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]

HFpEF is one of the complications of obesity, which is also a major risk factor for the development of HFpEF.[3]

- **>1.9 billion people** could be living with obesity by 2035[4]
- **>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 ≥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]

Symptoms[8]

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

Mechanisms[8]

- Reduced cardiac output
- Elevated left ventricular pressures

Signs[8]

- 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]

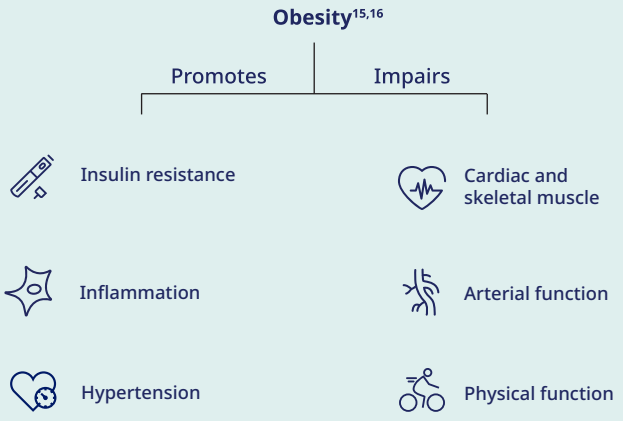
Understanding HFpEF as an unmet clinical need

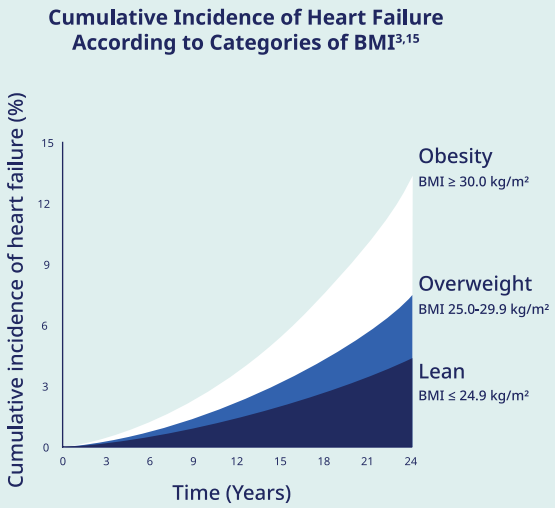
Patients with HFpEF have significant disease burden and impaired quality of life, and have a high risk of morbidity and mortality.[7,12]

HFpEF is a heterogeneous disease often associated with multiple complications, 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 HFpEF[16]
- HFpEF clinical programmes with supporting personnel can serve to streamline the diagnosis, management, and follow–up of patients with HF[17]
- Management of patients with HFpEF focuses on improving symptoms, normalising heart function, and addressing cardiac and non-cardiac complications, which may help improve outcomes[18]

Personalised treatment: A targeted approach could lead to net clinical benefit for all patients[6]

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