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±15/65±14 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±8/29±7% (p=0.42); end-diastolic volume 161±71/183±75 ml (p=0.0036); end-systolic volume 111±62/128±61 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.