

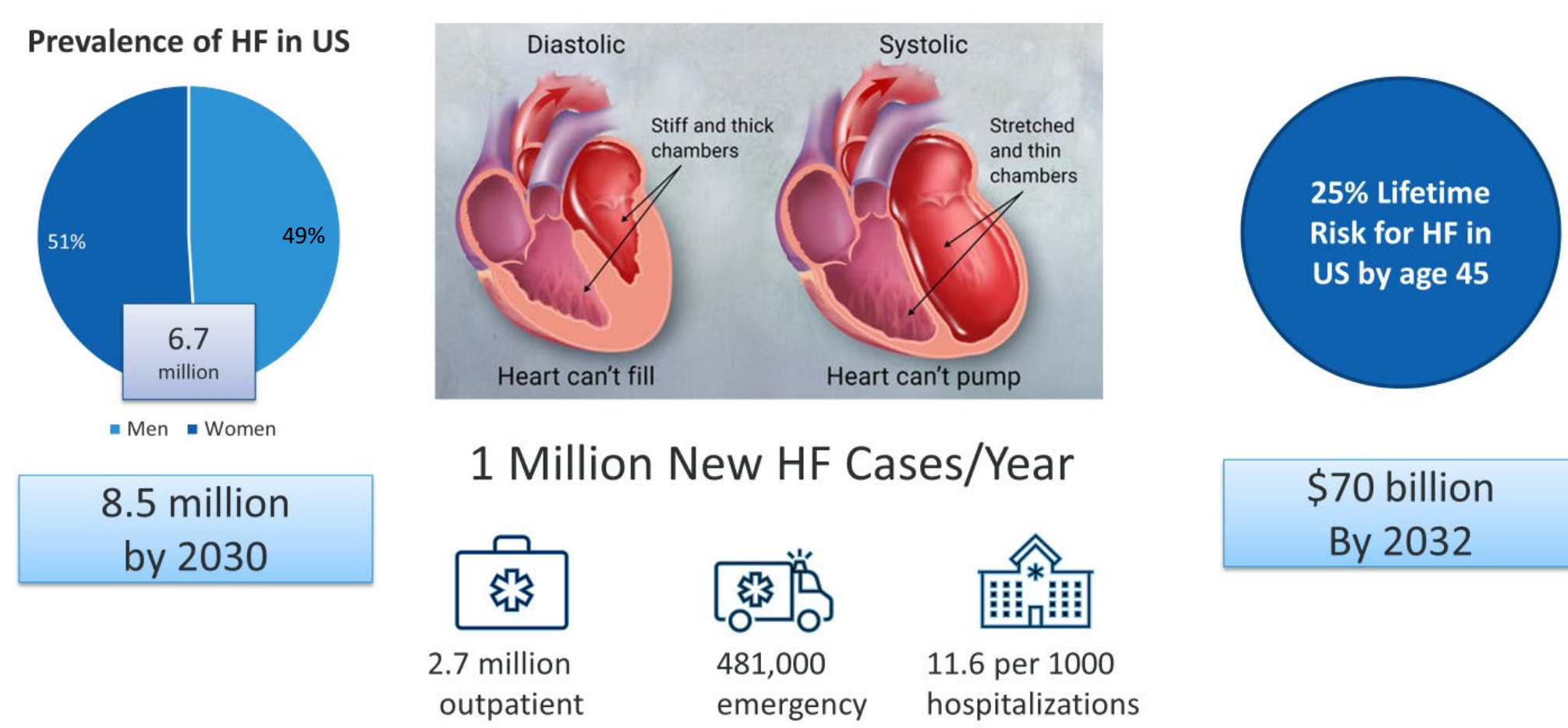
Anxiety and subtle heart failure symptoms are higher in people who saw their primary care provider in the year prior to heart failure diagnosis.

