

Black people get fewer heart valve replacements, but inequity gap is narrowing

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Black people with severely malfunctioning heart valves are less likely



than their white peers to receive lifesaving valve replacements, according to a new study.

The study, published Tuesday in the *Journal of the American Heart Association*, looked at the treatment rates by race for aortic valve stenosis, a condition when the valve doesn't open and close properly and may leak blood.

Recent valve <u>replacement</u> technology has increased the life expectancy for people with the worst cases. If left untreated, half of patients with severe aortic valve stenosis die within two years, the study said. With treatment, however, they can get relief from symptoms and return to "a normal life trajectory."

Researchers examined a decade of electronic health records for 32,853 people with severe aortic valve stenosis and found valve replacement rates were low regardless of race: Only 36% of patients got the procedure within a year of their diagnosis.

"The big elephant in the room is that two-thirds of patients who ought to be treated are not getting treated. It's still a major problem," said the study's lead author, Dr. J. Matthew Brennan.

Even after adjusting for socioeconomic factors, researchers found Black people with the condition were less likely to undergo valve replacement than white people—22.9% versus 31% – despite similar one-year survival rates for both races.

The <u>racial gap</u> narrowed slightly—29.5% versus 35.2%, respectively—during 2015-2016 because more Black people received transcatheter aortic valve replacements. Also called TAVR, it is a newer, minimally invasive procedure whose use has dramatically increased in recent years for patients with severe stenosis. With TAVR, doctors insert



an artificial valve into the diseased valve using a less invasive procedure, with potentially less complications and a quicker recovery.

Despite the progress in closing the gap on racial disparities, obstacles remain for Black people with <u>aortic valve stenosis</u>, according to the study.

"I think we're only seeing the tip of this iceberg," said Brennan, an interventional cardiologist at Duke University Medical Center. "We only looked at patients who'd been diagnosed and there are a lot of folks who don't get medical care, especially in minority populations."

Brennan said he'd like to see future studies explore why racial differences in treatment persist and how doctors can detect the disease quicker.

"People need to understand this is a deadly disease, treatment is critical, and if people are treated, they really do well," he said.

Dr. Mohamad Adnan Alkhouli, who was not involved in the research, said past studies had found <u>racial differences</u> in aortic <u>valve</u> replacement rates but didn't look specifically at people with confirmed cases of severe stenosis.

"This study is very important because for the first time it documents a clear racial disparity among those who are already diagnosed. It gets to the bottom of the disparity so we can start to fix it," said Alkhouli, a cardiologist and professor at Mayo Clinic School of Medicine in Rochester, Minnesota.

He called for heart and medical organizations "to get together and come up with a final plan for action," and for future studies to address why the disparities exist.



"The big question—where is the gap? Is it in access to care, provision of care, or both? Do socioeconomic and cultural differences also play a role? It's a big puzzle, but each new study will add a bit of knowledge to solve the puzzle."

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