

Cancer patients less likely to be prescribed cardioprotective medications

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As cancer survivor rates increase with modern treatments, cardiovascular disease (CVD) rates are rising in cancer patients and survivors and CVD has emerged as a leading cause of long-term preventable death in this population. Even though cardioprotective medications—including statins, ACE inhibitors and antiplatelet therapies—are frontline primary and secondary CVD prevention, patients with a prior or current history of cancer had lower rates of utilization compared to those without cancer, according to a research letter published in *JACC: CardioOncology*.

"A history of cancer and [cancer treatment](#) are associated with an increased risk of [cardiovascular disease](#) and is an issue of substantial public health importance," said Doan TM Ngo, BPharm, B.Health Sc (Hons), Ph.D., of the School of Biomedical Sciences and Pharmacy at the University of Newcastle in Australia and senior author of the study. "It is clear there are practice and policy gaps regarding the treatment of these patients and it is vital to develop strategies to improve guideline-directed cardioprotective therapies in cardio-oncology."

The researchers examined the records of 320 patients admitted to the cardiology unit at John Hunter Hospital between July 2018 and January 2019. Patients were divided into two groups: those with a prior or current history of cancer and those without. Of the 69 cancer patients, 36% had established CVD prior to their cancer diagnosis, while 64% developed CVD after their [cancer diagnosis](#).

There were no significant differences in age, body mass index, gender, hypertension, diabetes, high cholesterol or atrial fibrillation between the cancer and non-cancer patients. The two groups also had similar cardiovascular risk factors when compared to one another. Cancer patients had lower utilization rates of antiplatelet therapies and statins compared to non-cancer patients. Cancer patients were also more likely to have been admitted to the hospital for [heart failure](#).

When researchers evaluated the prescription of cardioprotective medications at admission, [cancer patients'](#) statins and antiplatelet prescriptions were also lower. According to the researchers, the results suggest that "the management of modifiable cardiovascular risk factors in patients with cancer is suboptimal compared to those without a history of [cancer](#)."

Study limitations include the risk of confounding, as well as the study being conducted in a single center.

More information: *JACC: CardioOncology*, [DOI: 10.1016/j.jacc.2020.05.010](#)

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