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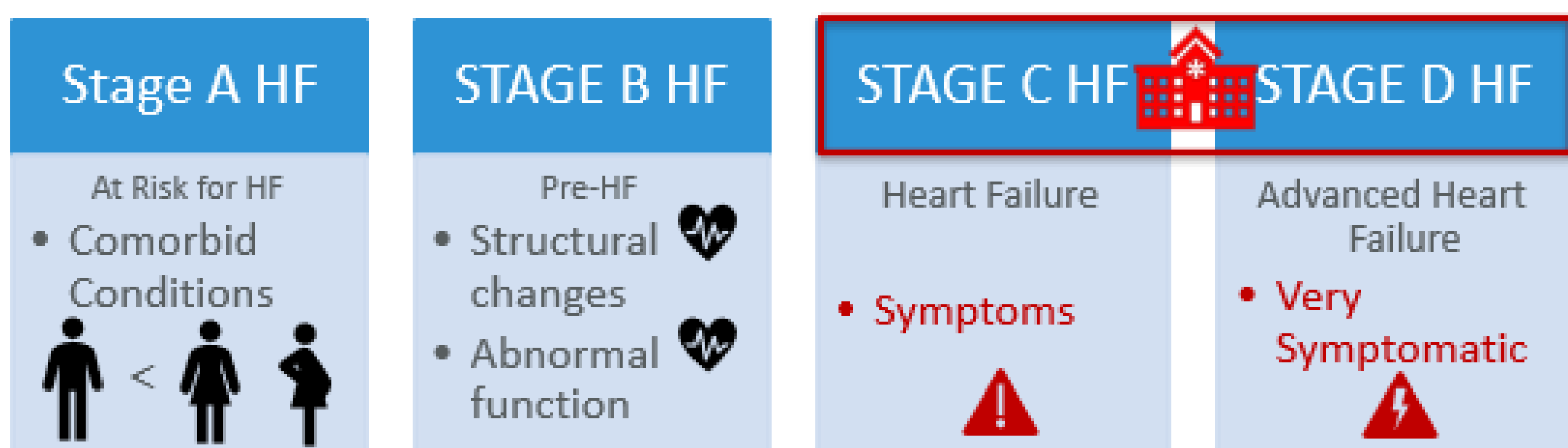


BACKGROUND

Heart Failure (HF)



- Symptoms of HF are often attributed to other causes.
- HF hospitalizations are rising and symptom burden predicts hospitalization.
- Most people, especially females, are diagnosed with HF in the hospital setting.
- Diagnosis of HF before symptoms require hospitalizations can improve outcomes.



An interim analysis of Sex & Gender Differences in Symptoms and Antecedent Healthcare Utilization in Newly Diagnosed Heart Failure (SAGEST-HF).

AIMS

- Explore if seeing a primary care provider in the 12 months prior to a HF diagnosis was associated with physical or affective symptoms at the time of diagnosis.
- To examine sex differences in symptoms associated with primary care use prior to a HF diagnosis.

RESULTS

In the year leading up to a new heart failure diagnosis, individuals who saw their primary care provider reported greater burden of anxiety and non-specific heart failure symptoms.

Table 1: Demographic and Clinical Characteristics of the Sample

	Total n=39	Female n=17 (44%)	Male n=22 (56%)		
	M±SD or n(%)	M±SD or n(%)	M±SD or n(%)	p	d
Age (years)	56.7±17.5	59.2±16.2	54.8±18.3	.44	.25
White Race	31(79.5)	15(88.0)	16(72.0)	.23	.38
Education (Some college or more)	25(65.8)	11(65.0)	14(64.0)	.89	.04
Married or Partnered	26(66.7)	9(53.0)	17(77.0)	.11	.52
Employed full or part time	21(53.9)	9(53.0)	12(55.0)	.92	.03
Current or Recent Smoker	11(28.2)	8(47.1)	3(13.6)	.02	.77
BMI > 30 kg/m ²	21(53.9)	7(41.2)	14(63.7)	.16	.45
Diabetes	20(51.3)	11(64.7)	9(41.0)	.14	.48
HFrEF	29(74.4)	11(64.7)	18(.82)	.23	.39
Non-Ischemic Etiology	28(72.0)	15(88.2)	13(59.1)	.04	.67
NYHA III - IV	22(61.1)	9(60.0)	13(62.0)	.91	.04
LVEF	38.0±14.7	39.4±13.0	36.9±16.2	.43	.16
Charlson Comorbidity Index	2.4±1.6	2.7±1.5	2.5±1.6	.72	.11

BMI = Body Mass Index, HFrEF = Heart Failure with reduced Ejection Fraction, NYHA = New York Heart Association Functional Classification, LVEF = Left Ventricular Ejection Fraction

- 3.5±4.4 unique healthcare visits
- 53.9% saw primary care provider
- Females more likely to see PCP (Cohen's d=.61)
- Females more healthcare visits (Cohen's d=.60)

