

Global Alliance on Heart Failure Consensus Statement and Call to Action

During 2018, the Global Coalition on Aging brought together more than 85 experts representing diverse geographies, functional disciplines, and areas of expertise to participate in several roundtable discussions exploring the hypothesis that while Heart Failure is a condition affecting people of all ages, the need for detection, diagnosis and treatment of this condition is especially pressing in the 50+ age demographic. Existing gaps in screening, diagnosis and guideline-directed care for older people pose negative consequences for patients themselves as well as caregivers and health systems, and these consequences are likely to be aggravated as populations continue to age.

CONSENSUS STATEMENT

Experts who participated in the above-mentioned discussions have agreed to form a **Global Heart Failure Alliance** to stimulate education, awareness, and policy action relating to this widely misunderstood, insufficiently recognized, and increasingly burdensome and costly disease condition. The partners in the Alliance agree that:

- Heart Failure is not given adequate attention as a health priority because it is not well understood by those most affected or at risk, especially those in the 50+ age demographic.
- Early symptoms of Heart Failure such as shortness of breath, swelling, rapid weight gain, and fatigue are often wrongly dismissed as normal parts of the aging process.
- Important stakeholders in the monitoring, detection, and treatment of Heart Failure, including healthcare professionals and caregivers outside the CVD community and the medical field, sometimes lack the education and information needed to ensure that people with Heart Failure receive evidence-based care according to applicable clinical guidelines, and that their non-medical needs – including social, emotional, and financial support – are adequately met.
- More research, communication and advocacy activities are required to understand the potential future clinical and socioeconomic impact of Heart Failure on health systems as societies continue to age, and to ensure that policy makers understand and act upon the available evidence regarding this impact.
- Heart Failure – and failure to recognize it early and treat it appropriately – results in high hospitalization and readmission rates and cost burdens, which can be alleviated with better and more evidence-based care and treatment.
- Heart Failure with Preserved Ejection Fraction (HFpEF), which is rapidly growing in prevalence among the oldest segment of the general population and in women in particular, is an area of particular unmet need since it currently lacks any approved pharmacologic treatment.
- All stakeholders affected by Heart Failure – including physicians, nurses, clinic and hospital administrators, policy makers, caregivers and patients themselves – will benefit from greater exposure to global best practices in preventing, detecting, diagnosing, and treating Heart Failure, and – for patients – living one's best life following diagnosis.

CALL TO ACTION

Therefore, the **Global Heart Failure Alliance** calls on policy makers, health care professionals, patient advocates and others interested in addressing the needs of the growing global aging population to:

1. **Maximize the dissemination, reach and impact of existing informational and educational materials** aimed at improving longevity, healthcare quality, and overall quality of life for people with Heart Failure – especially those in the 50+ demographic, develop additional such materials where needed, and ensure their distribution among multiple stakeholders across aging, geriatrics and gerontology, nursing, elder caregiving, patients and families.
2. **Recognize the special needs facing older populations with and at risk of Heart Failure**, understand their expectations for medical treatment and quality of life, and take action to address those needs and expectations.
3. **Empower patients**, along with their caregivers, to participate more actively in managing their Heart Failure, and improve knowledge of Heart Failure among the full range of health care providers that treat aging populations.
4. **Conduct analysis** that will uncover what we don't yet know about the quality of life impact and cost burdens related to Heart Failure as we age.
5. **Leverage innovative technology, person-centered caregiving and workplace support services** to help prevent Heart Failure, detect its signs and symptoms early, and promote rapid diagnosis and treatment.
6. **Quantify and communicate the impact of Heart Failure-related hospitalization and readmissions** and define the potential quality of life and cost benefits driven by better awareness, diagnosis, and treatment.
7. **Raise awareness of the important role played by Heart Failure clinics** in improving outcomes for Heart Failure patients in the post-acute setting and highlight best practices among existing clinics.
8. **Counter the "culture of ageism,"** which too often assumes Heart Failure is a normal part of aging, to empower Heart Failure patients, spur innovation, and lead to earlier and more engaged intervention.
9. **Define, communicate, and advocate for the value of increased investment** in Heart Failure prevention and treatment (for example involving new treatment modalities that directly target the heart muscle to improve contractility and address areas of high unmet need such as HFpEF) to encourage better approaches to diagnostics and disease management, reduce hospitalizations and readmissions, and improve patient outcomes.
10. **Elevate Heart Failure as a priority topic** in policy discussions involving the challenges and opportunities posed by demographic aging, especially through targeted engagements with national governments, global institutions, and influential multilateral forums.

We, the partners of the Global Heart Failure Alliance, commit to engaging in cross-discipline, cross-sector, and cross-geography collaborations to advance these goals and advocate for greater recognition of Heart Failure as a global health priority, especially in view of the 21st-century aging phenomenon.

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