

Abstract

ATTR AMYLOIDOSIS IN LITHUANIA: EPIDEMIOLOGY, CARDIAC INVOLVEMENT, AND COMORBIDITY BURDEN

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Background:

Transthyretin amyloidosis (ATTR) is an increasingly recognized cause of cardiac disease, particularly in older adults. Real-world healthcare data can help characterize its clinical burden and cardiovascular manifestations.

Aims:

To assess the prevalence and clinical characteristics of ATTR amyloidosis in Lithuania, focusing on cardiac involvement and ATTR phenotype.

Methods:

Secondary healthcare data from 2019–2024 were obtained through the Lithuanian State Data Agency's data reuse platform and analyzed using the Contour analytic tool in Palantir Foundry and Microsoft® Excel® for Microsoft 365.

Results: A total of 82 patients with ATTR amyloidosis were identified, of whom 67 (81.7%) underwent TTR genetic testing. ATTRwt was confirmed in 68 (82.9%) and ATTRv in 14 (17.1%) patients. The number of identified patients increased over time, with an estimated prevalence of 2.18 per 100,000 in 2024. Mean age was 73 years. Cardiac involvement was documented in 47 (57.3%) patients. Heart failure was diagnosed in 75 (91.5%), including 51 (62.2%) with hypertensive heart disease and congestive heart failure. We identified rhythm and conduction disorders in 65 (79.3%) patients. Inpatient care was common, with heart failure, conduction abnormalities, and arrhythmias among the main reasons for hospitalization. Cardiovascular mortality was more prominent in the ATTRwt subgroup.

Conclusion:

In this Lithuanian real-world cohort, ATTR amyloidosis was predominant in older adults and was frequently associated with clinically relevant cardiac disease. The substantial burden of heart failure, conduction abnormalities, arrhythmias, and cardiovascular mortality highlights the importance of considering ATTR amyloidosis in patients with unexplained or atypical cardiac disease.

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