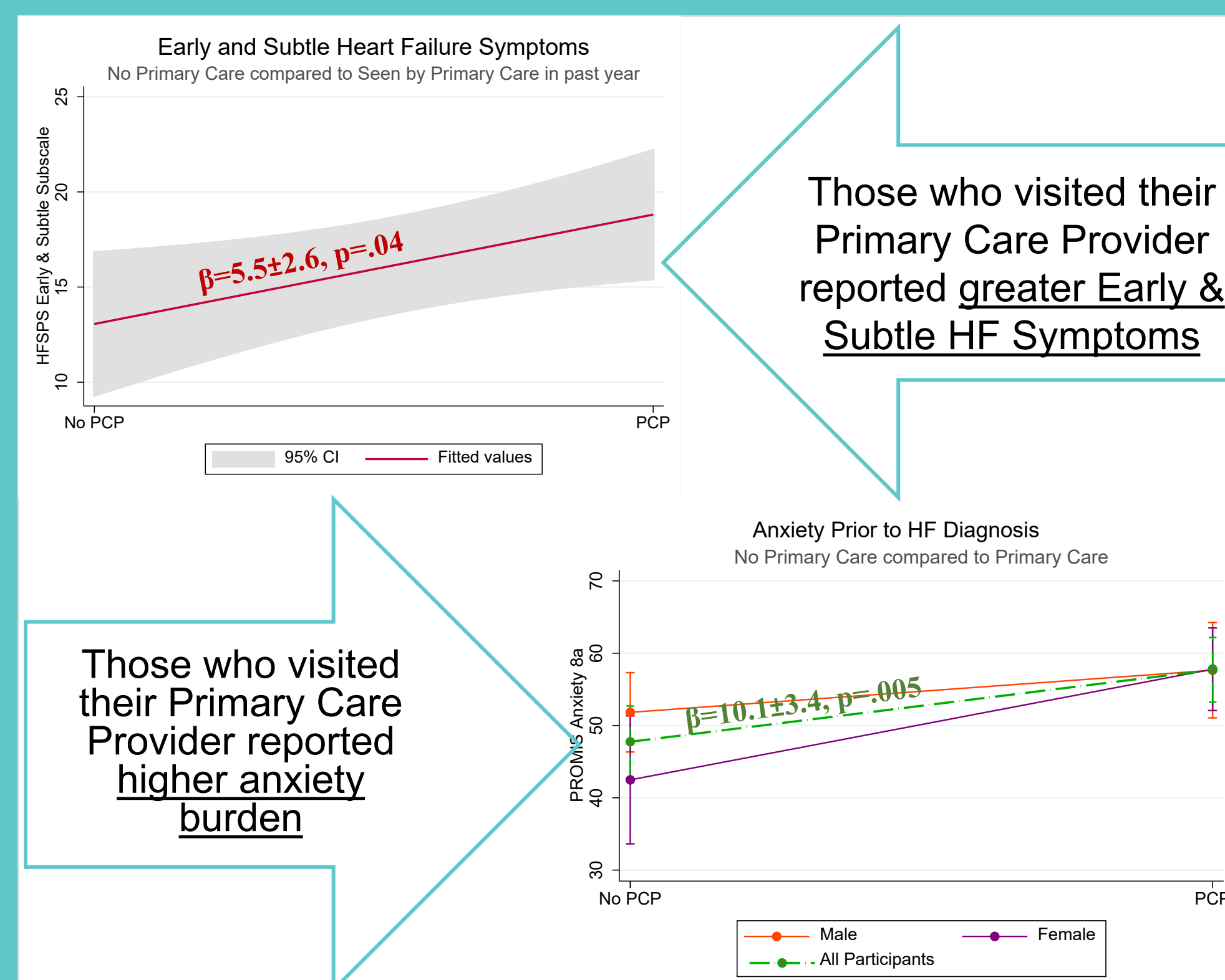
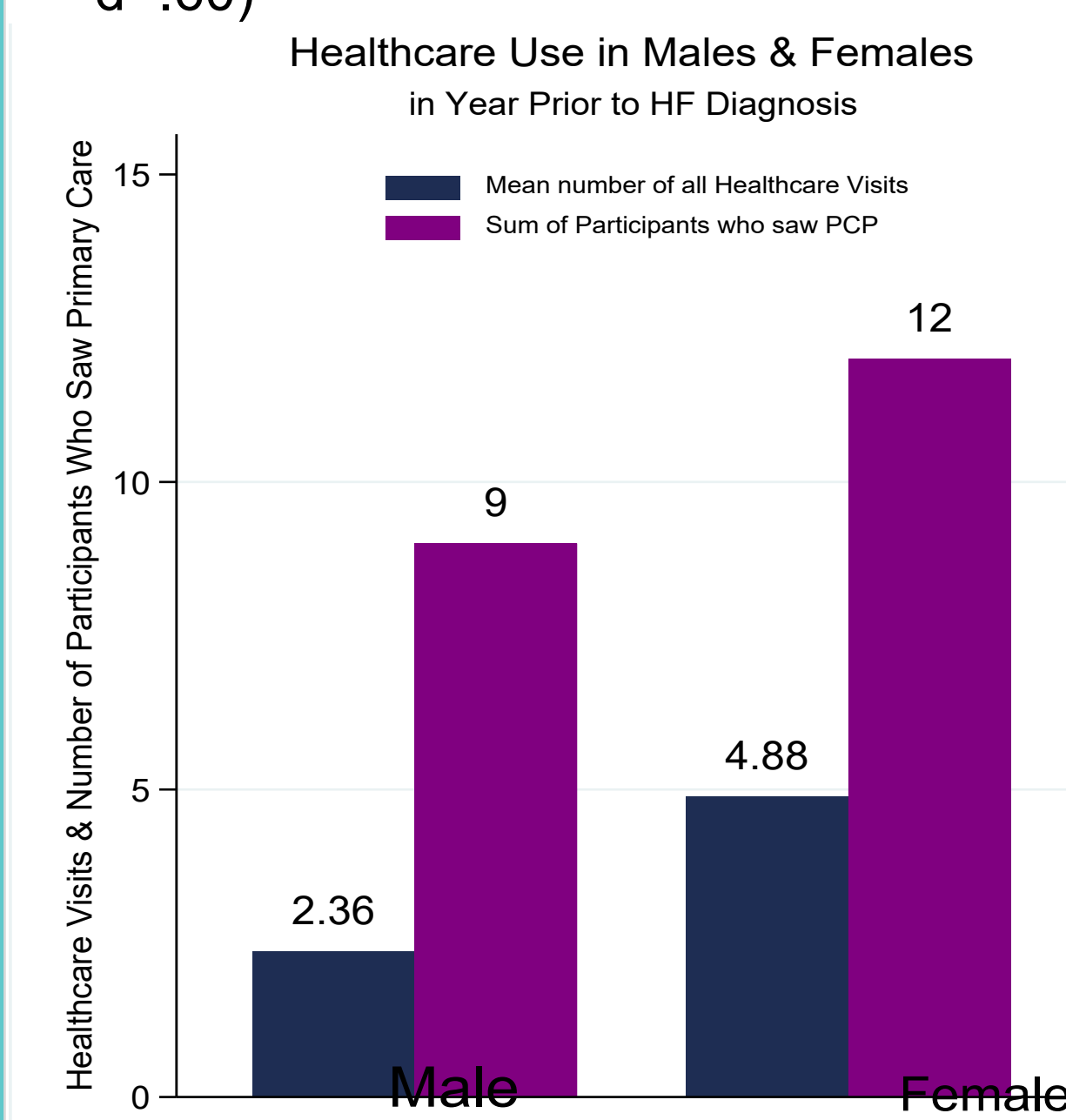
