

Low-income older adults more likely to develop heart failure

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The odds of having heart failure appear to be higher in seniors with a low income — even among those with a college or higher education — according to research presented at the American Heart Association's Scientific Sessions 2011.

"As far as the risk of developing [heart failure](#) is concerned, lower [education](#) may not matter if a person is able to maintain a high income in later years," said Ali Ahmed, M.D., M.P.H., senior researcher.

The study is the first to link low income with an increased risk of heart failure in Medicare-eligible community-dwelling older men and women.

Researchers said they were surprised by the influence of income on heart failure risk in a population where nearly everyone has health insurance that provides care for major heart failure risk factors such as hypertension, diabetes and coronary artery disease. Although both poor and the well-off benefit from the Medicare program, there may be certain differences that expose the poor to suboptimal care for major heart failure risk factors.

About 5.7 million Americans have heart failure, with one in five at risk of developing it starting at age 49.

Researchers reviewed National Heart, Lung and Blood Institute records of 5,153 Medicare-eligible [older adults](#) without heart failure in the Cardiovascular Health Study who lived independently in four U.S.

communities in the early 1990s. They separated patients into groups based on education and income levels. Researchers defined low education as less than college level and low income as household income less than \$25,000 a year.

After 13 years:

- Eighteen percent of older adults with high education and high income developed heart failure.
- In comparison, 17 percent of older adults with low education and high income developed heart failure.
- In contrast, 23 percent of older adults with low income developed heart failure regardless of their education level.
- Patients with low education and low income were worse off, with a 29 percent increased risk, compared to those with high education and high income, which was independent of other risk factors for heart failure.

Researchers accounted for age, gender, race and various known heart failure risk factors that included diabetes, high blood pressure, smoking, being overweight, and having a history of coronary artery disease, stroke or peripheral artery disease. However, researchers did not know how well controlled these factors were.

Low-income patients may be unable to pay out-of-pocket costs related to health care that Medicare provides.

"They may have to choose between their drugs and their groceries," said Ahmed, director of the Geriatric Heart Failure Clinics at the University of Alabama at Birmingham and the Birmingham VA Medical Center.

"Or the out-of-pocket expenses might adversely affect how often they go see their doctor."

A person's income also impacts access to healthy foods and safe, affordable places for physical activity. The study findings highlight the need to explore low-cost ways to promote healthy lifestyles, particularly access to good nutrition and exercise, Ahmed said.

Future research must also identify the specific factors that make a low-income person more likely to develop heart failure. Effective strategies can then be initiated to overcome them, he said.

Patients reported their income and education, and it is unknown whether education quality may have impacted heart failure risk, Ahmed noted.

Provided by American Heart Association

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