

Delays in heart failure diagnosis for chronically ill people leads to much worse outcomes

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More people are being diagnosed in hospital with heart failure than in the community because vital heart failure symptoms are being missed. A

major Leicester Diabetes Centre study, which has looked at data collected across a 20-year period, has found that over 70 percent of people are not being diagnosed with major heart problems until they become so unwell that they need to be admitted to hospital. In addition, it was also discovered that hospitalisation rates, following a heart failure diagnosis, have increased by 30 percent over the last two decade

Lead author Dr. Claire Lawson, Nurse Lecturer and Wellcome Trust Clinical Research Fellow from the Leicester Diabetes Centre, said: "When a patient is developing [heart](#) failure they will probably have seen their GP several times.

However, heart failure is a complex condition to diagnose and GPs don't have rapid or timely access to the right investigations in [primary care](#) that are needed to diagnose heart failure properly.

"Not only that, but people whose hearts are failing are normally ill with other chronic and complex conditions, so when they see their doctor—who only has 10 minutes with their patient—heart failure [symptoms](#) may be overlooked.

Senior author Professor Umesh Kadam, from the University of Leicester, said "GPs do their best but they are over stretched, but it does mean there's a high percentage of people who are not being diagnosed early enough and so by the time they are, they've already been admitted to hospital having experienced a severe heart incident. This means outcomes are far worse for those people who are diagnosed in hospital compared to those whose heart problems are picked up by their doctor and treated earlier."

The study also found the mortality risk among people with heart failure has only dropped by three percent in 20 years. Prior to 1998, mortality risk in the first year after diagnosis was at 32 percent, but according to

numbers recorded until 2017, that has dipped only slightly to 29 percent.

Dr. Lawson said: "The mortality rates are not reducing how we want them to. The fact it's only dropped by three percent is really disappointing and shows that all the treatments, technologies and interventions we've been working on to improve rates are not being as effective as they should be."

The study, which is being published in the prestigious *Lancet Public Health* journal, also showed that overall men were at a higher risk of hospital admission and death for all causes. However, the [mortality risk](#) reduction over the past 20 years was slower in women than for men and hospitalisation rates also increased significantly faster for females than for males. Deprivation also plays a key part in [health outcomes](#) for those with heart failure as the trial found poorer people with heart failure were more at risk when compared to the more affluent.

Professor Kadam, said: "Heart failure is a global pandemic, affecting more than 26m people worldwide and it's rising in prevalence. We need to carry out studies like this so we can look outcome trends which help us to develop tailored public health prevention approaches and to start effective planning of health services early in primary care."

Professor Kamlesh Khunti, who is a Co-Director at the Leicester Diabetes Centre, said: "The work we do at the Leicester Diabetes Centre is vital in finding new ways to prevent chronic health conditions which are burdening the NHS and shortening the average life span. This finding could potentially be used to predict and prevent people who are in danger of developing [heart failure](#), a condition that is costing lives and stretching our [health](#) service."

More information: Claire A Lawson et al. 20-year trends in cause-specific heart failure outcomes by sex, socioeconomic status, and place

of diagnosis: a population-based study, *The Lancet Public Health* (2019).
[DOI: 10.1016/S2468-2667\(19\)30108-2](https://doi.org/10.1016/S2468-2667(19)30108-2)

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