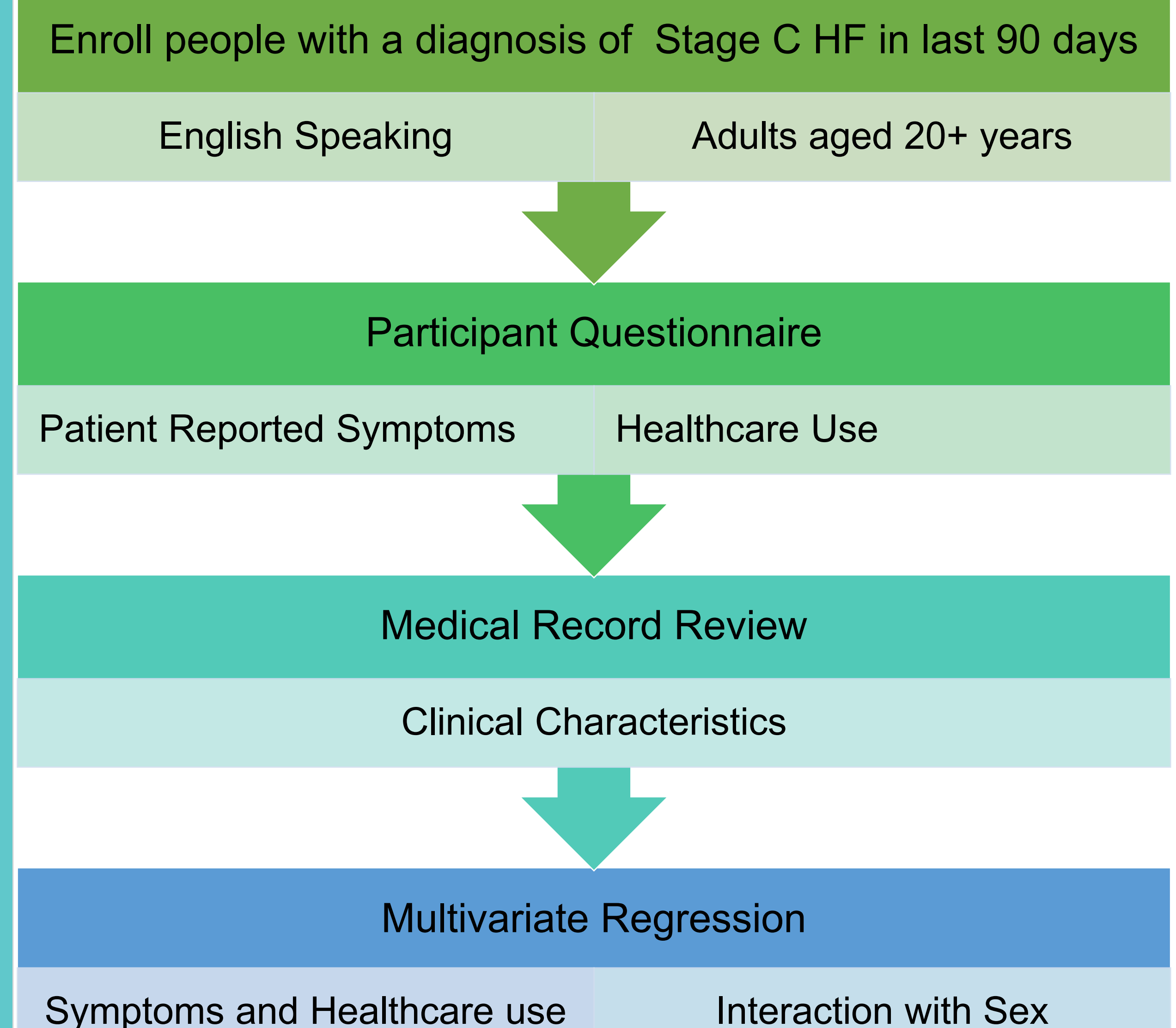


