

# Heart attack survival far lower in UK than Sweden

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The chance of surviving a heart attack is far lower in the UK than Sweden, according to a major new study published in *The Lancet*. The startling findings suggest that more than 11,000 lives could have been saved over the past seven years had UK patients experienced the same care as their Swedish counterparts.

"Our findings are a cause for concern. The uptake and use of new technologies and effective treatments recommended in guidelines has been far quicker in Sweden. This has contributed to large differences in the management and outcomes of patients", explains one study leader Professor Harry Hemingway, from the Farr Institute of Health Informatics Research, and the National Institute for Cardiovascular Outcomes Research, University College London in the UK.

Using whole-country data from national clinical registries, the researchers analysed time trends for quality of care and outcomes for all hospitals and patients diagnosed between 2004 and 2010—119786 patients from 86 hospitals in Sweden and 391077 patients from 242 hospitals in the UK.

Results showed that 30 days after a heart attack, death rates for UK patients were more than a third higher than for Swedish patients (10.5% vs 7.6%). Importantly, although the difference in death rates did decrease over time, mortality was always higher in the UK.

After adjusting for differences in case mix using a model that took into

account 17 variables including demography (eg, age and sex), severity of acute myocardial infarction [heart attack], and risk factors (eg, smoking and diabetes), the researchers estimated that 11263 deaths over the 7 years of study could have been delayed or prevented in the UK if patients had received the same care as their Swedish counterparts.

According to co-study leader Dr Tomas Jernberg from Karolinska University Hospital in Sweden, "Our findings suggest that failure to get the best treatment is one likely reason why short-term survival for [heart attack patients](#) is lower in the UK. In particular, we noted that the uptake of primary percutaneous coronary intervention (procedures such as balloon angioplasty or stent placement used to open narrowed coronary arteries; 59% vs 22%) and prescribing of recommended treatments at discharge (eg,  $\beta$  blockers; 89% vs 78%) were lower in the UK than Sweden. In Sweden, the quality improvement work associated with quality registries has increased our ability to adhere to guidelines."

The authors conclude, "International comparisons of care and outcome registries might inform new research and policy initiatives to improve the quality of health systems."

Writing in a linked Comment, Chris Gale from the University of Leeds and Keith Fox from the University of Edinburgh in the UK, say, "Through highlighting the prospect of a substantial excess of deaths in the UK compared with Sweden, Chung and colleagues have drawn our attention to the need for further comparative effectiveness research for acute myocardial infarction. Efforts to improve cardiovascular outcomes in the UK should, therefore, concentrate on data enhancement through the linkage of electronic health-care records and the early and systematic implementation of evidence-based therapies across the National Health Service."

**More information:** [www.thelancet.com/journals/lan ...](http://www.thelancet.com/journals/lan...)

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