



BACKGROUND

- Chronic Heart Failure (CHF) is a long-term condition that occurs when the heart cannot pump enough blood to meet the needs of the body, leading to blood building up in other parts of the body such as the lungs, and legs among other parts of the body.
- In the United States (US), CHF is one of the leading causes of death and morbidity, impacting over 6 million adults.¹
- In the US, racial and ethnic minorities overall have higher rates of incidence, prevalence and hospitalization from CHF, with the mortality gap in Black patients widening despite the development of improved treatments.³
- Studies have shown that Black patients have the highest prevalence of CHF compared to other racial minority groups and are more likely to have a younger onset age than white patients.²⁻³
- Appropriate representation in both clinical and medical research is vital to ensuring that studies are generalizable to the wider population that may be affected by a disease or in need of treatment.⁴
- The development of interventions and products should consider demographic factors such as race and ethnicity given the existing disparities between race, ethnicity, and treatment outcomes.⁴
- The objective of this study was to highlight the importance of inclusion in primary research studies and to explore how patient perceptions of care and the patient-healthcare provider (HCP) relationship vary by sociodemographic factors among patients with CHF.

METHODS

- A quantitative, Institutional Review Board-exempted, non-interventional study was conducted in the United States from November 2024 to January 2025 via an online questionnaire.
- Participants were US based patients with CHF.

PATIENT INCLUSION CRITERIA

- At least 18 years or older
 - Formally diagnosed and currently receiving ongoing treatment for CHF
 - Willing to disclose their race and gender
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- Key variables from the study included perceptions of the current treatment experience of patients, their relationship with their cardiologist, and attitudes around new treatments.
 - Data for continuous variables are presented using means, standard deviation (SD), and t-tests. For categorical variables, column percentages are utilized along with chi-square tests.
 - All statistical analyses were conducted using Q Research Software 5.12.4.0