Table 2: Symptoms Prior to HF Diagnosis

	Total n=39	Female n=17(44%)	Male n=22 (56%)		
	M±SD	M±SD	M±SD	p	d
PROMIS ED-Anxiety 8a	53.8±10.7	53.3±12.3	54.2±9.5	.79	.08
FACIT- Fatigue	60.7±7.5	62.7±8.8	59.2±6.1	.08	.48
PROMIS Pain Interference 4a	58.4±9.8	60.2±8.9	56.8±10.7	.43	.34
Depression (PHQ9)	16.5±4.8	16.9±5.3	16.1±4.4	.32	.17
HFSPS - total	43.1±22.5	49.9±25.5	37.7±18.7	.09	.56
Dyspnea (HFSPS)	12.7±7.9	14.3±8.6	11.5±7.3	.29	.35
Early & Subtle (HFSPS)	16.2±8.1	19.8±8.4	13.6±6.9	.02	.81

PROMIS=Patient Reported Outcome Measurement Information System, ED=Emotional Distress, FACIT=Functional Assessment of Chronic Illness Therapy, PHQ9=9-item Patient Health Questionnaire, HFSPS=Heart Failure Somatic Perception Scale

METHODS



CONCLUSION

Non-specific symptoms are common prior to HF diagnosis.

Perhaps seeing a primary care provider may influence the way participants perceive their symptoms.

Clinicians should consider heart failure in their differential diagnoses when assessing patients reporting non-specific symptoms such as: *anxiety, upset stomach, cough, tiredness, tighter clothes, nocturnal urination, poor appetite, and needing to rest during day.*