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DOES TYPE 2 DIABETES MELLITUS HAVE AN IMPACT ON THE OUTCOMES ACROSS HF PHENOTYPES IN A TERTIARY CARE COHORT? -FINDINGS FROM THE IBADAN HF PROJECT

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Background Type 2 diabetes mellitus (T2DM) and heart failure (HF) often coexist with increased morbidity and mortality. The effect of T2DM may differ across HF phenotypes: heart failure with reduced ejection fraction (HFrEF)and heart failure with preserved ejection fraction (HFpEF). The aim is to describe the clinical characteristics and determine the 12-month prognostic impact of T2DM across HF phenotypes in a tertiary care cohort.

Methods This was a prospective cohort study of patients with chronic HF from 2016 to 2025 in the Ibadan Heart Failure Project. Patients were classified based on left ventricular ejection fraction (LVEF) as HFrEF (?50%) and HFpEF (?50%). T2DM was defined by prior diagnosis, use of antidiabetic medication, or HbA1c ?6.5%. The sociodemographic data, comorbidities, laboratory parameters, and medications were recorded. The primary outcome was a composite of all-cause mortality and HF rehospitalization at 12 months.

Results: A total of 1069 were recruited with a mean age of 56.6 (15.2) years, and 497 (46.5%) were female. T2DM was present in 144 (13.5%) of the cohort: 11.4% in HFrEF and 17.2% in HFpEF, p=0.005. The 12-month mortality occurred in 10.7% of diabetic patients with HFrEF and in 19.4% with HFpEF. The risk was higher in those with HFpEF + T2DM.

Conclusion: The presence of T2DM confers a worse prognosis in HFpEF, highlighting a distinct metabolic-cardiac phenotype. Integrated diabetes and HF management, including early use of cardioprotective antidiabetic agents, is needed to improve outcomes across HF phenotypes.

Keywords: Type 2 diabetes mellitus, heart failure, HFpEF, HFrEF, prognosis, comorbidities