In 2009, an estimated $37,200,000,000 was spent on HF care in the U.S. More Medicare dollars are spent on HF than on any other diagnosis.

From 1996 to 2006, the annual number of hospitalizations for HF increased from 877,000 to more than 1,100,000.

Close to 25 percent of Medicare patients hospitalized for HF are back in the hospital within 30 days. Between 2004 and 2006, those readmissions totaled 500,000.

HF is the primary reason for between 12,000,000 and 15,000,000 office visits and 6,500,000 hospital days each year.

Caregiver burnout threatens the health of both the caregiver and the HF patient. The American Heart Association provides a dedicated resource for family members and other caregivers at americanheart.org/caregivers.
Scanning the Studies

Aldosterone receptor antagonists are the only diuretics that improve survival in patients with severe heart failure, yet only about one third of eligible HF patients in hospitals using quality improvement registries received HF-guideline-recommended aldosterone antagonist therapy.

About 1/3

HEART FAILURE FACTOID

When surveyed, patients and their family caregivers said that not knowing what to expect, inability to relieve symptoms and lack of communication with clinicians were the most distressing aspects of having HF. Read more at americanheart.org/heartfailure.

HEART FAILURE FACTOIDS

Patient adherence to HF self-care expectations is a key factor in improving outcomes and includes taking medications as prescribed, dietary salt reduction, alcohol limitation or elimination, smoking cessation, monitoring of new or worsening symptoms, regular exercise and appropriate flu/pneumonia vaccinations.

Four risk factors correlate closely with developing HF: high blood pressure, excessive weight, smoking and diabetes. People without those risk factors show almost no increase in LV mass, a common precursor to HF, as they age.

A risk score developed for patients hospitalized with HF proved reliable for predicting in-hospital mortality among patients with preserved or impaired LV systolic function. The score can be automatically calculated when admission data are entered into the Get With The Guidelines Patient Management Tool*.

Hospitals participating in the American Heart Association's Get With The Guidelines® quality improvement program demonstrated better outcomes for heart failure and AMI than non-participating hospitals.

Read more about these studies and other Get With The Guidelines published manuscripts at americanheart.org/getwiththe guidelines.

TARGET: HF

TAKING THE FAILURE OUT OF HEART FAILURE

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