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CLINICAL PROFILE AND SHORT-TERM OUTCOMES OF ACUTE HEART FAILURE ACCORDING TO LEFT VENTRICULAR EJECTION FRACTION PHENOTYPES: DATA FROM THE IBADAN HEART FAILURE PROJECT

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Background: Acute heart failure (AHF) comprises distinct phenotypes based on left ventricular ejection fraction (LVEF), with differing clinical characteristics and management. However, data on these phenotypes in Nigeria are limited. We compared the clinical characteristics and short-term outcomes of patients with HFrEF, HFmrEF, and HFpEF. Methods: Consecutive adults enrolled in the acute heart failure arm of the Ibadan Heart Failure Project (2016–2025) were classified as HFrEF (LVEF <40%), HFmrEF (40–49%), or HFpEF (?50%). Baseline characteristics, treatment, and outcomes were compared across groups. Results: Among 691 patients, 303 (43.8%) had HFrEF, 126 (18.2%) HFmrEF, and 262 (37.9%) HFpEF. Compared with other phenotypes, patients with HFpEF were more frequently female and had higher systolic blood pressure (p=0.009), pulse pressure (p<0.001), septal thickness (p=0.001), and E-wave deceleration time (p=0.001). Conversely, HFrEF was associated with ascites (p=0.033), larger left atrial and ventricular dimensions (both p=0.001), lower TAPSE (p=0.001), mitral and tricuspid regurgitation (both p<0.001), and dilated cardiomyopathy. Hospital stay (p=0.243), in-hospital mortality (4.6%, 6.3%, and 3.8%; p=0.618), and six-month mortality (17.0%, 21.7%, and 18.0%; p=0.480) were similar across groups. Conclusion: Patients hospitalized with AHF demonstrate distinct clinical phenotypes but similar short-term outcomes, underscoring the importance of phenotype-specific evaluation and management.

Keywords: Acute Heart Failure, Heart failure with reduced ejection fraction, Heart failure with mildly reduced ejection fraction, Heart failure with preserved ejection fraction.