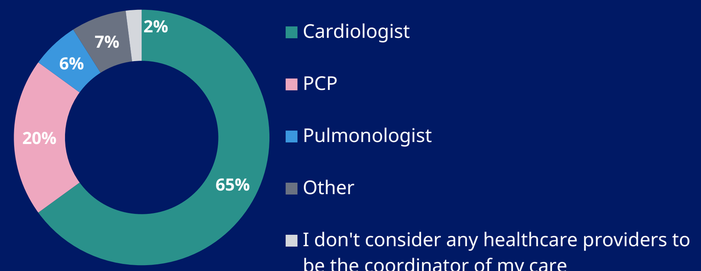
The Role of Cardiologists in the Diagnosis and Treatment of Patients with Heart Failure with Preserved Ejection Fraction and Obesity

Karl Finley[1], Melissa Magwire[2], Anthony Hoovler[1], Anup Sabharwal[1], Carlos Campos[3]

Most patients see **cardiologists** as the coordinator of their heart failure with preserved ejection fraction (HFpEF) care.

Over half of cardiologists (55%) viewed themselves as coordinator of care for patients with HFpEF and obesity.

Coordinator of HFpEF care according to patients



Aim

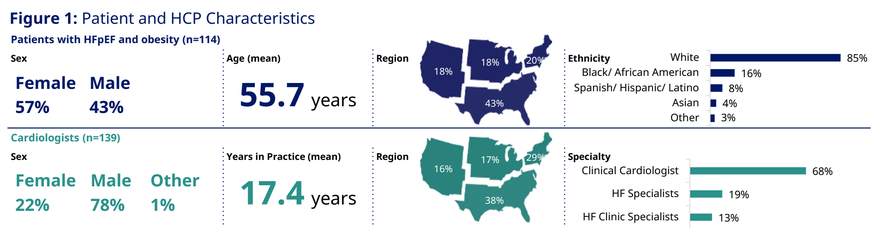
- Heart failure with preserved ejection fraction (HFpEF) affects approximately half of patients with heart failure (HF).
- More than 50% of patients with HFpEF have obesity, defined as a BMI ≥ 30 kg/m^2.
- Obesity is a complex disease, influenced by multiple factors and is closely linked to other serious comorbidities, including HF.
- To understand the medical journey for patients with HFpEF who also have obesity, we mapped clinical touch points to assess provider roles and identify treatment decision drivers.

Methods

- A cross-sectional study was conducted in the US among patients with HFpEF and obesity (n=114) and healthcare providers (HCPs, n=200) who treat patients with HFpEF.
- Participants were recruited from online panels and completed an online survey from September 3-29, 2020.
- HCPs included physicians and nurse practitioners/ physician assistants (NPs/PAs) specializing in primary care, clinical cardiology, or heart failure. These results focus on responses from the cardiology HCPs ("Cardiologists", n=139).
- Patient inclusion criteria: US residency, age ≥30, obesity (BMI ≥30 kg/m^2), and diagnosed with cardiovascular disease, confirmed HFpEF based on self-reported battery of questions regarding their HF and ejection fraction.
- HCP inclusion criteria: Practices in the US, primarily sees patients in an office or a clinic, in practice between 3-35 years, and saw/treated at least 8 patients with HFpEF and obesity in the past month (5 for NPs/PAs).

Key results

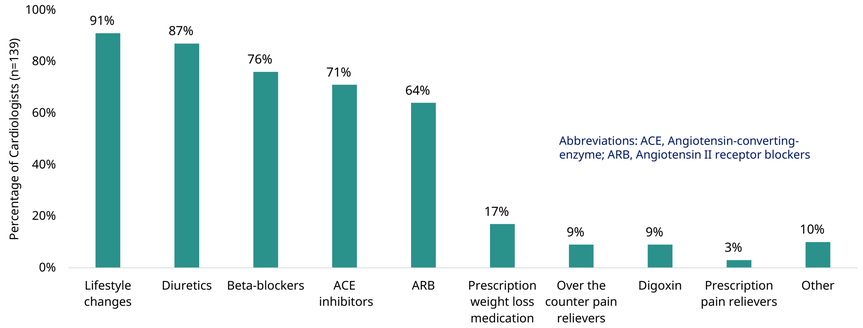
Figure 1: Patient and HCP Characteristics



Percentages may not sum to 100% due to rounding. Percentages for patient ethnicity sum to >100% as respondents could select multiple responses. HF Specialists are cardiologists with a HF sub-specialty and work in an office setting, HF Clinic Specialists spend at least 50% of their time in a HF clinic. Abbreviations: HCP, Health Care Providers; HF; heart failure; HFpEF, heart failure with preserved ejection fraction

- Characteristics of the study sample are described in Figure 1.
- Most patients (79%) received an initial diagnosis of HFpEF from a cardiologist.
- For newly diagnosed patients, cardiologists most commonly recommended lifestyle changes, diuretics, and beta blockers; only 17% reported recommending prescription weight loss medications (**Figure 2**).

