Worse long term prognosis in new onset HFpEF treated in HF clinics compared to HFrEF and HFmrEF patients; reflecting need for effective treatment in HFpEF. Results from the Stockholm PREFERENCES Study


1Karolinska Institutet, Department of Clinical Sciences, Danderyd Hospital, Stockholm, Sweden
2Karolinska Institute, Department of Medicine Solna, Stockholm, Sweden
3South Hospital Stockholm, Department of Clinical Science and Education, Stockholm, Sweden
4Astra Zeneca, Gothenburg, Sweden
5Science for Life Laboratory, Department of Cell and Molecular Biology, Uppsala University, Uppsala, Sweden
6Karolinska Institutet, Department of Molecular Medicine and Surgery, Stockholm, Sweden

On behalf of PREFERENCES Stockholm heart Failure Study

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Background/Introduction: Few contemporary studies are available for long term outcome in patients with new onset heart failure (HF) of the three 3 phenotypes; HF with preserved ejection fraction (HFpEF), mildly reduced (HFmrEF) and reduced EF (HFrEF). The Stockholm PREFERENCES study (Preserved and Reduced Ejection Fraction Epidemiological Regional Study) included new onset HF patients between 2014-18.

Purpose: To report and compare long term outcomes for patients with new onset HFpEF, vs HFmrEF and HFrEF.

Methods: Totally 547 patients, HFpEF n = 137 (25%), HFmrEF n = 61 (11%) and HFrEF n = 349 (64%) were included and followed to end of August 2021. Time to total and cardiovascular (CV) mortality and CV mortality and first HF hospitalizations were compared by log rank test and Cox regression models. All patients were followed at hospital-based HF clinics for guideline directed information and treatment. HFpEF patients were recommended optimal treatment for comorbidities including hypertension, diabetes, ischemic heart disease and atrial fibrillation, and RAAS-inhibition or diuretics. Primary endpoint: CV mortality and HF hospitalizations.

Results: Mean age was 76 (HFpEF), 71 (HFmrEF) and 67 (HFrEF) years (p<0.001). Female sex 49% (HFpEF), 30% (HFmrEF) and 30% (HFrEF) (p<0.001). Median follow up was 3.8 years (IQR 3.0;4.7). Median EF was 55%, 45% and 30% in HFpEF, HFmrEF, and HFrEF, respectively (p<0.001). All-cause mortality was 13% (n = 70), and CV mortality 7.3% (n = 40). The overall CV hospitalization rate was 13.9% (n = 76). The combined endpoint of CV mortality and HF hospitalizations was 21.2% (n = 116) and higher in HFpEF compared to HFrEF (Univariate Hazard ratio (HR) 2.3 (95% CI 2.0-2.5, p<0.001) and vs HFmrEF (HR 2.5; 2.1-2.6, p<0.001). In analysis adjusted for age, sex and diabetes, HFpEF had worse outcome vs HFrEF and HFmrEF (HR 1.5; 0.2-2.0, p<0.05).

Conclusions: New onset HFpEF patients have worse long term outcome vs new onset HFrEF and HFmrEF patients. There is a need for effective evidence based treatment in HFpEF.
Figure 1