

Unemployment may be associated with increased heart attack risk

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Unemployment, multiple job losses and short periods without work may be associated with increased risk for acute myocardial infarction (AMI, heart attack), according to a report published Online First by *Archives of Internal Medicine*.

Many adults in the United States are affected by the strain of employment instability, but little is known about the cumulative effect of multiple job losses and unemployment on the risks for AMI, according to the study background.

Matthew E. Dupre, Ph.D., and colleagues from Duke University, Durham, N.C., examined the associations between different dimensions of unemployment and the risks for AMI in 13,451 U.S. adults ages 51 to 75 years in the Health and Retirement Study with biennial follow-up interviews from 1992 to 2010.

"Results demonstrated that several features of one's past and present employment increased risks for a [cardiovascular event](#). Although the risks for AMI were most significant in the first year after job loss, unemployment status, cumulative number of job losses and cumulative time unemployed were each independently associated with increased risk for AMI," the authors note.

The study group ([median age](#) 62 years) had 1,061 AMI events (7.9 percent) during 165,169 person-years of observation. In the study group, 14 percent of the individuals were unemployed at baseline, 69.7 percent

had one or more cumulative job losses, and 35.1 percent had spent time unemployed, according to the study.

[Statistical analysis](#) indicated that AMI risks were significantly higher among the unemployed (hazard ratio [HR], 1.35) and that risks increased incrementally from one job loss (HR, 1.22) to four or more cumulative job losses (HR, 1.63) compared with no job loss. The risks for AMI also were "particularly elevated" within the first year of unemployment (HR, 1.27) but not thereafter, according to the results.

"We found that the elevated risks associated with multiple [job losses](#) were of the magnitude of other traditional risk factors, such as smoking, diabetes mellitus and hypertension," the authors comment. "In the context of the current U.S. economy and projected increases in job instability and unemployment among workers, additional studies should investigate the mechanisms contributing to work-related disparities in AMI to identify viable targets for successful interventions."

In an accompanying commentary, William T. Gallo, Ph.D., of the City University of New York, writes: "The gist of my argument is that the report by Dupre et al should mark the end of an era in which outcomes studies of [unemployment](#) have been pursued. Plenty of compelling evidence exists to move on. Egregiously absent is research on why and how a socioeconomic exposure, such as job loss, influences health. Explorations of these questions, however limited, should mark the beginning of the next period of research."

"Sufficient evidence exists of the negative influence of job loss on health. The next generation of studies should identify reasonable pathways from job separation to illness so that nonoccupational interventions may be developed and targeted to the most vulnerable individuals," Gallo concludes.

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