

A major challenge for young heart attack patients—affordable healthcare

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In the year following a heart attack, financial barriers to healthcare are linked to worse health outcomes in young women and young men, according to a new study by Yale School of Medicine researchers published in the current issue of the *Journal of the American Heart Association* (JAHA).

The national study of a group of young adults with myocardial infarction found that those who reported experiencing financial barriers to healthcare services and medication reported worse quality of life, more depressive symptoms, poorer psychosocial status, and more stress than patients without financial barriers, both while in the hospital and 12 months later.

"Despite the expansion of insurance coverage, young adults face major challenges to obtaining affordable healthcare," said first author Adam Beckman, a 2016 graduate of Yale College and the Yale Global Health Scholars program. "We suspected women may experience greater challenges than men—they often have lower income and less complete medical coverage than men, and care for multiple generations of family, and that this may in part explain why [young women](#) have worse outcomes following a [heart attack](#) as compared with similarly-aged men."

The research team surveyed 3,437 patients with a heart attack (ages 18-55) both one month and 12-months after their hospitalization. The patients were from the VIRGO study (Recovery in Variation: Role of Gender on Outcomes of Young AMI Patients), a trial observing younger patients after heart attack, particularly women, from the United States and Spain.

The team found that nearly one in three [young adults](#) reported financial barriers to [health care services](#) and about one in five reported financial barriers to medications, women more so than men. "Contrary to our hypothesis, both men and women who reported having a financial barrier were significantly worse off one year after their heart attack," said Beckman.

"Our study emphasizes that patients need us to think about their social needs, not just their clinical symptoms," said senior author Dr. Erica

Spatz, assistant professor of medicine at Yale School of Medicine and a clinical investigator at the Yale Center for Outcomes Research & Evaluation (CORE). "We have not completed our job if we discharge patients from the hospital and recommend they use medications or services like cardiac rehab that they cannot afford."

More information: Adam L. Beckman et al. Sex Differences in Financial Barriers and the Relationship to Recovery After Acute Myocardial Infarction, *Journal of the American Heart Association* (2016). [DOI: 10.1161/JAHA.116.003923](https://doi.org/10.1161/JAHA.116.003923)

Provided by Yale University

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