

# Lifestyle the key to gap in cardiac patient outcomes

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Patients suffering from the world's most common heart rhythm disorder can have their long-term outcomes significantly improved with an aggressive management of their underlying cardiac risk factors, according to University of Adelaide researchers.

Atrial fibrillation (AF) is increasingly responsible for dementia, stroke and death, and has a significant impact on healthcare costs. With electrical "short circuits" believed to be responsible for the abnormal beating of the heart in AF patients, one currently used treatment is to burn the tissue surrounding the problem area, in a process known as "catheter ablation".

A study in the University of Adelaide's Centre for Heart Rhythm Disorders followed more than 149 AF patients who had undergone [catheter ablation](#). Of these, 61 had also undergone an intensive risk factor management program.

The program involved attending follow-up appointments at a dedicated risk factor management clinic every three months, in addition to the patients' normal specialist appointments. Risk factors addressed in the program included weight, blood pressure, [blood sugar levels](#), and cholesterol, as well as addressing sleep breathing problems, and smoking and alcohol.

The findings, published in this month's issue of the [Journal of the American College of Cardiology](#), conclusively show that patients who

managed their lifestyle factors were five times more likely to have long-term survival without any further [heart arrhythmia](#).

"After a period of five years, arrhythmia-free survival rates for patients who undertook the risk management program were 87%, compared with less than 18% of the control group," says the study's lead author, Dr Rajeev Pathak, a Cardiologist and Electrophysiology Fellow with the University of Adelaide, the Royal Adelaide Hospital and the South Australian Health and Medical Research Institute (SAHMRI).

"This is a very important finding because it shows the huge gap between what happens when [patients](#) are able to manage the underlying risks of their health and those who rely solely on medical intervention," he says.

"It highlights the difference between simply being reactive to the health problem, and being responsive by changing lifestyle and trying to do something about those underlying risks.

"Our results help to reinforce a significant public health message about lifestyle, and they show what a targeted management program can achieve," Dr Pathak says.

"This study should serve as a wake up call to physicians to begin prevention programs to reduce disease states rather than focus on their treatment only, and the good news is: it is never too late to start."

Provided by University of Adelaide

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