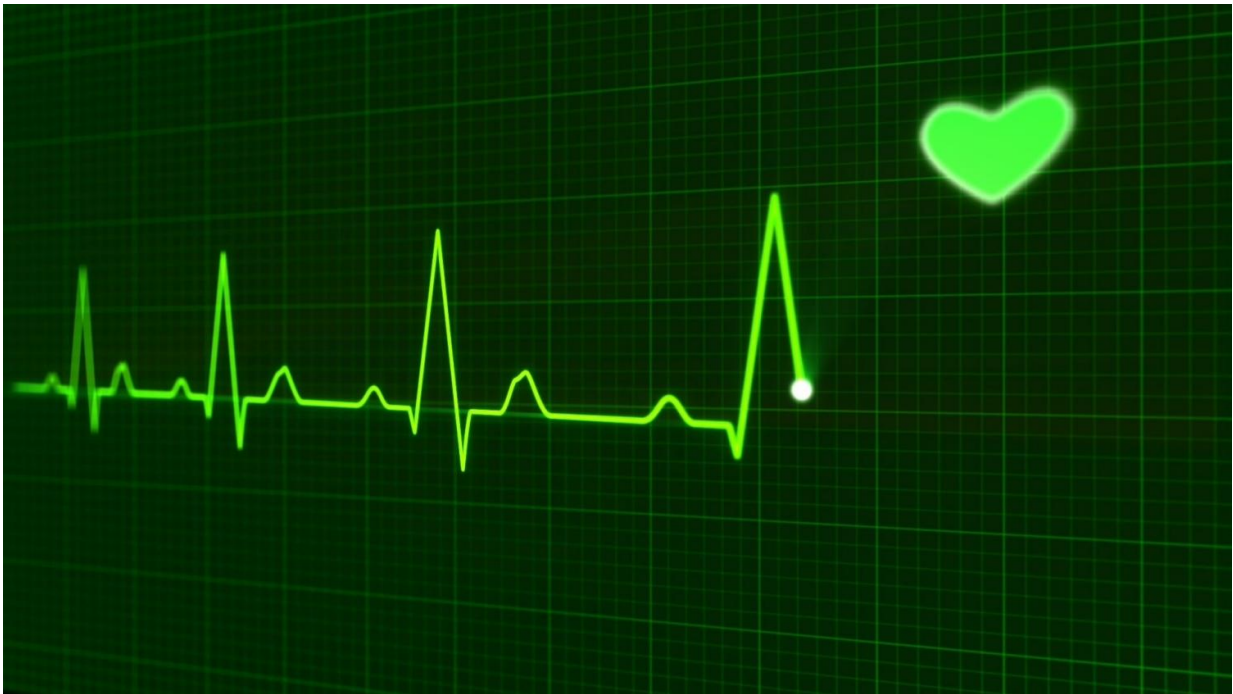


Cases of heart failure continue to rise; poorest people worst affected

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The number of people being diagnosed with heart failure in the UK continues to rise as a result of demographic changes common to many developed countries, new research by The George Institute for Global Health at the University of Oxford suggests.

There are now as many new cases of [heart failure](#) each year as there are

of the four most common cancers combined (lung, breast, bowel and prostate cancer), and people in the most deprived socio-economic groups are about 60% more likely to be affected by the condition, the research found.

The study, published in *The Lancet*, analysed data from four million people in England and was led by Nathalie Conrad and Professor Kazem Rahimi. It found that despite modest improvements in prevention, and an increase in the age at which patients develop the disease, the total number of new heart [failure](#) cases grew by 12% between 2002 and 2014.

The rise in cases is largely due to an increase in the number of older people in the UK, a demographic change reflected in many other high-income countries, which are likely to experience a similar burden.

The gap in incidence between the richest and the poorest didn't close at all between 2002 and 2014. Disparities between different socio-economic groups actually grew during the study period, with the age at which heart failure is diagnosed rising for the most affluent, but dropping slightly among the most deprived. People in the poorest neighbourhoods are likely to be affected by heart failure about 3.5 years earlier in life than those in the wealthiest areas (at an average age of 74.5, compared with 78).

"These socio-economic disparities in the incidence of heart failure and age at onset within the same country highlight a preventable nature of the disease, and suggest we still have a lot of work to do to tackle it," said Conrad.

"If we could achieve the incidence rates we see among the most affluent groups for the population as a whole, we would see a fall of about one-fifth in the number of new cases every year."

Further research is needed to understand what is behind the varying rates of heart failure in different communities. The discrepancies may be linked to the presence of other illnesses; to risk factors such as blood pressure, smoking and diet; or to a less effective use of drugs that can help prevent heart failure.

The study also found a substantial increase in the number of other illnesses experienced by those with heart failure; the proportion of patients suffering three or more additional conditions rose from 68% to 87% between 2002 and 2014.

"The number of diseases associated with heart failure was high, and increased over time," said Professor Rahimi, deputy director of The George Institute UK. "This suggests that as the number of patients with heart failure grows, caring for them is also becoming more complex, increasing the burden on health services."

Professor Jeremy Pearson, associate medical director at the British Heart Foundation, which funded the study, said:

"Heart failure is a cruel and debilitating illness affecting nearly a million people across the UK, with sufferers in severe cases often having poorer survival rates than many cancers.

"Currently, heart failure is incurable and difficult to treat, and the number of people living with it is increasing. This study highlights the urgent need for more to be done to end the postcode lottery in [heart failure](#) incidence."

More information: Temporal trends and patterns in heart failure incidence: a population-based study of 4 million individuals, [dx.doi.org/10.1016/S0140-6736\(17\)32520-5](https://doi.org/10.1016/S0140-6736(17)32520-5) , [www.thelancet.com/journals/lan ... fulltext?elsca1=tlpr](http://www.thelancet.com/journals/lan...fulltext?elsca1=tlpr)

Provided by University of Oxford

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