

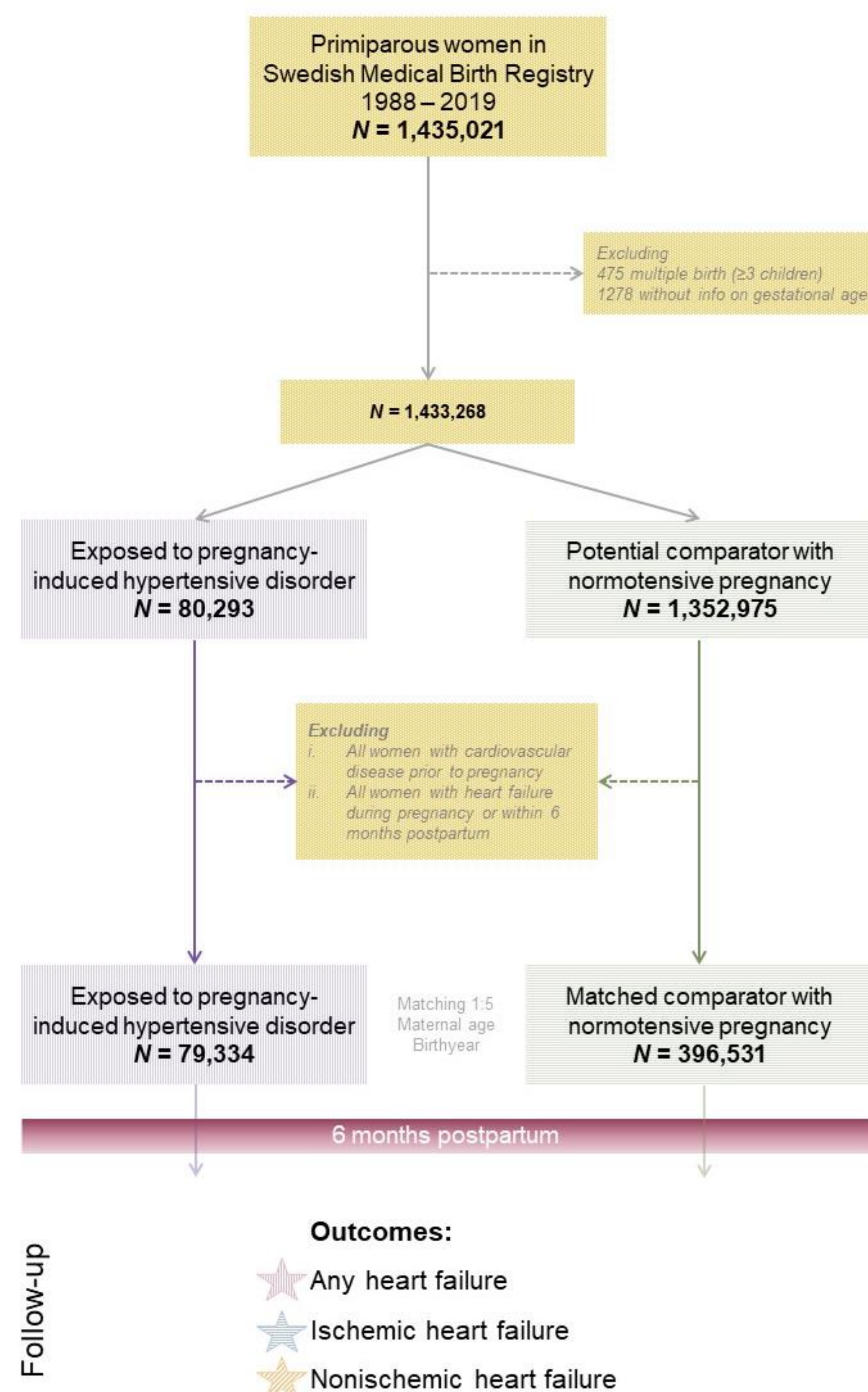
Pregnancy-induced hypertensive disorder and risks of future ischemic and nonischemic heart failure

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Conclusions

- Women with a history of pregnancy-induced hypertensive disorder are at increased short- and long-term risk of ischemic and nonischemic heart failure.
- Severe disease features seem to amplify the heart failure risk.

Overview Study Design



Background

Adverse pregnancy outcomes, such as pregnancy-induced hypertensive disorders, are emerging as important sex-specific risk factors for cardiovascular disease. Preeclampsia has been associated with a doubled risk of ischemic heart disease, and a ~4-fold increased risk of heart failure. Concurrently, the incidence of heart failure in the general population is increasing, and targeted prevention, including awareness of non-traditional risk factors, is needed in order to reduce the heart failure associated morbidity and mortality. The impact of pregnancy-induced hypertensive disorders and heart failure subtypes has not been studied in detail.

