

Heart disease map of England highlights growing social inequality in older ages

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A study estimating the death rate from heart and circulatory disease in each electoral ward in England has found that despite considerable improvements since the 1980s, the difference between the wealthiest and poorest communities has widened for people over 65.

Mortality from heart and circulatory disease – the leading cause of death in the UK – declined in most places between 1982 and 2006, but for men and women aged 65 or older, the decline was smaller in the most deprived communities, resulting in a wider gap between rich and poor.

The authors, from Imperial College London, warn that the declining trend in [heart disease mortality](#) could be threatened in some areas if the [economic downturn](#) and austerity measures affect poor communities disproportionately. Changes in the [health system](#), such as the devolution of public health responsibilities to [local authorities](#), might also put some communities at risk of falling behind, they suggest.

"It's clear that both social conditions and the quality of the health service strongly affect [heart disease](#) mortality," said study author Dr Perviz Asaria. "The Health and Social Care Act, which allows private companies to provide care under the NHS, and the extraordinary pressure on the NHS to make savings might jeopardise health services, including the crucial role of GPs, in poor communities. And if people's jobs are less stable, they may be forced to change their diet, or drink and smoke more. So we need to be concerned about these issues if we are going to carry on bringing death rates down.

"As public health gets taken up by local authorities, there's a danger that health budgets will have to compete with other services such as schools. It's essential that [cardiovascular screening](#) and prevention programmes don't get cut as a result."

The study is published today in the *International Journal of Epidemiology*. Heart disease mortality showed a strong correlation with the [socioeconomic status](#) of the ward, including income, employment and education levels. The correlation was strongest for young and middle-aged people up to age 65.

Broadly, the places with the highest death rates were in areas around Manchester and Liverpool, in parts of Yorkshire, around Birmingham and in deprived boroughs of London. Outside of London, [death rates](#) were generally low in southern England. Although heart and [circulatory disease](#) mortality fell from 1982 to 2006 in almost every area, it increased for women aged 65 or over in 186 out of 7932 wards.

Co-author Professor Majid Ezzati said: "These results are a valuable measure of the performance of the health system at a local level, which includes the NHS and public health services as well as other prevention strategies. We know how to reduce cardiovascular mortality: we have to reduce major risk factors like smoking, and provide good health services that help both with prevention through high-quality GP services and with treatment. We need to focus on putting these into practice in places that are behind."

More information: P Asaria et al. 'Trends and inequalities in cardiovascular disease mortality across 7932 English electoral wards, 1982: Bayesian spatial analysis.' *International Journal of Epidemiology* 2012;1 [doi:10.1093/ije/dys151](https://doi.org/10.1093/ije/dys151)

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