Top Ten Things to Know
Contributory Risk and Management of Comorbidities of Hypertension, Obesity, Diabetes Mellitus, Hyperlipidemia and Metabolic Syndrome in Chronic Heart Failure

1. Heart failure affects an estimated 5.7 million persons in the US.\(^1\)

2. This scientific statement details several comorbidities seen in HF patients, discusses the role of these comorbidities in risk, and provides a guide for management using recommendations for all stages of HF (A-D).

3. Hypertension is a major public health problem and is a worldwide epidemic; in many countries, 50% of the population over age 60 have hypertension.

4. Treatment of hypertension in persons with HF should also include lifestyle modifications such as reducing sodium intake, exercise, weight control, maintaining a heart-healthy diet, and moderation of alcohol in patients with a blood pressure of >140/90 mmHg.

5. Diabetes is common in persons with HF. An estimated 12%-30% of persons with symptomatic HF have previously been diagnosed with diabetes. This paper discusses the management of hyperglycemia in persons with symptomatic HF.

6. Obesity is common in persons with HF. Recent studies have shown that 29%-40% of overweight persons have HF and 30%-49% are obese. There is a significant number of people with HFrEF that are obese compared to those with HFrEF. Treatment may include weight loss, monitored physical activity or exercise, medications and, in some cases, bariatric surgery.

7. Hyperlipidemia, which is common in atherosclerotic ischemic heart disease, has been shown to contribute to poorer outcomes. In HF, however, some studies have shown an inverse relationship — with lower cholesterol associated with increased mortality in this population. Because of this, it is unknown whether statin treatment (which is indicated in the general population for atherosclerotic CVD) should be generalized to the HF population.

8. Several studies have shown that metabolic syndrome increases the risk of HF.

9. These comorbidities are prevalent and associated with the development of incident HF. In persons with chronic HF, diabetes mellitus, obesity and hypertension, there is a paradoxical effect; those persons with HF have better outcomes with these individual comorbidities. This makes management and treatment challenging.

10. Innovative initiatives such as the Life’s Simple 7, developed by the AHA, emphasize the prevention of CVD with the goal to empower individuals in self-care and prevention. Life’s Simple 7 provides clear and succinct recommendations from the AHA for healthy living, including guidance on how (1) to get active, (2) to control cholesterol, (3) to eat better, (4) to manage BP, (5) to lose weight, (6) to reduce blood sugar, and (7) to stop smoking. The emphasis on prevention is one of the main and the most effective strategies for achieving the AHA’s 2020 goal, which is “to improve the cardiovascular health of all Americans by 20% while reducing deaths from CVDs and stroke by 20% by the year 2020.” The emphasis on prevention, reflected in these strategies, is critical in reducing the burden of HF.


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