Aims

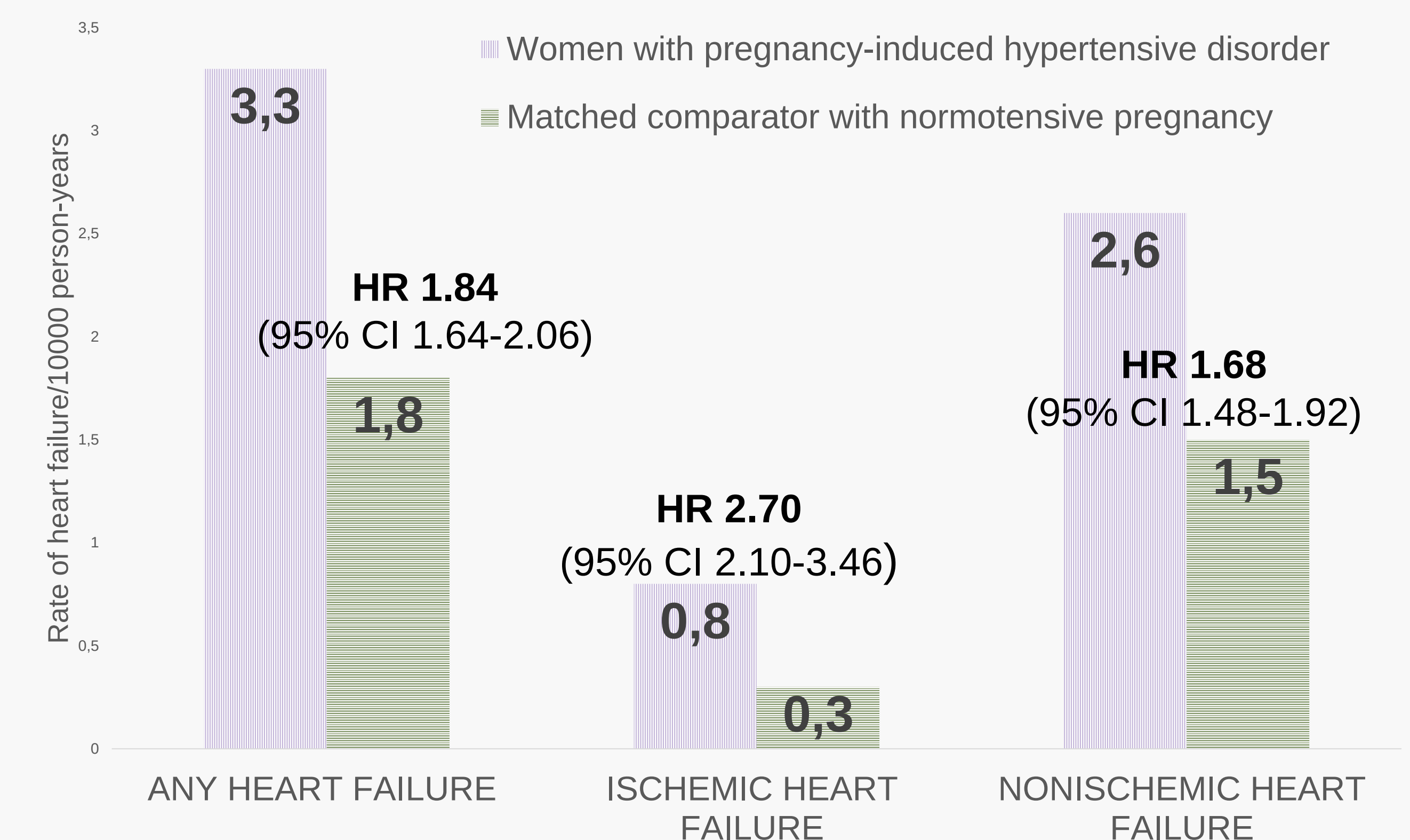
- To investigate the association between pregnancy-induced hypertensive disorder and risk of heart failure, by subtype, defined as ischemic and nonischemic heart failure
- To assess the impact of disease characteristics on the heart failure risks

Methods at a glance

Nationwide populationbased cohort study in which multiple national health registers were linked. Exposed women with pregnancy-induced hypertensive disorders were matched with normotensive women and followed for heart failure after delivery.

Results

During a median follow-up of approximately 13 years, the risks of both ischemic and nonischemic heart failure were increased after pregnancy-induced hypertensive disorder compared with normotensive pregnancies.



Clinical characteristics indicating more severe types of hypertensive disorder, including preterm birth and fetal growth restriction, were associated with higher heart failure risks. The increased risks could not be explained by pre-selected confounders (maternal comorbidity, socioeconomic status, smoking and BMI).

I will pursue studying the impact of adverse pregnancy outcomes on future cardiovascular health, with a focus on factors mediating the association.



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