

After a heart attack, hearing and mobility can affect near-term mortality

December 12 2019, by Brita Belli



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A new study by Yale researchers shows that considering hearing and mobility improves doctors' ability to accurately predict six-month mortality for older heart attack patients.

There has been a growing sense that functional impairments—of hearing

and mobility, for example—may be relevant to establishing a prognosis for [older patients](#), said lead author Sarwat Chaudhry, M.D., associate professor of medicine (general medicine). But clinicians haven't had a way to explicitly incorporate this information into their [risk assessments](#), which are "tools to inform prognosis," she said.

The study appeared Dec. 9 in the journal *Annals of Internal Medicine*.

"Although major professional societies emphasize the need for risk models that are designed for [older adults](#), no AMI [acute myocardial infarction, or heart attack] [mortality](#) risk models have been developed specifically for the older population," Chaudhry said.

This study, "SILVER-AMI," included over 3,000 people 75 and older who were hospitalized with AMI at 94 hospitals across the U.S. The average age of the patients was 82. At each hospital, the study had a dedicated research coordinator responsible for enrolling and screening patients and administering assessments.

In addition to collecting all the patient data normally gathered—including [heart rate](#), [blood pressure](#), hemoglobin, and estimate of kidney function—Chaudhry's study added assessments to capture information about functional impairments and conditions of aging, including walking speed, problems with hearing, weight loss, and self-reported health status. All of the assessments included in the study were selected based on feasibility in the hospital setting.

Chaudhry's team found that adding these additional assessments provided a much clearer picture of six-month mortality risk.

"In the older population, the traditional mortality risk factors were still important, but we found that adding information about gait speed, [hearing impairment](#), health status, and unintentional weight loss

significant improved mortality risk prediction" she said.

Chaudhry noted that changing standard practice around risk [assessment](#) measurements is not easy, but that physicians have expressed the need for tools to incorporate functional impairments into prognosis in patients with heart attack. These impairments are of growing relevance given the aging of the U.S. population. According to U.S. Census data, by the year 2030, one out of every five U.S. residents will be over 65, outnumbering children for the first time in the nation's history.

If a patient were found to have a high mortality risk via these added risk assessments, she said, that could inform doctors' choices around care intervention—including additional therapies or cardiac rehabilitation.

The study was done as part of the SILVER-AMI (Comprehensive Evaluation of Risk in Older Adults with AMI) study at Yale School of Medicine, the first large, observational study of the older population experiencing a heart attack to develop easily adoptable tools for use in clinical care.

More information: John A. Dodson et al. Predicting 6-Month Mortality for Older Adults Hospitalized With Acute Myocardial Infarction, *Annals of Internal Medicine* (2019). [DOI: 10.7326/M19-0974](https://doi.org/10.7326/M19-0974)

Provided by Yale University

Citation: After a heart attack, hearing and mobility can affect near-term mortality (2019, December 12) retrieved 5 May 2024 from <https://medicalxpress.com/news/2019-12-heart-mobility-affect-near-term-mortality.html>

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