

EDITOR'S PAGE



Heart Failure in Women



JoAnn Lindenfeld, MD,
Christopher M. O'Connor, MD, *Editor-in-Chief, JACC: Heart Failure*

This issue of *JACC: Heart Failure* is dedicated to heart failure in women. You might ask why this is important. It has been known for more than 25 years that, although the incidence of heart failure is greater in men than in women, the prevalence is about the same (1,2). However, women have been enrolled in clinical trials in such small numbers that it has been difficult to be certain that heart failure therapies have the same benefits in women as in men. With this in mind, the U.S. National Institutes of Health (NIH) Revitalization Act of 1993, PL 103-43, signed into law on June 10, 1993, directed the NIH to establish guidelines for inclusion of women and minorities in clinical research (3). This NIH guidance caused clinical trial steering committees to make attempts to enroll an adequate number of women in heart failure trials to ensure the ability to accurately assess risks and benefits in women as well as in men. This search led members of the steering committee of the BEST (Beta-blocker Evaluation of Survival Trial; NCT00000560) to ask “Where are all the women with heart failure?” and to suggest that women may be difficult to enroll in trials of heart failure with reduced ejection fraction because women more often had heart failure with preserved ejection fraction (4). However, 25 years after the NIH mandate, women are still under-enrolled in heart failure clinical trials, and their heart failure conditions are less aggressively treated than those in men (5,6).

As we describe in this issue of *JACC: Heart Failure*, many of the risk factors that are emerging for heart failure are increasing at greater rates in women than in men. The conventional cardiovascular risk factors, for example, such as smoking,

obesity, diabetes, and depression, are occurring at greater rates in women than in men, especially in special populations such as black and Hispanic women. For this issue of *JACC: Heart Failure*, we received nearly 100 studies comparing the differences between men and women in various cohorts in clinical trials and their clinical characteristics and outcomes. The lessons we learned are that there are important differences between the clinical characteristics, comorbidities, and overall characteristics in women with heart failure compared to those in men with heart failure. In addition, we describe important differences between respective hospitalization rates, use of advanced heart failure therapies, and mortality. By focusing on women with heart failure in this edition, it is our goal to:

1. Increase awareness of the importance of heart failure in women and the important differences between men’s clinical characteristics, presentation, and outcomes and those of women.
2. To stimulate research that investigates the outcomes by sex and that effectively defines those questions in clinical trials and clinical registries to better inform our patients and care providers.
3. To provide our patients with extensive information and knowledge so that they can make informed decisions along with their care providers and ensure that patients receive the very best and equal therapy.

Our editorial team was overwhelmed by the number of submissions and the great interest in this topic. We encourage you to continue thinking about these issues, and we commit to continued publishing these important investigations.

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