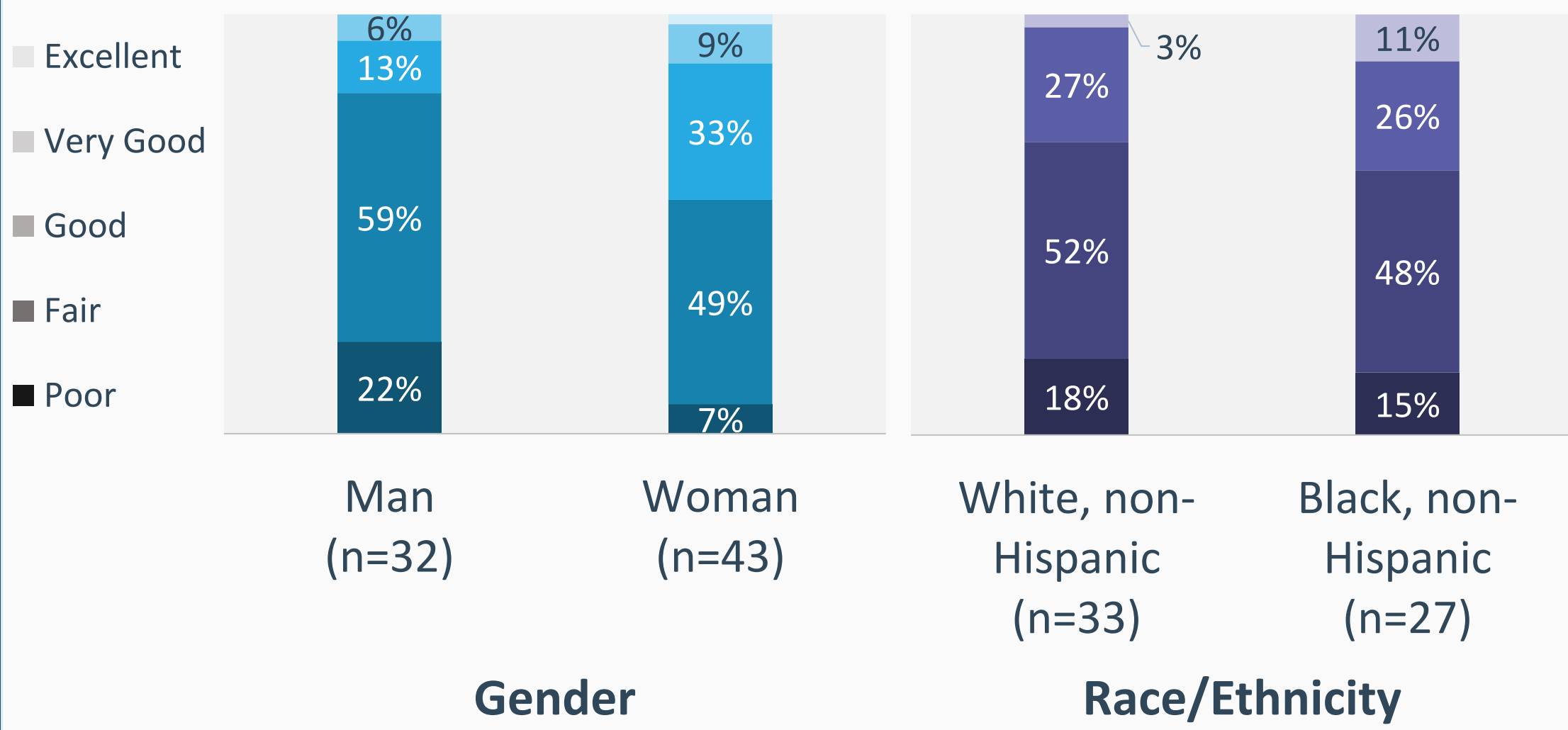
RESULTS

Table 1 | Demographics of Patients with CHF

	Study Population (N=75)
Age, mean (SD)	51 (10.5)
Woman, n (%)	43 (57%)
Race, n (%)	
White, non-Hispanic	33 (44%)
Black, non-Hispanic	27 (36%)
Other	15 (20%)
Employed Full- or Part-time, n (%)	24 (32%)
Annual Household Income < \$60,000 USD, n (%)	42 (54%)
Number of Years Living with CHF, mean (SD)	6.1 (4.7)

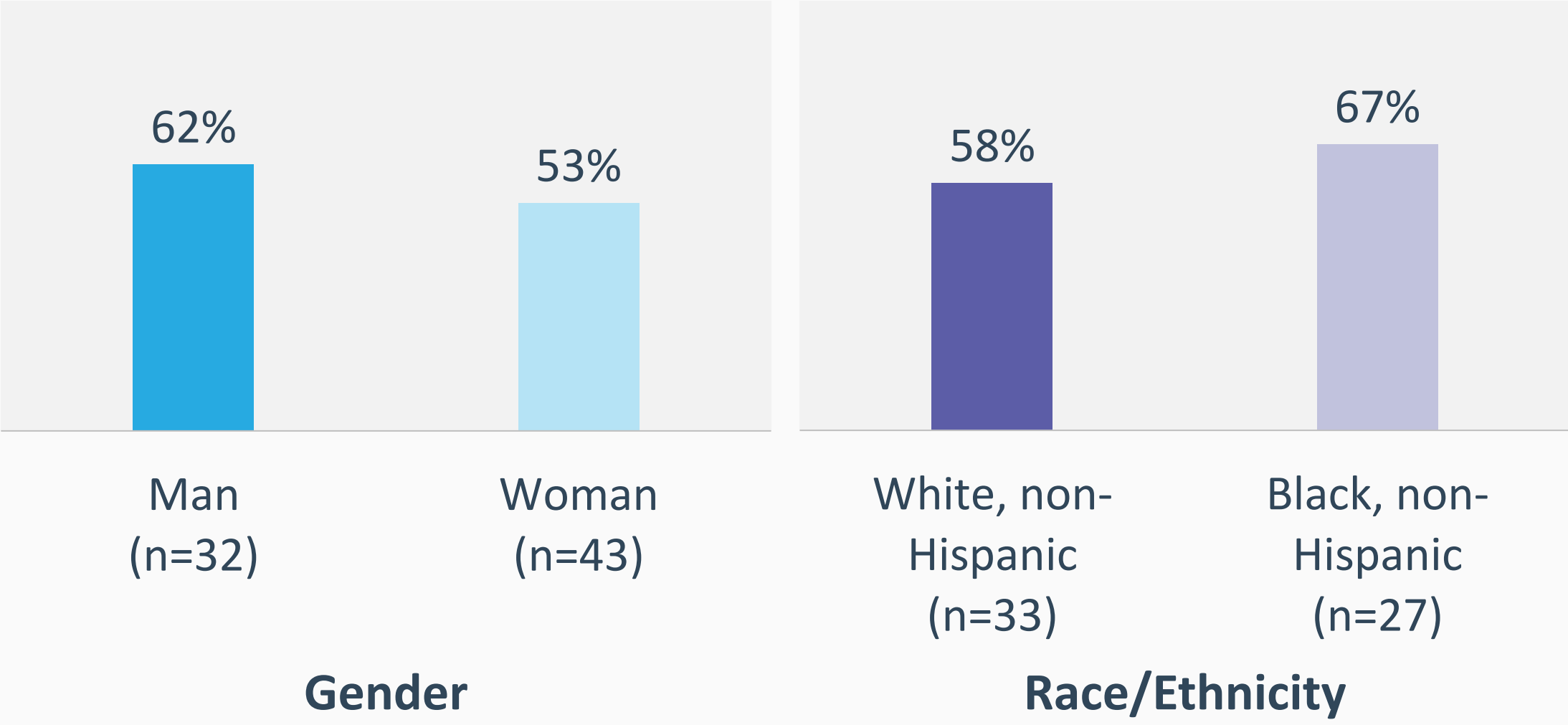
Continuous variables are presented as mean (SD). Discrete data are presented as column percents.

