

Families urged to get to the heart of their medical histories this Christmas

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Doctors are encouraging people to take advantage of Christmas gatherings with relatives to discuss family medical histories to help tackle ill-health.

The call from clinical academics follows a study which shows that individuals with a family history of premature [heart disease](#) – heart attacks or stroke in a first degree relative before the age of 60 years – continue to have a higher risk of dying despite earlier referral to GPs, [lifestyle changes](#) and drug treatments.

Doctors are well aware of the increased risk individuals with family history of heart disease face, with around a 40% higher chance of being affected than the average population. In response, these individuals are usually referred earlier for interventions to reduce the risk.

However, research published by the University of Glasgow in the *European Heart Journal*, has shown that even when early interventions are instituted, these patients are still 12-20% more likely to die prematurely.

Dr Sandosh Padmanabhan, of the Institute of Cardiovascular and Medical Sciences who led the study, said: "Reassuringly, our study found that individuals with a family history of [heart attack](#) or stroke were more likely to be referred for preventive treatment earlier, but we were surprised to see that the mortality rate of these individuals were on average, 12-20% higher than those with comparable risks without a

family history of coronary heart disease (CHD).

"One explanation is that the earlier referral of these individuals – around 45 years of age in our study – is not early enough, and some damage has already occurred. Alternatively, these patients need more rigorous treatment and monitoring than currently practised."

The researchers did find that adherence to [drug treatment](#) regimes in patients with increased risk through family history is the same as those with no familial links. It is known that around 30% of patients may not consistently take medication and this study shows that greater awareness of risk from a positive family history has not translated into better adherence to treatment.

The study looked at data from 10,787 individuals with a family history of heart disease attending the Glasgow Blood Pressure Clinic. As hypothesised, a family history of CHD led to individuals being referred earlier to [doctors](#) for risk reduction measures, and that they had a lower burden of traditional cardiovascular risk factors and similar long-term blood pressure reduction and drug adherence rates to those without a familial risk.

Dr Padmanabhan said: "Patients with a family history are referred around an average age of 33-50 years in our experience. Perhaps we should be seeing these individuals earlier in their 30s or even their 20s.

"Our study suggests there is a need for continued and sustained efforts to reduce risk factors and drug adherence in these at-risk individuals and more research required on the most effective means of doing this. For example, should doctors be more actively screening first-degree [relatives](#) of everybody who is admitted with a heart-attack or a stroke before the age of 60?

"Family history is not only a link to the past, but also a bridge to future cardiovascular health. More immediately, people need to be aware of their [family history](#) of conditions like heart attack or stroke. With families gathering together for Christmas, now might be the ideal time to ask some questions of your relatives to find out if you might be at a higher risk of suffering a heart attack or stroke so you can do something about it."

More information: The study: 'Family history of premature cardiovascular disease: blood pressure control and long-term mortality outcomes in hypertensive patients', is published in the latest edition of the *European Heart Journal*. [eurheartj.oxfordjournals.org/c ...
urheartj.eht539.full](http://eurheartj.oxfordjournals.org/c...urheartj.eht539.full)

Provided by University of Glasgow

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