Trans-thoracic Echocardiography (TTE)

Standard TTE studies were performed. The clinical physiologist performing the TTE and the treating cardiologist were involved in making the final diagnosis of a form of HF or no HF. The latter is made if the left ventricle (LV) was preserved and there was no evidence of raised LV filling pressure, no evidence of pulmonary hypertension, no right ventricular systolic dysfunction and no severe valvular heart disease.

Study variables

Clinical variables were extracted from the local electronic HF database: patient demographics (age, sex, date of first contact with HF services), past medical history (systemic hypertension, diabetes mellitus [DM], ischaemic heart disease (IHD), hyperlipidaemia, smoking status, valve disease, chronic obstructive pulmonary disease (COPD), peripheral vascular disease, pulmonary embolus, prior coronary or valvular intervention, dementia and stroke) and clinical symptom burden defined by New York Heart Association (NYHA) functional class and presence of any angina. Renal functional stratification was made using the chronic kidney disease (CKD) stages on based on renal biochemistry results. NT-proBNP, recorded in all patients, was obtained through the Roche NT-proBNP assay. CV is 5% at concentrations of 130 pg/ml and 4000 pg/ml.