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Living with heart failure

Heart failure (HF) remains a global health concern affecting approximately 64.3 million people worldwide.⁽¹⁾ In sub-Saharan Africa the pattern of HF is diverse and different to what is reported by the Global North,⁽²⁾ such as the relatively young age of participants reported in The Sub-Saharan African Survey of HF (THESUS-HF) study.⁽³⁾ Despite notable progress over the past 2 decades in advancing the understanding of HF in Africa, important knowledge gaps persist. These include outdated data on access to care and a lack of information regarding the incidence, aetiology, availability, and affordability of HF medications. The THESUS-HF II study, under the umbrella of the Pan African Cardiac Society is currently underway. So far 16 countries participate, and more than 1 400 patients have been recruited (Figure 1). It is expected that the study will provide more understanding into access to care as well as comorbidities, risk factors and outcomes of HF.

This issue of the Journal, which highlights some of the co-morbidities associated with HF and their required management, starts with a large retrospective study conducted by L.C. Mbanga and colleagues. Mbanga highlights the significant impact of HF on receiving renal replacement therapy in the cardiac intensive care unit in South Africa, which results in a high in-hospital and 30-day mortality rate (see article on page 80).

Contrary to this outcome is the extended life expectancy in persons living with human immunodeficiency virus (HIV) (PLWH) since the introduction of antiretroviral therapies (ART). The article on page 86, by Maharaj and Pillay, reviews the relationship between HIV and HF, which is a rising concern of morbidity and mortality. They emphasise the need for regular cardiac monitoring and advanced diagnostic tools in the management of HF in PLWH.

An important cause of myocarditis and cardiomyopathy are viruses. Hanekom, et al. analysed endomyocardial biopsies (EMB) with a focus on the distribution of viruses in dilated cardiomyopathy (DCM) specifically. Parvovirus B19 (B19V) was found to be present in almost all virus-specific EMB samples, promoting the need for further investigation into the pathophysiological role of B19V in the progression of DCM. As described in the article on page 100, a large proportion of DCM remains idiopathic in South Africa, but with better understanding of the causes, scientific management can be improved.

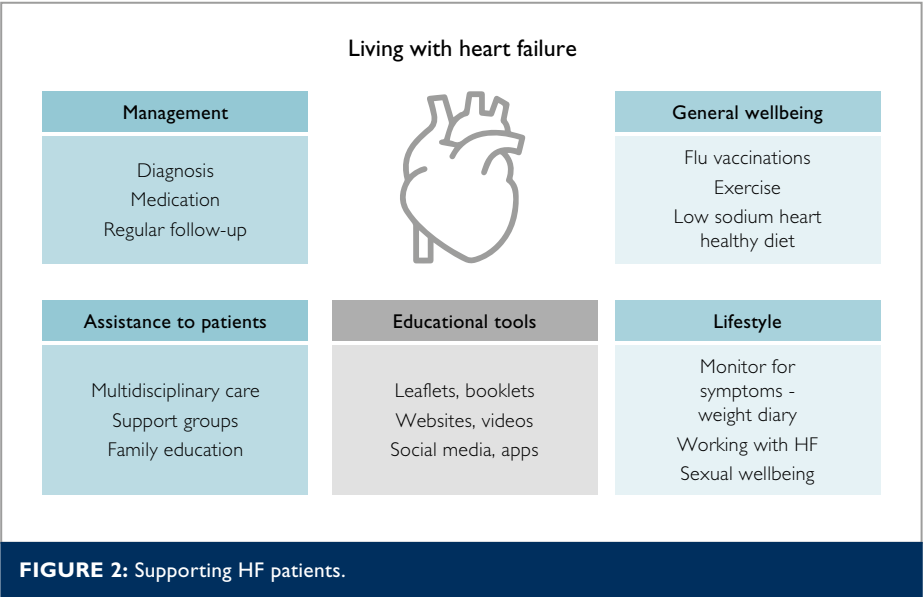


With iron deficiency being the most common nutritional deficiency globally, and associated with poor HF outcomes, HF patients are screened as recommended by the European Cardiac Society (ESC). Gerber, et al. highlight the high prevalence of iron-deficiency despite normal haemoglobin levels in HF patients. The importance of this recommendation is re-emphasised through their cross-sectional study on page 112.

In conclusion, heart failure remains a critical health issue in South Africa, and Africa as a whole, with challenges more diverse than that reported in the past. Ongoing research into the challenges surrounding cardiovascular diseases in sub-Saharan Africa, and enhancing the guideline-directed therapies, accordingly, is essential to improving patient outcome.

Empowering patients to understand and manage HF improves outcomes and contributes to enhanced quality of life. Therefore, healthcare professionals should be aware of (digital) tools that patients and families can access for advice and support when they are not in the healthcare

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setting. There are a range of tools available to support self-care, including leaflets, booklets, websites, apps, videos, social media pages, and support groups (Figure 2).

Only through concerted efforts can we hope to reduce the substantial burden of heart failure in South Africa and ultimately improve the quality of life and survival rates for those affected.

Conflict of interest: none declared.

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