

Researchers shine spotlight on failing hearts

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Credit: The Heart Foundation

A vulnerable group of patients may be missing out on best-practice care, according to the first detailed snapshot of heart failure across NSW and ACT, published today in the *Medical Journal of Australia*.

The NSW Heart Failure Snapshot Study of more than 800 patients



admitted to 24 public hospitals in NSW and the ACT over one midwinter month identified a "disappointing" under-use of the prescription medications typically used to manage heart failure.

Researcher Dr Phillip Newton, of the Centre for Cardiovascular and Chronic Care at the University of Technology Sydney, said there were several possible explanations for the lower take-up of treatments, all of which underscored a need for more effective disease management.

"There are many reasons why heart failure patients don't take the medications that we know make a difference in treating their disease," said Dr Newton.

"And some of those reasons may be quite legitimate – patients may have responded poorly to them in the past, or not at all, or there may be other clinical reasons that mean patients are steered onto a different treatment path."

What the data does suggest though, said Dr Newton, is that the use of "evidence-based therapies can be improved".

Professor Peter Macdonald, medical director of the Heart Failure and Transplant Unit at St Vincent's Hospital and senior author of the report, said the snapshot would in time reveal what happened to patients one month and 12 months after the study.

"In the meantime, a follow-up analysis is exploring the high level of physical frailty among the patients studied and what role that might play in what we found to be an under-use of recommended therapies," said Professor Macdonald.

He said a repeat snapshot was being planned which he hoped would be extended across Australia and New Zealand.



Heart failure is estimated to affect about 350,000 Australians, a number that is rising as the population ages. It is estimated to account for as much as 2 per cent of total healthcare expenditure, mainly due to high rates of hospitalisation with symptoms such as breathing difficulties, chest pain and palpitations.

This snapshot is the first time comprehensive data on heart failure admissions and management has been collected on a state-wide basis. None exists nationally.

"Most of the patients in our study were admitted after presenting at the emergency department with acute symptoms, mainly as a result of infections or not having complied with medications, diet or fluid restrictions," said Dr Newton.

"This research emphasises the importance of proper long-term care for these patients to minimise the risk of readmission," he said.

The researchers found that only just over half the patients surveyed were referred to a multi-disciplinary heart failure service after they were discharged from hospital.

Kerry Doyle, chief executive of the Heart Foundation, said the study provided NSW Health with the evidence it needs to improve the lives of heart failure patients.

"Despite significant advances, prevalence of chronic <u>heart failure</u> remains high and clinical outcomes are poor," Ms Doyle said.

"With funding from the NSW Cardiovascular Research Network, these findings can be used to develop strategies that are more responsive to improving access and increasing the uptake of evidence-based care."



Provided by University of Technology, Sydney

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