

Understanding the impact of Obesity on Heart Failure with Preserved Ejection Fraction (HFpEF)



Obesity is a progressive chronic disease, associated with over 200 complications.¹ Amongst these complications, **cardiovascular disease** is the leading cause of **mortality in people with obesity**.²

Obesity is one of the most common comorbidities of HFpEF but also one of the major risk factors for its development.³

- **>1.9 billion people** could be living with obesity by 2035⁴
- **>2/3** of deaths related to obesity can be attributed to cardiovascular disease.⁵

What is HFpEF?

HFpEF is a serious and chronic systemic disease defined as a type of heart failure in which the left ventricle ejection fraction is $\geq 50\%$. There is an increase in the stiffness of the left ventricle, which causes a decrease in left ventricular relaxation during diastole, resulting in increased pressure and/or impaired filling.⁶ The prevalence and **impact of HFpEF continues to rise** and it is projected to become the most common type of **heart failure**.⁷



Symptoms⁸

- Shortness of breath
- Decreased exercise tolerance
- Weakness & fatigue



Mechanisms⁸

- Reduced cardiac output
- Elevated left ventricular pressures



Signs⁸

- Raised jugular venous pressure
- Pulmonary crackles
- Peripheral oedema

64.3M

People worldwide are affected by heart failure.⁹

~50%

Of heart failure cases are related to HFpEF.^{7,10}

80%

Of people with HFpEF are living with overweight or obesity.¹¹

Understanding HFpEF as an unmet clinical need



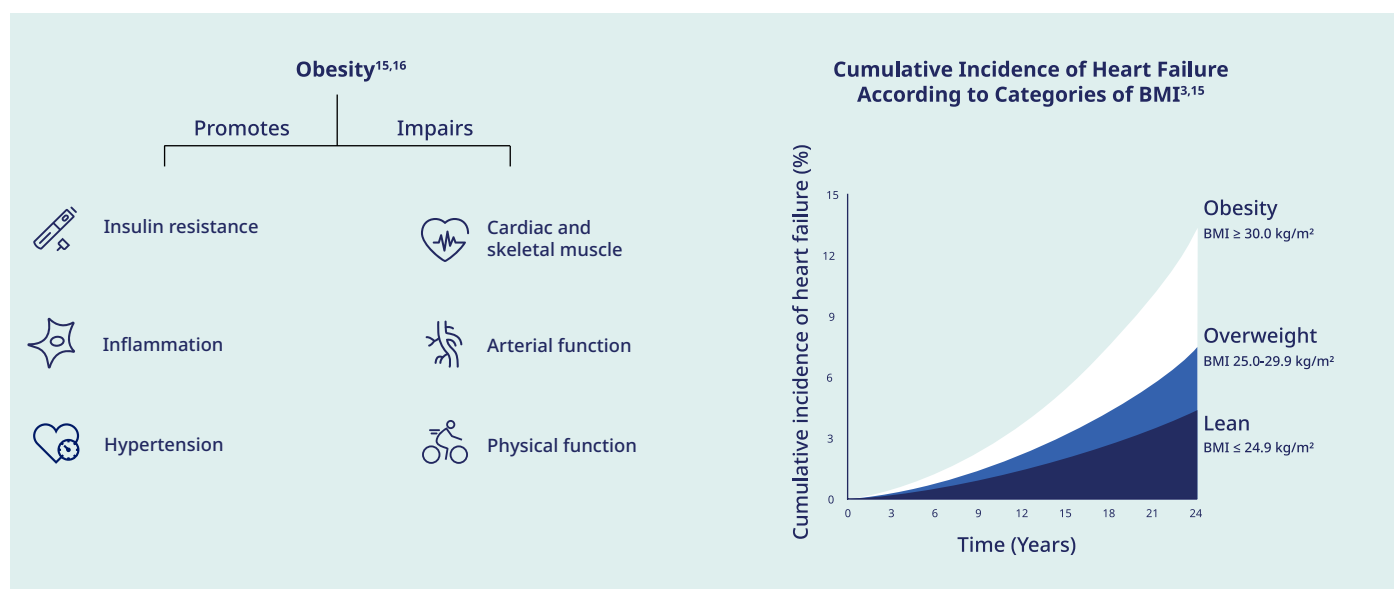
Patients with HFpEF have significant disease burden and impaired quality of life, and have a high risk of morbidity and mortality.^{7,12}



HFpEF is a heterogeneous disease often associated with multiple comorbidities, including obesity, hypertension and type 2 diabetes, which induce systemic inflammation.^{7,13,14}

Obesity as a major risk factor of HFpEF

Obesity is increasingly recognised as the root cause of HFpEF pathophysiology.^{11,15} Obesity is a strong predictor of decreased physical function, as it promotes increased inflammation while impairing cardiac function.^{10,15}



Multidisciplinary Approaches to Addressing Obesity and HFpEF Management

- Lifestyle interventions, including diet and exercise, leading to weight loss have shown benefits in patients with obesity phenotype of HFpEF¹⁶
- HFpEF clinical programmes with supporting personnel can serve to streamline the diagnosis, management, and follow-up of patients with HF¹⁷
- Management of patients with HFpEF focuses on improving symptoms, normalising heart function, and addressing cardiac and non-cardiac comorbidities, which may help improve outcomes¹⁸



Personalised treatment: A targeted approach could lead to net clinical benefit for all patients⁶

Rethink Obesity®

For more information on obesity and its relationship with cardiovascular disease, please visit – <https://www.rethinkobesity.global/global/en/cvd.html>



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