

Disparity in care for heart attack patients

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Credit: University of Leeds

Heart attack patients with long-term health conditions are significantly less likely to receive optimal care, compared to those with no long-term health problems – according to new research.

The disparity in care is associated with a higher risk of death, according to a study by researchers at the University of Leeds.

The study – part funded by the British Heart Foundation – involved an analysis of the records of almost 700,000 [patients](#) treated for a [heart](#)

[attack](#) in 247 hospitals in England between 2003 and 2013.

The researchers looked at the various medical guidelines in place at the time as well as the treatments they recommended, and then assessed whether those treatments were given.

The team found that 40 per cent of patients with heart attack also had a long-term health condition, such as diabetes, stroke, [heart failure](#) and [renal failure](#).

Significant increased risk of death

Of those, 86 per cent did not receive optimal or the most desirable care, and these patients had a 250 per cent increased risk of dying, compared with patients who did not have a long-term condition.

The researchers also found that patients with heart attack and heart failure or renal failure were the least likely to receive optimal care.

Patients with heart failure received 7.3% fewer treatments than [heart attack patients](#) with no long-term [conditions](#), whilst patients with renal failure received 6.1% fewer treatments.

These patients had the highest risk of death, and for patients with heart failure and a heart attack, the researchers found that despite optimal heart attack care the risk of death was similar to patients who did not receive all heart attack care opportunities.

Chris Gale, Professor of Cardiovascular Medicine at the Leeds Institute of Cardiovascular and Metabolic Medicine, led the research.

He said: "This 10-year national study of nearly 700,000 patients with heart attack shows for the first time how a wide range of long-term

health conditions impacts on survivorship following acute myocardial infarction or heart attack.

Need for new therapies

"Having a long-term health condition, such as heart failure, renal failure or diabetes in addition to a heart attack was significantly associated with a worse clinical outcome.

"Whilst this was, in part, mediated by missed-opportunities in the delivery of care, evidence from this study suggests that there is a need for new therapeutic interventions to improve survival for patients with heart attack who also have long-term health conditions."

However, the study does have limitations in that it relies on the accuracy of patient data recorded in the Myocardial Ischaemia National Audit Project or MINAP database.

Professor Sir Nilesh Samani, Medical Director at the British Heart Foundation, said: "It's important that all patients receive the best possible treatments, regardless of any other conditions they might have. But it's true that having another long-term condition can complicate things.

"Choosing the best [treatment](#) has to factor in the other medicines that the patient is taking, as well as the potential side-effects. This sometimes means a person doesn't necessarily get the most effective treatments, but it still could be the best choice under the circumstances.

"This study shows that patients with long-term conditions could see substantial benefits if extra effort is put into deciding the best possible treatments. It also highlights the need for research to develop further treatment options for doctors and more effective medicines for these patients."

The British Heart Foundation says someone suffers a heart attack approximately every three minutes in the UK, with nearly 200 people of working age dying every week of a [heart](#) attack in the UK.

The findings were presented at the [European Society of Cardiology](#) congress.

Provided by University of Leeds

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