HEART FAILURE

Registry data highlight global differences in care for HF-PEF

A retrospective analysis of data from the ADHERE-US and ADHERE-International registries reveals important geographical disparities in the characteristics, treatment, and outcomes of patients with heart failure and preserved (>40%) ejection fraction (HF-PEF). In their *European Journal of Heart Failure* report, Ryenn West and colleagues write that “the differences in managing HF-PEF underscore, in part, the lack of consensus in the inpatient and outpatient treatment of HF-PEF”

Although HF-PEF is a common condition, with prevalence reported to range from ~25% to ~70% in patients with heart failure, it has not been studied as widely as heart failure with reduced ejection fraction. The majority of data on HF-PEF derive from investigations conducted in the USA and Europe. West *et al.* set out to compare the clinical experience of HF-PEF in Latin-America and the Asia-Pacific region with that in the USA.

In the ADHERE-US registry, 26,258 (42.9%) of the 61,182 patients with heart failure admitted to 307 participating

hospitals were classified as having HF-PEF. The proportion of inpatients with heart failure who had HF-PEF was slightly lower in the ADHERE-International registry—4,206 (38.6%) of the 10,904 individuals included from 70 hospitals in 10 countries.

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Compared with patients with HF-PEF in Latin-American and Asia-Pacific regions, a higher proportion of the US patients with HF-PEF were female (61.8% vs 54.7%). The US patients were also older (mean age 77.2 years vs 71.0 years) and more likely to have comorbidities, such as coronary artery disease, diabetes, and hypertension.

Patients in the ADHERE-International registry were more likely to receive treatment with inotropic agents, aldosterone antagonists, nitrates, and digoxin, whereas patients in the USA were more commonly

treated with intravenous vasodilators, loop diuretics, angiotensin-converting-enzyme inhibitors, β -blockers, aspirin, or warfarin. The median length of hospital stay was greater among the international cohort than in the US registry (6 days vs 4 days). After adjustment for baseline characteristics and length of hospital stay, no differences in mortality existed between the two registries, which the investigators highlight as an important finding, given that the ADHERE-International population was younger and more healthy than the US cohort.

On the basis of their results, West *et al.* issued a caution for future investigations—geographical differences in patient characteristics and health care mean that “the results of research confined to one region may not easily be generalized.”

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Original article West, R. *et al.* Characterization of heart failure patients with preserved ejection fraction: a comparison between ADHERE-US registry and ADHERE-International registry. *Eur. J. Heart Fail.* doi:10.1093/eujhf/hfr064