



Heart Failure and Cardiomyopathies

MORTALITY TRENDS IN HEART FAILURE AND DIFFERENCES BY RACE AND SEX IN THE UNITED STATES: 1999 - 2019

Moderated Poster Contributions Heart Failure and Cardiomyopathies Moderated Poster Theater 1_Hall C Sunday, April 3, 2022, 11:30 a.m.-11:40 a.m.

Session Title: Heart Failure Outcomes and Mortality Trends

Abstract Category: 09. Heart Failure and Cardiomyopathies: Population Science

Presentation Number: 1065-05

Authors: Amandeep Goyal, Shubham Lahan, Poonam Bhyan, Sagar Ranka, Suveenkrishna Pothuru, Harsh Mehta, Tarun Dalia, Neelkumar Patel, Prakash Acharya, Tai Thien Tan Tri Truyen, Haitham Mazek, Phillip Tran, University of Kansas Medical Center, Kansas City, MO, USA, Yavapai Regional Medical Center, Prescott, AZ, USA

Background: Despite recent advances in treatment, the mortality rates for heart failure (HF) remain high. Information on the historical mortality trends in this sub-population is limited.

Methods: We queried the CDC WONDER Data (Centers for Disease Control and Prevention - Wide-ranging Online Data for Epidemiological Research) from 1999 to 2019 to identify total deaths with HF. Mortality rates were calculated by using population estimates produced by the U.S. Census Bureau (deaths per 100,000 individuals). The age-adjusted mortality rates were estimated by using direct method and age-adjusted to the population in the year 2000.

Results: Between 1999 and 2019, the overall age-adjusted mortality rate for HF decreased from 96.6 to 68.7 deaths per 100,00 (29% reduction) (p < 0.001) **(FIG 1A)**. Mean age-adjusted mortality rate in men was 94 deaths per 100,000, which was 1.3-fold greater than that in women with a mean value of 72 deaths per 100,000 **(FIG 1B)**. When stratified by ethnicity, mortality rate among Caucasians declined by 28% from 97.4 deaths in 1999 to 70 deaths in 2019, followed by a 24% decrease in African Americans (p < 0.001), whereas Asians had lowest mortality attributed to HF **(FIG 1C)**. Cardiovascular causes accounted for the maximum number of deaths attributed to HF (50 deaths per 100,000), followed by respiratory with a median value of 8.4 deaths per 100,000.

Conclusion: Over the past 2 decades, there has been a substantial decrease in mortality due to HF across different sexes and ethnic groups.

