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RESEARCH DESIGN AND

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Heart Failure Prevalence, Incidence, and Mortality in the Elderly With Diabetes

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OBJECTIVE—The goal of this study was to determine heart failure prevalence and incidence rates, subsequent mortality, and risk factors for heart failure among older populations in Medicare with diabetes.

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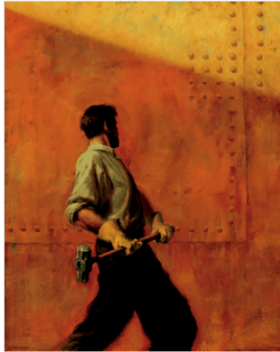
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RESEARCH DESIGN AND METHODS

Diabetes is widely recognized as a significant risk factor for the development of heart failure and is an independent risk factor for increased mortality among individuals with heart failure (1–4). It is also established that the incidence of heart failure rises sharply with age (5,6). Diabetes prevalence has been increasing among the elderly, and it is estimated that the 3.5 million individuals aged ≥65 years with diabetes in 2000 will increase to 5 million individuals by 2010 (7). One may expect, therefore, that elderly individuals with diabetes will contribute substantially to the overall burden of heart failure in the U.S. and especially to the Medicare program. However, there are limited data on heart failure prevalence, incidence, or prognosis among older individuals with diabetes, as cohort studies and heart failure randomized trials have enrolled few individuals ≥75 years of age with diabetes. Prior reports regarding heart failure among individuals with diabetes have been in health maintenance organizations that typically serve younger and healthier populations (8,9) or have been limited to a nursing home population (10); we are not aware of similar data in the Medicare fee-for-service population. Given the expected relationship between diabetes and heart failure, we undertook this study to more precisely quantify heart failure prevalence, incidence, and mortality among elderly Medicare beneficiaries with diabetes and to determine if demographics or comorbidity identify specific individuals at

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