health care expenditure². HF is the most common cause of hospitalisation among the over-65 age group³

As the European population continues to age, more people will be at risk of HF, placing a significant burden on health systems

Best practice in HF care includes a mix of primary, specialist cardiology and community care as well as drug treatment and lifestyle support

An integrated approach to care with coordination between healthcare stakeholders is a key determinant of good HF outcomes



Major variations exist in HF outcomes across European countries, particularly in terms of mortality and hospital readmission rates⁴

Mortality can, comparatively, be three times higher in some European countries. This cannot be explained by risk factors such as age and lifestyle alone⁵

Early diagnosis of HF can significantly improve outcomes

Substantial variations in primary care diagnoses exist across Europe, varying from 68.4% in Germany to just 27.9% in Great Britain⁶



Historically, HF registries have not routinely captured outcome measures beyond survival and rehospitalisation

Available data often doesn't allow monitoring of important outcomes such as the time until a patient returns to living independently, or regains the ability to perform daily tasks such as climbing a set of stairs, or what quality of life they experience

In a HF programme in Germany, key patient parameters were continuously tracked and monitored

Medical intervention was targeted to patients based on their risk profiles, resulting in a 23% reduction in mortality and an 18% reduction in the costs of total treatment and hospitalisation⁷



A study in Ireland sought to determine the efficacy of a screening program using brain-type natriuretic peptide (BNP) and collaborative care in an at-risk population in reducing newly diagnosed heart failure⁸

The overall incidence of newly onset heart failure was reduced by 50% and improved outcomes for participants were delivered at no extra cost⁹

The programme and study are two examples which demonstrate the value of measuring and focussing on health outcomes in a patient-centric way

They also highlight how better outcomes can be achieved, at lower cost, by strictly prioritising resources for a strategy that has the highest probability of a successful outcome for a patient, through intervention or prevention



An approach which focuses on the outcomes patients identify as most important to them must be prioritised

In parallel, this approach should be coupled with therapeutic strategies which improve outcomes both for individual patients and European healthcare systems through cost-effective procurement and efficient use of resources



References

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