

Patients unable to resume work after heart attack face depression and financial hardship

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Credit: American Heart Association

More people than ever are able to resume working after a heart attack, but those working less or unable to work reported lower quality of life with increased depression and difficulty affording their medication, according to new research in *Circulation: Cardiovascular Quality and Outcomes*, an American Heart Association journal.

Advances in the prevention and treatment of heart attacks have led to better survival rates and overall patient health. But researchers wanted to assess whether these improved health outcomes translated into the real-world benefit of remaining employed.

"Social determinants of health are strongly linked to the risk of heart disease, with employment – or the lack of employment – being one of the most significant," said study lead author Haider J. Warraich, M.D., cardiologist at Duke University Medical Center and the Duke Clinical Research Institute in Durham, North Carolina. "Job loss significantly interacts with other psychosocial factors such as depression and health status."

Researchers examined data from 9,319 [heart attack](#) patients (average age 61, 27 percent female) enrolled in a longitudinal registry at 233 U.S. hospitals between April 2010 and October 2012.

More than half the patients were employed at the time of their heart attack. A year later, 90 percent of them were back at work, 3 percent were working less than before their heart attack and 7 percent were not working. This is the lowest level of [job loss](#) after heart attack reported to date, with levels as high as 51 percent in 1940, 37 percent in 2003 and 20 percent in 2007.

However, among the 10 percent of patients who experienced employment difficulties, more people reported lower quality of life, increased rates of depression and financial difficulties, including trouble paying for medications. Specifically, 41 percent of patients working less or not at all reported moderate to extreme financial hardship. The best predictor of whether patients would have adverse change in employment was unplanned readmission to the hospital or post heart attack bleeding.

"These findings help us identify patients at high risk of not returning to work," Warraich said. "This can help us focus our resources on, for example, [patients](#) readmitted after a heart attack, as a way of targeting those at most risk of not returning to work."

An accompanying editorial by Rachel P. Dreyer, Ph.D. and Victoria

Vaughan Dickson, Ph.D., R.N., noted that the findings lacked detailed information on work type, i.e. professional, clerical, skilled and occupational characteristics like level of stress, social support and job satisfaction.

"As the demographics of America's workforce changes, the magnitude of [heart](#) attacks among working adults and the need for interventions that support successful return to work requires continued attention by researchers and clinicians," they wrote.

More information: Adverse Change in Employment Status After Acute Myocardial Infarction Analysis From the TRANSLATE-ACS Study. *Circ Cardiovasc Qual Outcomes* (2018) [DOI: 10.1161/CIRCOUTCOMES.117.004528](#)

Provided by American Heart Association

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