

The Growing Burden of Heart Failure

Every heart failure patient, regardless of symptoms, remains at risk for a cardiovascular event

Even with current heart failure standard of care,

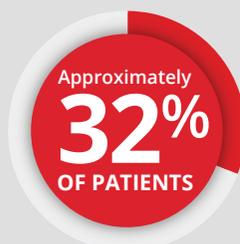
9 out of 10 PATIENTS



remain symptomatic and are still at risk of hospitalisation for heart failure and cardiovascular death¹

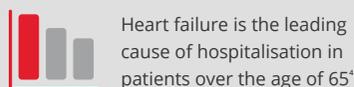
Based on a US prospective observational study of 3494 US outpatients with chronic HFrEF in the CHAMP-HF registry.¹

Heart failure patients with reduced ejection fraction, including those who may appear stable, have an unacceptably high risk of hospitalisation and even death²



cardiovascular death or hospitalisation based on NYHA II classification over a 4-year period

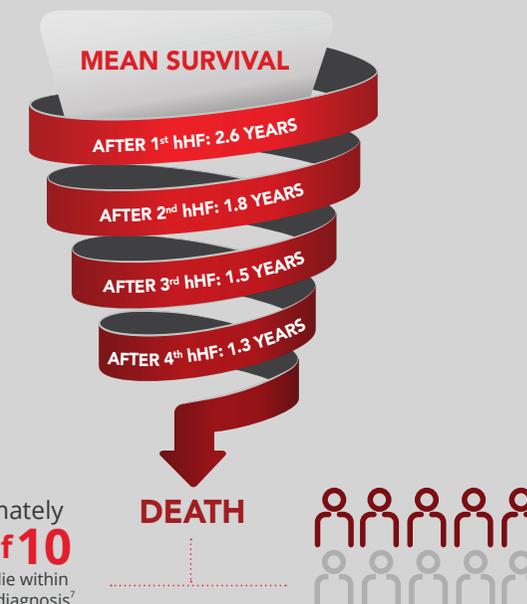
Hospitalisation for heart failure is associated with tremendous healthcare costs, which will continue to rise³



€300 BILLION Estimated worldwide economic burden of heart failure⁵

Hospitalisation for heart failure can increase mortality and lead to death

Each hospitalisation for heart failure, from the very first, is a setback that should be avoided.⁶



Approximately **5 out of 10** patients will die within 5 years after diagnosis⁷

Based on a retrospective analysis of 51,286 patients from a US Military Data Repository admitted to a health care facility for the first time for heart failure. During the 7-year study period (2007-2013), patients were assessed for subsequent hHF, comorbidities, and mortality data. No distinction was made between patients with reduced or preserved ejection fraction.⁶

CHAMP-HF, CHAnge the Management of Patients with Heart Failure; HFrEF, heart failure with reduced ejection fraction; hHF, hospitalisation for heart failure; NYHA, New York Heart Association

Intervening with comprehensive, heart failure therapy today may **save more lives tomorrow.**⁸