



Prevalence of hypertrophic cardiomyopathy and obstructive hypertrophic cardiomyopathy in Norway

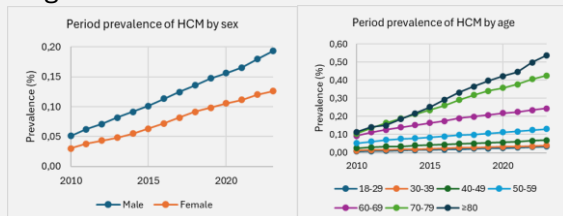
Hypertrophic cardiomyopathy (HCM) is the most common genetic heart disease, defined by an increased wall thickness or mass of the left ventricular wall and characterized by a broad clinical spectrum. When left ventricular outflow tract obstruction is present, the condition is classified as obstructive HCM (oHCM). This DARWIN EU® study aimed to characterize HCM and oHCM in terms of prevalence, demographics, HCM-related comorbidities, diagnostic measurements, medications, and treatment procedures.

Study overview

- Design: Population-level cohort study using data sources from Croatia, Denmark, Germany, Norway, Spain, and the UK.
- Population: Individuals aged ≥ 18 years in Norway (2010-2023), with ≥ 1 year prior observable data in which no HCM or oHCM diagnosis was recorded (N = 6.11 mil).
- Outcome: First recorded diagnosis of HCM and oHCM.
- Patient and clinical characterization, including age, sex, comorbidities, procedures, and outpatient prescription medication fills.

Prevalence of HCM and oHCM in Norway

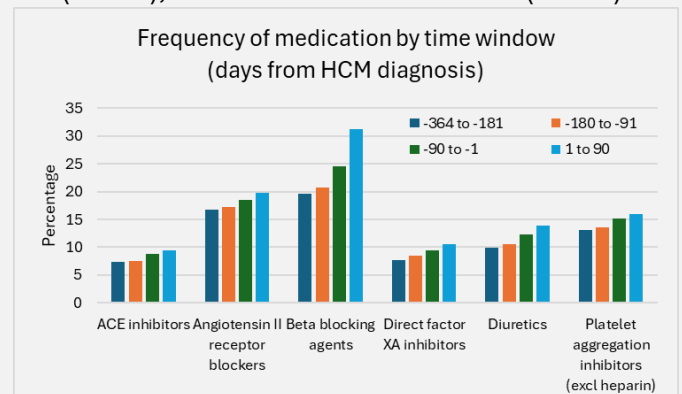
- In Norway, 7,114 individuals with HCM were identified, of which 2,413 (33.9%) received a diagnosis with oHCM.



- The prevalence of oHCM slightly increased over time, reaching 0.069% in 2023.
- For oHCM, while prevalence remained higher in men than women, sex differences were smaller compared to HCM.

Characteristics of patients with HCM in Norway

- The most common predefined comorbidities recorded before HCM diagnosis were essential hypertension (57.2%), cardiac arrhythmia (40.0%), and ischemic heart disease (29.6%).



- Most comorbidities and medications were first recorded more than one year before the HCM diagnosis.

Data & Methods notes

- No data on measurements were available for Norway, which made it impossible to assess the diagnostic approach for HCM. Recording of procedures for HCM was also sparse.
- HCM is very heterogeneous disease with a well-recognized incomplete phenotypic penetrance. As such, case identification largely depends on diagnostic methods used.

How was this useful?

This large study across 6 European countries identified a consistent annual increase in the prevalence of HCM, with Norway in the mid-range. No noticeable impact of the COVID-19 pandemic was observed. Prevalence was higher among men, although women were older at diagnosis, suggesting potential delays in diagnosis among them. Cardiac comorbidities and HCM-related medications were aligned with previous studies. Many of these were recorded >1 year before HCM diagnosis, suggesting that there might be a long latency from symptoms to diagnosis. These findings underscore the growing need for increased diagnostic awareness among clinicians and may inform the development and evaluation of future screening and management strategies.

Access to the full report

[DARWIN EU® - Prevalence of hypertrophic cardiomyopathy \(HCM\) and obstructive hypertrophic cardiomyopathy \(oHCM\)](#)

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