Figure 1 | Stated current health status (% of patients)



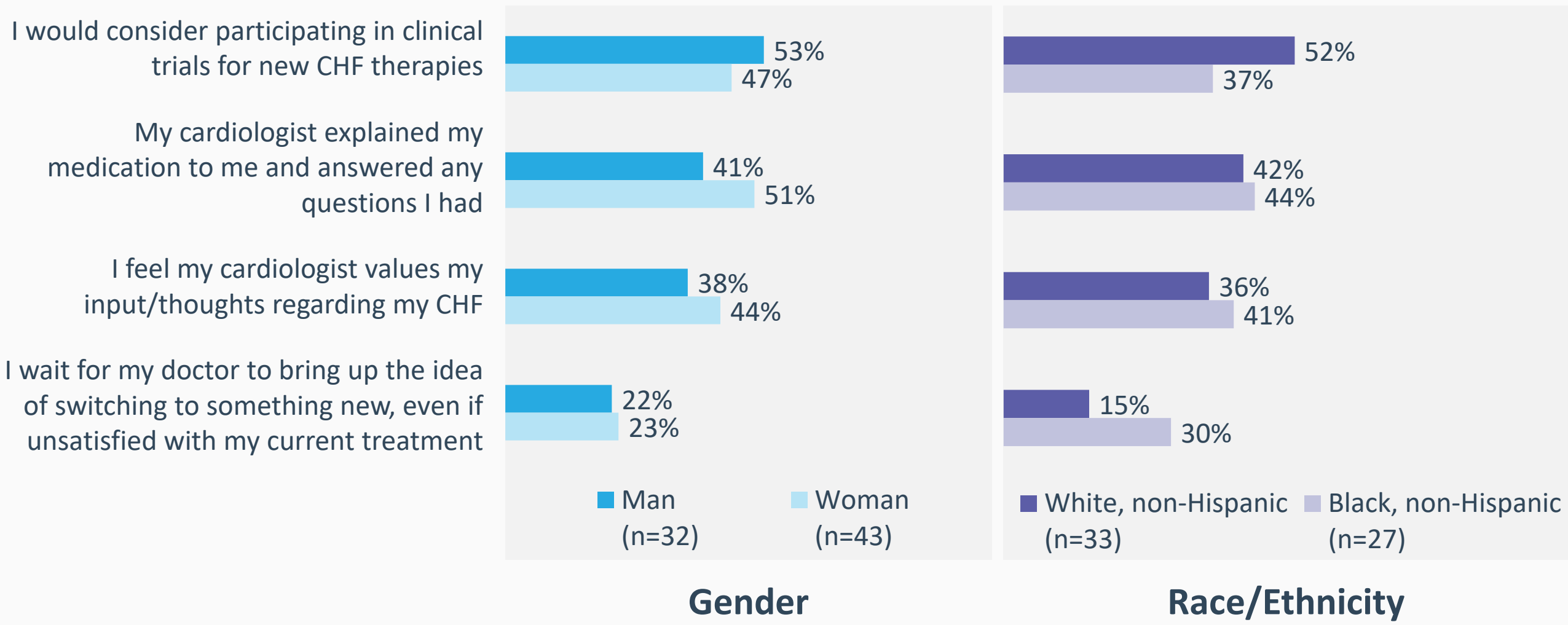
- Men and White patients were more likely to consider their current health status to be fair or poor.

Figure 2 | Satisfaction with current medication(s) for CHF (% of patients rating 6-7 on 7-point satisfaction scale, where 1=“Not at all satisfied” and 7=“Extremely satisfied”)



- Men and Black patients were more likely to be highly satisfied with their current medications for CHF.

