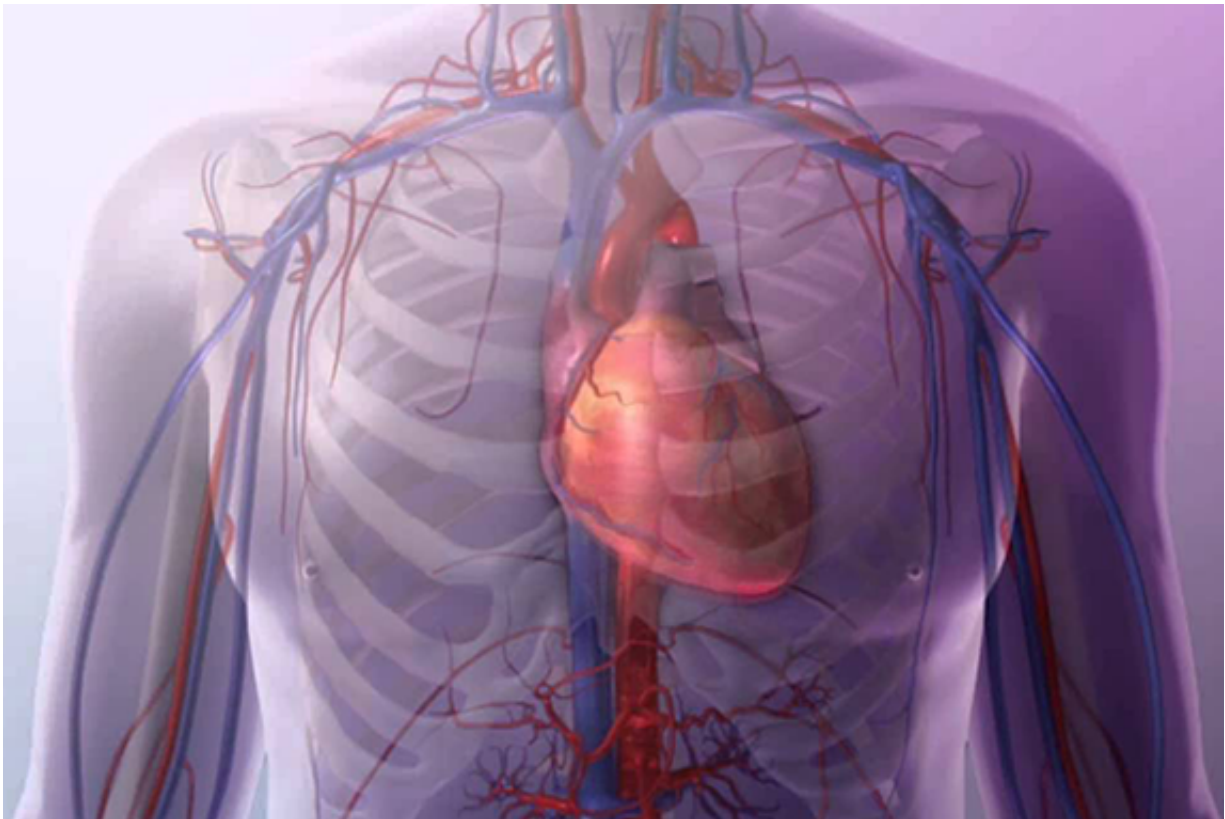


New study shows NHS weekend effect among heart patients

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Credit: Aston University

Patients suffering from the most common form of heart rhythm disorder who are admitted to NHS hospital over the weekend face a higher risk of dying over the next five years than those admitted during normal hours.

The new research was led by Dr Rahul Potluri, founder of the ACALM study unit at Aston University and will be presented at the British Cardiovascular Society (BCS) Conference 6-8 June.

The study of 42,687 patients with atrial fibrillation (AF), one of the most common forms of abnormal heart rhythm, finds that those admitted outside of normal operating hours (9am-5pm, Monday-Friday) have a 12 per cent increased risk of dying in the next five years. The research was adjusted to account for external factors which could influence death rates, such as age, gender, ethnic group, and the most common causes of mortality in the UK.

In a separate study, the researchers also looked at 31,760 heart failure patients discharged from hospitals in the north of England at weekends, finding a 27 per cent increased chance of dying over the next 5 years compared to those sent home during regular weekday hours.

Dr Rahul Potluri, Clinical Lecturer at Aston University's Medical School, said, "This study shows that the weekend effect is very much a reality for those suffering two of the most prevalent heart conditions in the UK. These patients are, quite simply, more likely to die if admitted or discharged outside regular hours, and that trend is particularly noticeable at the weekend.

"We need to be clear about this because there are a lot of competing claims out there, especially where the reliability of data is concerned. Let's get one thing straight: nobody can distort dates of admission, discharge and death. Reliability issues are inherent to the entire dataset, and there's nothing specific to weekend data that means it should be treated differently."

Dr Paul Carter, presenting author at the BCS Conference, said, "We took steps during this study to ensure that the comparison between the

two groups was as fair as possible. It's not simply the case that patients who come in out-of-hours are sicker than those treated during the week as some have suggested.

"What's more, both out-of-hours admission and discharge confer an increased risk to patient health over the long-term. This suggests that weekend support across healthcare networks is in need of rapid improvement."

Dr Potluri added, "Our research also reveals that the weekend effect is not a universal phenomenon. Across the two conditions we studied, its impact was varied, suggesting it can't be tackled effectively by blanket improvements to care.

"Further research is urgently needed to assess what the implications of the weekend effect are for individual conditions before any costly changes to services are implemented."

More information: PATIENTS ADMITTED TO HOSPITAL WITH A DIAGNOSIS OF ATRIAL FIBRILLATION OUTSIDE OF STANDARD WEEKDAY WORKING HOURS AND AT WEEKENDS HAVE WORSE MORTALITY AND POORER SURVIVAL: www.bcs.com/abstracts3/marker...asp?AbstractID=1996

MORTALITY IS HIGHER IN HEART FAILURE PATIENTS DISCHARGED FROM HOSPITAL ON WEEKENDS: www.bcs.com/abstracts3/marker...asp?AbstractID=1987

Provided by Aston University

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