

Physicians failing to follow recommended heart-failure treatment guidelines

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Physicians are losing ground in prescribing the types of medications that have proven most effective in treating a condition known as congestive heart failure, according to a new study from the Stanford University School of Medicine.

The study shows that the use of two types of drug therapy for treating [heart failure](#) has steadily declined since the early and mid-2000s, and that the medications are being prescribed to only about one-third of the patients who would benefit from them.

"Tried-and-true therapies are not getting the attention they really deserve," said senior author Randall Stafford, MD, PhD, associate professor of medicine at the Stanford Prevention Research Center.

"These therapies are of great value to the vast majority of heart-failure patients, and to see them being used in less than 40 percent of patients is a concern."

The research will be published in the Aug. 9/23 issue of the *Archives of Internal Medicine*.

The paper is a follow-up to an earlier study indicating that through the early 2000s physicians were slowly increasing their adoption of heart-failure treatment recommendations developed by the American Heart Association and the American College of Cardiology. Heart failure — a condition in which the heart doesn't pump enough blood to the body's other organs — often leaves sufferers tired, short of breath and carrying

extra fluid in their bodies. About 20 percent of those who are diagnosed with the condition die within a year, and 80 percent die within eight years.

Clinical trials have shown that two types of medication therapy are highly effective in treating the condition. One, which includes drugs known as ACE-inhibitors and angiotensin receptor blockers, expands blood vessels to improve blood flow. The other, known as beta blockers, improves the pumping efficiency of the heart.

Stafford and lead author Dipanjan Banerjee, MD, a clinical instructor in cardiovascular medicine, used a national database of physician survey responses to determine which medications were being prescribed to treat heart-failure patients from 1994 through 2009.

They found that use of the ACE-inhibitors and ARBs increased from 34 percent in 1994 to 45 percent in 2002, but then decreased to 32 percent by 2009.

With beta blockers, use went from 11 percent in 1998 to 44 percent in 2006, but had dropped to 37 percent by 2009.

"Our expectation was that there would be continued improvement in the use of these drugs, but that hasn't happened," Stafford said. "We're not sure what's gone wrong."

He and Banerjee hypothesize that the lack of new clinical trial findings about the medications in recent years may have lowered the treatments' profile among physicians and patients. "The longer it's been since an important trial is published, the more difficult it becomes to reinforce the value of those findings," Stafford said.

He said he hopes the study highlights the "quality gap" between actual

and recommended heart-failure treatment, as well as spurs deeper investigations into why the recommended treatments aren't being adopted.

Provided by Stanford University Medical Center

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