

Changing Global Epidemiology of Heart Failure

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Heart failure has multiple causes and leads to significant health and economic burdens. Understanding heart failure prevalence by cause helps to design appropriate prevention strategies. There has been an increase in the prevalence of HF in the population over time. This has been associated with a three- to fourfold rise in the rate of hospitalization for HF. Several elements are contributing to this rise, particularly aging of the population. In addition, improved treatment of hypertension and valvular and coronary disease is allowing patients to survive an early death only to later develop HF. HF is a global epidemic in health care and a leading cause of mortality and morbidity worldwide. The worldwide prevalence of HF seems to have been increasing over the past decades.

In Western and other developed countries, epidemics of obesity, diabetes mellitus (DM) and/or metabolic syndrome have become clinically evident, while the management of ischemic heart disease (IHD) and infection-related heart disease (ie, rheumatic heart disease [RHD]) has improved with the recent progress in medical and public health programs. These epidemics have resulted in a marked increase in cardiovascular disease (CVD) and subsequently HF, a final common pathway of CVD. In Asian countries, causes of mortality and morbidity have shifted or have been shifting from infectious diseases and/ or nutritional deficiencies to lifestyle-related diseases, such as cardiovascular disease, cancers and diabetes, in conjunction with the transition from developing to developed countries during the past decades (so-called "the epidemiologic transition"). However, the effect of the epidemiologic transition varies not only among countries but also among regions, communities or ethnicities in the same country, making it difficult to generalize evidence obtained not only from Western countries but also from Asian countries.

In this session, even though there is insufficient information available on HF epidemiology, I will overview available cohort and epidemiologic studies for HF in Asia and Western countries.