

Hospitalizations for heart failure on the decline; disparities remain for blacks and men

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The number of people hospitalized for heart failure in the United States declined about 30 percent between 2002 and 2013, but large disparities between blacks vs. whites and men vs. women remain, according to new research in *Circulation: Cardiovascular Quality and Outcomes*, an American Heart Association journal.

The study is the first to report on the age-standardized racial/ethnic differences in national [heart](#) failure hospitalization rates between whites, blacks, Hispanics and Asians/Pacific Islanders.

Researchers examined data from the National Inpatient Survey from 2002-2013, which consisted of data from 7-8 million [hospital](#) discharge per year across thousands of hospitals.

They found:

- Overall, the national rate of heart failure hospitalization decreased by about 30 percent.
- Hospitalization rates for heart failure in men grew to be 39 percent higher than women.
- Hospitalization rates for heart failure in blacks was more than 200 percent higher than for whites with no significant change over the period.
- The rate for Hispanics dropped much faster than for whites with

the disparity between the two groups narrowing to just 4 percent higher among Hispanic men, and decreasing from an initial 55 percent higher rate among Hispanic women in 2002 to only 8 percent higher in 2013.

The decrease in [hospitalization rates](#) suggest that efforts to improve outpatient treatment and prevention measures have successfully reduced the number of [heart failure](#) patients needing hospitalization. However, the improvements are not equally distributed across races/ethnicities and genders.

"Disparities in disease burden for males and especially African-Americans have not improved in the recent decade," said lead author Boback Ziaeeian, M.D., Ph.D., clinical instructor at the University of California Los Angeles and the U.S. Department of Veterans Affairs. "The findings highlight the need to address population-based health, prevention and outpatient management of chronic diseases."

The authors note higher hospitalization burden among blacks and Hispanics is more reflective of underlying social determinants of health of health rather than genetics or physiologic differences.

The results should be met with caution as data collection had limitations.

More information: *Circulation: Cardiovascular Quality and Outcomes* (2017). [DOI: 10.1161/CIRCOUTCOMES.116.003552](https://doi.org/10.1161/CIRCOUTCOMES.116.003552)

Provided by American Heart Association

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