

Death rates from heart failure higher for women than men

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Death rates from heart failure are higher for women than men, and hospitalization rates have increased in women while declining in men, found a study from the University of Ottawa Heart Institute published in *CMAJ (Canadian Medical Association Journal)*.

"This is the first of a series of studies to examine the sex differences in [heart failure](#) incidence, outcomes, care delivery and access in Ontario," says Dr. Louise Sun, University of Ottawa Heart Institute, Ottawa, Ontario.

Heart failure is a major cause of illness and death and accounts for 35% of total female cardiovascular deaths. Recent research indicates heart failure rates have declined, although information on sex differences in outcomes for men and [women](#) is lacking.

To understand sex differences in heart failure outcomes, researchers looked at data on more than 90 000 patients diagnosed with heart failure in Ontario over 5 years (2009 to 2014). Of the total cases, 47% were female and were more likely to be older and frailer, to have lower income and to have multiple chronic illnesses. The number of new heart failure cases was lowest in 2011 and 2012, then began to rise the following year. Within one year of follow-up after diagnosis, 16.8% (7156) women died compared with 14.9% (7138) men. During the study period, [hospitalization rates](#) for women surpassed rates for men, with 98 women per 1000 hospitalized in 2013 compared with 91 per 1000 men.

"We found that mortality from heart failure remains high, especially in women; that hospital admissions for heart failure decreased in men but increased in women; and that women and men had different associated comorbidities.," write the authors. "Further studies should focus on [sex differences](#) in health-seeking behaviour, medical therapy and response to therapy to improve outcomes in

women."

More information: Louise Y. Sun et al. Sex differences in outcomes of heart failure in an ambulatory, population-based cohort from 2009 to 2013, *Canadian Medical Association Journal* (2018). [DOI: 10.1503/cmaj.180177](https://doi.org/10.1503/cmaj.180177)

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