

Heart failure strikes young blacks hardest

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Highlight: Young African Americans are developing heart failure (HF) before age 50 years at a rate 20 times higher than whites.

Body

Young African Americans are developing heart failure (HF) before age 50 years at a rate 20 times higher than whites, according to the [*National Heart, Lung, and Blood Institute*](#).

A 20-year observational study found one in 100 blacks developed HF at an average age of 39 years. HF was often preceded by at least 10-year histories of obesity, hypertension, diabetes, and chronic kidney disease ([*N Engl J Med. 2009;360:1179-1190*](#)).

"Heart failure is disproportionately hitting African Americans in the prime of their lives," observes the study's lead author Kirsten Bibbins-Domingo, PhD, MD, of the University of California, San Francisco. "These findings should serve as a wake-up call on the need for African Americans and clinicians to address risk factors. We saw the clear links between the development of risk factors and the onset of disease one to two decades later."

The [*Coronary Artery Risk Development in Young Adults*](#) study included 5,115 people (52% black, 55% women) who were age 18-30 years at baseline in 1985 and 1986.

Over the course of the study, 27 participants developed CHF. All but one were black. Approximately three quarters of those who subsequently developed HF had hypertension by the time they were age 40 years.

Even borderline BP seemed to take a toll. Depressed systolic function, as assessed when the participants were age 23-35 years, was independently associated with the development of HF 10 years later (hazard ratio [HR] for abnormal systolic function 36.9, HR for borderline systolic function 3.5.)

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Meanwhile, another NIH study, has "determined that exercise is not only safe but also effective in lowering risk of hospitalization or death for patients with chronic heart failure," reports one of the principal investigators, David Whellan, MD, MHS, of Jefferson Medical College in Philadelphia.

This project enrolled 2,331 patients with moderate-to-severe systolic HF (median age 59 years). Half were assigned to an exercise program that began with supervised group sessions on a treadmill or stationary bicycle for 25-35 minutes three times a week. They then continued with similar self-monitored workouts at home five times a week.

After a median follow-up of 2.5 years, those in the training group had an 11% lower risk of hospitalization or death from any cause as well as a 15% lower risk of HF hospitalization or cardiovascular-related death. These patients also reported better quality of life and fewer symptoms than the control group (*JAMA*. 2009;301;1439-1450, 1451-1459).

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