Sex Differences in the Prognosis of Congestive Heart Failure

To the Editor:

I read with interest the article by Simon et al1 in the January 23, 2001, issue of Circulation on gender differences in the prognosis of heart failure. I would like to bring 2 points to the authors’ attention. The first point relates to the authors’ statement comparing their data with that of the Studies of Left Ventricular Dysfunction (SOLVD) trial, ie, that all patients in SOLVD had a reduced left ventricular ejection fraction (LVEF). In fact, the study they referred to was based on the SOLVD registry2 and not on the SOLVD trial. Patients qualified for the registry if they had a LVEF ≤45% or if they were discharged after hospitalization for heart failure, regardless of LVEF.3 Thus, the registry included patients with normal as well as reduced LVEF. Second, the authors referred to the article by Khadra et al4 as a substudy of SOLVD. That report, however, was a post-hoc analysis and not a prospectively designed substudy.

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Response

We appreciate Dr Ghali’s comments concerning our article.1 It has been suggested that a higher rate of systolic dysfunction accounted for the higher rate of mortality among men. Mean left ventricular ejection fraction (LVEF) was 31±9% in the Studies of Left Ventricular Dysfunction (SOLVD) registry2 and thus was ≤40% in >84% of the 6273 patients enrolled. The fact that some patients had been enrolled in the SOLVD registry on the basis of a hospital discharge diagnosis of heart failure does not modify the fact that LVEF does not explain sex differences in mortality in patients with chronic heart failure. Mean LVEF was similar in men and women in the Cardiac Insufficiency Bisoprolol Study (CIBIS II) (27±4% and 28±5%, respectively), yet survival was significantly improved in women. Further studies are needed to better understand the mechanisms contributing to the improved prognosis of women with chronic heart failure.

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