Higher measures of arterial stiffness are associated with increased risk of atherosclerotic cardiovascular disease and mortality. However, the contribution of higher arterial stiffness toward risk of heart failure (HF) and its subtypes, HF with preserved ejection fraction and HF with reduced ejection fraction, independent of other established risk factors, is not well studied. In this study, we evaluated the association between arterial stiffness measured as carotid-femoral pulse wave velocity and risk of HF outcomes among participants of the Health ABC study (Health, Aging, and Body Composition). We observed that higher carotid-femoral pulse wave velocity was associated with greater risk of overall HF and its subtypes, HF with preserved ejection fraction and HF with reduced ejection fraction. However, these associations were attenuated substantially and not significant after adjustment for prevalent cardiovascular disease and its risk factors. These findings suggest that the higher incidence of HF outcomes among patients with higher carotid-femoral pulse wave velocity was associated with greater risk of overall HF and its subtypes, HF with preserved ejection fraction and HF with reduced ejection fraction. However, these associations were attenuated substantially and not significant after adjustment for prevalent cardiovascular disease and its risk factors. These findings suggest that the higher incidence of HF outcomes among patients with higher carotid-femoral pulse wave velocity seems to be related to the greater burden of cardiovascular disease and its risk factors. These findings suggest that higher arterial stiffness is associated with increased risk of atherosclerotic cardiovascular disease and mortality. However, the contribution of higher arterial stiffness toward risk of heart failure (HF) and its subtypes, HF with preserved ejection fraction and HF with reduced ejection fraction, independent of other established risk factors, is not well studied. In this study, we evaluated the association between arterial stiffness measured as carotid-femoral pulse wave velocity and risk of HF outcomes among participants of the Health ABC study (Health, Aging, and Body Composition). We observed that higher carotid-femoral pulse wave velocity was associated with greater risk of overall HF and its subtypes, HF with preserved ejection fraction and HF with reduced ejection fraction. However, these associations were attenuated substantially and not significant after adjustment for prevalent cardiovascular disease and its risk factors. These findings suggest that the higher incidence of HF outcomes among patients with higher carotid-femoral pulse wave velocity seems to be related to the greater burden of cardiovascular disease and its risk factors. These findings suggest that the higher incidence of HF outcomes among patients with higher carotid-femoral pulse wave velocity seems to be related to the greater burden of cardiovascular disease and its risk factors. These findings suggest that the higher incidence of HF outcomes among patients with higher carotid-femoral pulse wave velocity seems to be related to the greater burden of cardiovascular disease and its risk factors. These findings suggest that the higher incidence of HF outcomes among patients with higher carotid-femoral pulse wave velocity seems to be related to the greater burden of cardiovascular disease and its risk factors. These findings suggest that the higher incidence of HF outcomes among patients with higher carotid-femoral pulse wave velocity seems to be related to the greater burden of cardiovascular disease and its risk factors. These findings suggest that the higher incidence of HF outcomes among patients with higher carotid-femoral pulse wave velocity seems to be related to the greater burden of cardiovascular disease and its risk factors. These findings suggest that the higher incidence of HF outcomes among patients with higher carotid-femoral pulse wave velocity seems to be related to the greater burden of cardiovascular disease and its risk factors. These findings suggest that the higher incidence of HF outcomes among patients with higher carotid-femoral pulse wave velocity seems to be related to the greater burden of cardiovascular disease and its risk factors. These findings suggest that the higher incidence of HF outcomes among patients with higher carotid-femoral pulse wave velocity seems to be related to the greater burden of cardiovascular disease and its risk factors.
Clinical Implications

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