Anemia and ID are both fairly common in heart failure (HF).

ID occurs in approximately 50% of chronic stable heart failure patients, and up to 70% of patients hospitalized due to acute HF. The prevalence of ID is similar in patients with heart failure with preserved ejection fraction (HFpEF) or heart failure with reduced ejection fraction (HFrEF).

In heart failure patients, ID is often associated with reduced functional capacity, quality of life, and life expectancy and is often independent of the presence of anemia.

Iron Deficiency is common especially among women, in patients with advanced HF, or those with higher levels of inflammation.

The ID prevalence often increases with the New York Heart Association (NYHA) HF functional class:

- **NYHA I** (n=121)
  - No iron deficiency / no anemia
  - Iron deficiency / no anemia
  - No iron deficiency / anemia
  - Iron deficiency / anemia

- **NYHA II** (n=577)
  - No iron deficiency / no anemia
  - Iron deficiency / no anemia
  - No iron deficiency / anemia
  - Iron deficiency / anemia

- **NYHA III** (n=712)
  - No iron deficiency / no anemia
  - Iron deficiency / no anemia
  - No iron deficiency / anemia
  - Iron deficiency / anemia

- **NYHA IV** (n=96)
  - No iron deficiency / no anemia
  - Iron deficiency / no anemia
  - No iron deficiency / anemia
  - Iron deficiency / anemia

References: