

Abstract No. **31**

Category: **Heart Failure and Cardiomyopathies**

Title: **Heart Failure With Reduced Ejection Fraction in Caribbean Women**

Primary Author: **Edisson Apolinar Feliz Perez**

Abstract:

Background: Gender differences in Heart Failure with Reduced Ejection Fraction (HFrEF) is an important area of ongoing investigation; however, the data available on this subject in Latin America, where cultural, ethnic and socioeconomical disparities may play a role in all its aspects, remains limited. We sought to study clinical profiles and treatment patterns of women with HFrEF in the Dominican Republic (DR).

Methods: Electronic records of a tertiary care CV center were used to recruit stable pts. with HFrEF (defined as EF < 40% + HF symptoms) from outpatient clinic and immediately post-discharge.

Results: From May 2015 to March 2019, 519 consecutive pts. with any form of HF were identified, of those, 361 (70%) with HFrEF constitute the study group: 160 (44%) enrolled during immediate post-discharge and 201 (56%) from the outpatient clinic; 116 (32%) women, 245 (68%) men, X age $66\pm15/65\pm14$ yrs. ($p=0.20$); HTN 84%/83% ($p=0.53$); DM 40%/34% ($p=0.13$); ischemic heart disease (IHD) 40%/45% ($p=0.16$); atrial fib 25%/24% ($p=0.43$); CKD 21%/27% ($p=0.10$). Presumed etiology by clinical evaluation: IHD 43%/47% ($p=0.30$); cardiomyopathies 28%/34% ($p=0.17$); valvular heart disease 11%/9% ($p=0.26$). Echo: EF $30\pm8/29\pm7\%$ ($p=0.42$); end-diastolic volume $161\pm71/183\pm75$ ml ($p=0.0036$); end-systolic volume $111\pm62/128\pm61$ ml ($p=0.004$); mitral regurgitation ? moderate 41%/31% ($p=0.03$). Treatment: ACE Inhibitors 31%/33% ($p=0.39$); ARB 38%/33% ($p=0.23$), Sacubitril/Valsartan 13%/11% ($p=0.31$); aldosterone receptor antagonists (ARA) 65%/65% ($p=0.52$); Beta Blockers (BB) 88%/89% ($p=0.49$); loop diuretics 84%/77% ($p=0.09$) and digoxin 25%/15% ($p=0.01$); on ? 3 guideline-directed drugs at sub-therapeutic doses (ARB/ACE/Sacubitril-valsartan, BB + ARA) 77%/75% ($p=0.90$), and at target doses 3%/4% ($p=0.44$). Device use: ICD/CRT/CRT-D 16/21% ($p=0.14$).

Conclusion: In this series, HFrEF occurred in a 1:3 proportion women:men with no differences in etiology and comorbidities; guideline-directed therapy was suboptimal in both genders. Regional registries ought to better characterize the impact of these findings on outcomes among high-risk populations.