LONG TERM TREATMENT OF HYPERTENSION REDUCES THE RISK OF HF BY 50%

3 DRUG CLASSES MOST **EFFECTIVE** IN LOWERING BP DIURETICS ACE INHIBITORS & ANGIOTENSIN II

RECEPTOR BLOCKERS

ALCOHOLIC HF THOUGHT TO ACCOUNT FOR UP TO 40% OF **DILATED CARDIOMYOPATHIES** 

**AT RISK IF 2.5-3 STANDARD DRINKS PER DAY** FOR >5 YEARS



HFPEF MORE COMMON IN WOMEN

"TRADITIONAL" RISK FACTORS (T2DM, OBESITY, HYPERTEN-SION, SMOKING) CONFER HIGHER RISK IN FEMALES THAN MALES

BREAST CANCER TREATMENT: IN SURVIVORS LATE CVD MORTALITY EXCEEDS **ONCOLOGY MORTALITY** 







## Heart Failure Awareness Week 2 - 8 May 2022

CONTEMPORARY MANAGEMENT STRATEGIES FOR T2DM VIABLE STRATEGY FOR PREVENTING HEART FAILURE DEVELOPMENT

SGTLT2 THERAPIES (DAPAGLIFLOZIN/EMPAGLIFLOZIN) SHOWN TO SIGNIFICANTLY REDUCE THE RISK OF HF **DEVELOPMENT & HOSPITALISATION IN T2DM PATIENTS** 

> HFREF PREDOMINANT PHENOTYPE IN MALES

MYOCARDIAL INFARCTION MAIN HF RISK FACTOR

**HIGH RATES OF** HYPERTENSION

**OBESITY IN MALES PROMOTES DEVELOPMENT OF HFREF RATHER THAN HFPEF** 

9.8)

YOUNGER AGE AT PRESENTATION

INCREASED RISK OF ISCHEMIC HEART DISEASE WITH DIRECT EFFECT ON **CARDIAC STRUCTURE & FUNCTION** 

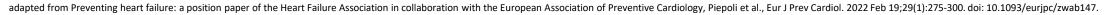
SMOKING IN HF ASSOCIATED WITH 38% INCREASED RISK OF DEATH





PHYSICAL ACTIVITY SIGNIFICANTLY LOWERS THE RISK OF HF

AIM FOR 3.5-7 HOURS OF MODERATELY VIGOROUS PHYSICAL **ACTIVITY PER WEEK OR 30-60** MINUTES PER DAY



**HEART FAILURE** 

**PREVENTION**