

Clinical profile and prognosis in patients with heart failure and supranormal left ventricular ejection fraction (HFsnEF)

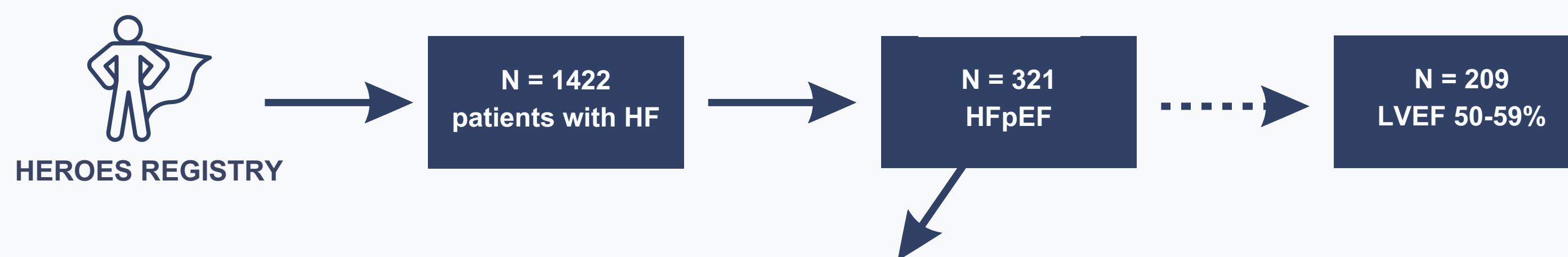
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Heart failure is divided into distinct phenotypes using the measurement of the left ventricular ejection fraction (LVEF). Traditionally we distinguish heart failure with reduced (HFrEF; LVEF $\leq 40\%$), mildly reduced (HFmrEF; LVEF 41-49%) and preserved (HFpEF; LVEF $\geq 50\%$) ejection fraction.

In 2019, it was observed for the first time that there is a significant correlation between the increase in mortality rate and an increase in LVEF value above 60-65%.

Some studies suggest that heart failure with supra-normal ejection fraction (HFsnEF) may be a distinct clinical entity with its own unique characteristics, while others propose that it may be a variant of HFpEF or a result of other underlying medical conditions. Currently, there is no widely accepted diagnostic criteria (including LVEF cut-off value) or treatment guidelines for heart failure with supra-normal EF, and the management of this condition typically involves addressing the underlying causes of the symptoms, such as hypertension, valve disease, or other cardiac disorders.

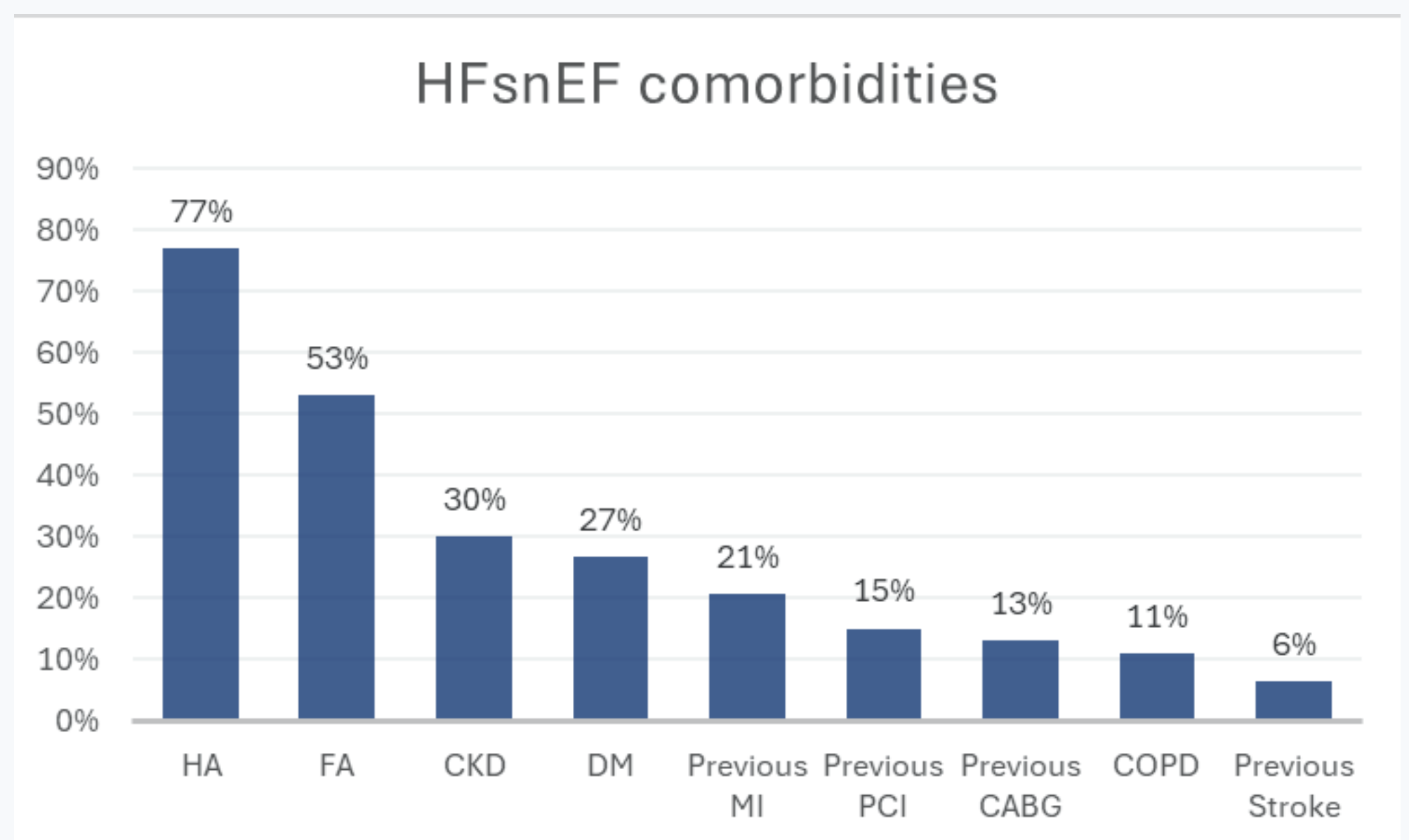
The research hypothesis assumes that patients with HFsnEF have a different clinical profile and a worse prognosis than the remaining group of HFpEF patients.



N = 112 HFsnEF

	Age (median)	IQR	IQR		% Female	% Male
HFpEF	73	16	65 - 81	HFpEF	49%	51%
LVEF 50-59%	74	16	66 - 82	LVEF 50-59%	51%	49%
LVEF $\geq 60\%$	71,5	14,5	64 - 78,5	LVEF $\geq 60\%$	46%	54%

	BMI [kg/m ²] (median)	IQR	IQR
HFpEF	27,68	6,82	24,46 - 31,28
LVEF 50-59%	28,71	7,87	24,89 - 32,77
LVEF $\geq 60\%$	29,37	9,47	25,62 - 35,09



SGLT-2 at discharge?