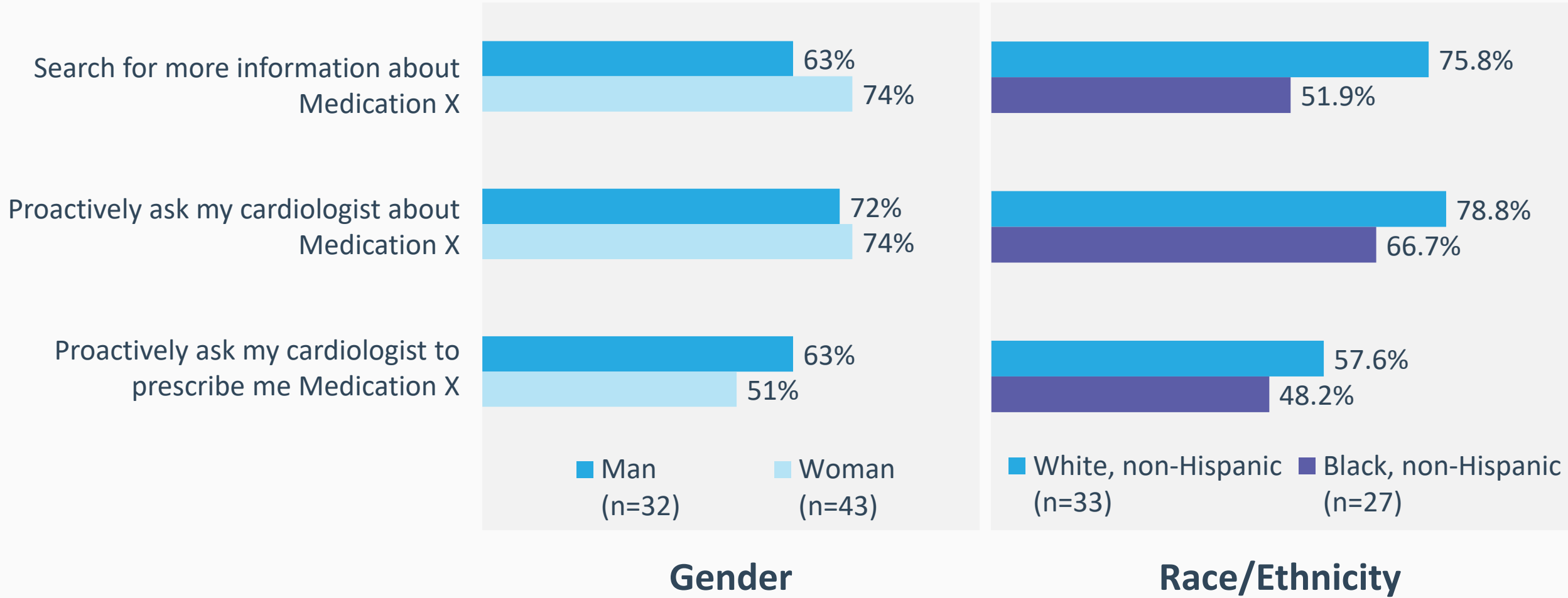
Figure 3 | Perceptions of CHF management and cardiologist relationship (% of patients rating 6-7 on 7-point agreement scale, where 1=“Strongly disagree” and 7=“Strongly agree”)



- Women and Black patients were less likely to consider participating in clinical trials for new CHF treatments.
- Women were more likely to feel their cardiologist answered all their medical questions and that their cardiologist value their input.
 - Perceptions were similar by race/ethnicity.
- Black patients were more likely to wait until their doctor brought up a new medication even when unsatisfied.

Figure 4 | Willingness to take actions based on hypothetical scenario with a novel product (% of patients rating 6-7 on 7-point willingness to perform action scale, where 1=“Not at all willing” and 7=“Extremely willing”)

Hypothetical Scenario: Imagine you heard/saw information about a **new** medication, Medication X. You feel Medication X meets all your medication goals and you are very interested in trying it. Please assume that you will have no issues with affordability or access to Medication X.



- Women and White patients were more likely to search for information about a new medication.
- White patients are more likely to proactively ask their cardiologist about a novel product and for the cardiologist to prescribe it.
 - Men are also more likely to proactively ask their cardiologist to prescribe a novel product.

DISCUSSION & CONCLUSION

- This study underscores the differences in perceptions of CHF management, treatment, and the HCP-patient relationship across race/ethnicity and gender identities.
- A majority of patients with CHF, irrespective of race/ethnicity or gender, felt their cardiologist did not value their input.
- Compared to White patients, Black patients were more hesitant to bring up treatment switching when dissatisfied, were less likely to participate in a clinical trial, and were less likely to proactively ask their cardiologist about a new medication or request a prescription for a new medication.
- Compared to men, women were less likely to participate in a clinical trial and were less likely to proactively request their cardiologist to prescribe a new medication.
- This research suggests a lack of patient comfort and / or willingness to self-advocate within the patient-HCP relationship, further exacerbated by sociodemographic factors. These findings highlight an opportunity for improvement in patient-centered care.
- Furthermore, these findings highlight the need for appropriate representation in patient-centered primary research to improve generalizability of findings, given differing perceptions by sociodemographic factors. Advocating for inclusive research is crucial for developing more effective and equitable strategies.

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