Figure 2: HCP recommended treatments for patients newly diagnosed with HFpEF



- Most cardiologists (92%) reported discussing causes of HFpEF with their patients at diagnosis. Nearly three-quarters of patients who were diagnosed by a cardiologist and discussed their weight reported their cardiologist explained the effect weight has on HFpEF, but less than half recall discussing specific weight management topics (**Figure 3**).

Figure 3: Patient-reported weight management topics discussed at diagnosis

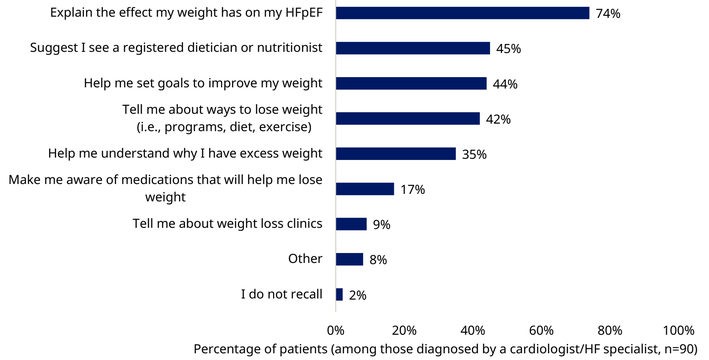


Figure 4: HCP receipt of formal obesity/ weight management training

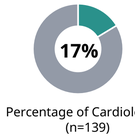
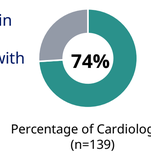


Figure 5: HCP interest in receiving additional training in or support with obesity/ weight management



- Many patients with HFpEF believed that excess weight (66%) and lifestyle habits (55%) were the main causes of their HFpEF.
- One third (32%) of patients seeing multiple HCPs who discussed weight loss viewed cardiologists as some of the most helpful providers in weight management, second only to nutritionists (34%).
- Few cardiologists reported receiving formal training in obesity/weight management, but most are interested in receiving additional training or support on this topic (**Figure 4 and Figure 5**).

Summary

- Both patients and cardiologists most often view cardiologists as the primary care coordinator for patients with HFpEF and obesity.
- In our study, patients with HFpEF and obesity were primarily diagnosed by cardiologists, who typically provided an explanation of the link between HFpEF and obesity, according to patients with HFpEF and obesity.
- However, conversations about weight at the time of HFpEF diagnosis tend to lack details about actionable strategies to manage obesity.
- Although most of the cardiologists surveyed have not received formal training in obesity management, they are interested in learning how they can better support their patients with weight management.

Conclusion

- There are opportunities to improve cardiologist-focused obesity education and training to empower them to provide actionable strategies for weight management.
- Understanding how cardiologists and patients with HFpEF and obesity currently engage may inform and improve future interactions. This is particularly important for discussion and implementation of obesity management strategies to potentially improve the long-term prognosis of patients with HFpEF and obesity.

[1]Novo Nordisk, Inc., Plainsboro, NJ, USA; [2]Saint Luke's Mid America Heart Institute, Kansas City, MO, USA; [3]Department of Family Medicine, UT Health San Antonio, San Antonio, TX, USA

This study was sponsored by Novo Nordisk. The authors acknowledge the medical writing assistance of Elizabeth Tanner, Rebecca Hahn and John Newman of KJT Group, Inc. (Rochester, NY, USA).

This is an encore presentation at Cardiometabolic Health Congress, October 19-22, 2022, Boston, MA. The poster was previously presented in-person at American College of Cardiology (ACC) 71st Annual Scientific Session & Expo; Washington DC, April 2-4, 2022.

Disclosures: MM is a Consultant/Advisory Board Member for Novo Nordisk and Boehringer Ingelheim