

# AHA meeting addresses latest research, COVID-19, health care disparities

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(HealthDay)—Fresh takes on the efficacy of fish oil and vitamin D, new

treatments for heart failure patients, the cardiovascular effects of COVID-19, and structural racism as a driver of health disparity were just a few of the major developments that emerged from the American Heart Association Scientific Sessions 2020, held virtually from Nov. 13 to 17. Donald Lloyd-Jones, M.D., American Heart Association president-elect, sat down with HD Live! to discuss the highlights of this year's meeting.

"Some of the exciting science and themes that we saw at this year's meeting included fresh takes on prevention, a new first-of-its-kind international outcomes trial using a polypill formulation that showed benefit in reducing risk, some new therapies for heart failure, including a first-of-its-kind cardiac contractility increaser, and intravenous iron therapy for hospitalized heart patients showing benefit as well," Lloyd-Jones said. "Another thing that was exciting was a number of small but very well-designed studies and trials that gave us insights into particularly vexing clinical problems like MINOCA, heart attacks with no obstructive coronary disease, particularly problematic for women; a new drug for recurrent pericarditis, which is a tough problem to treat for both patients and clinicians; and a very well-designed study to try to understand what causes side effects in patients who are intolerant of statins."

COVID-19 was also a major focus of this year's meeting. Studies funded by a number of grants in the beginning of May are already providing insight into why the virus seems to affect the cardiac system, Lloyd-Jones said. Evidence revealed that certain forms of inflammation—not necessarily myocarditis, but inflammation of the vascular border—are driving some of the myocardial damages physicians are seeing in COVID-19 patients, Lloyd-Jones said. Also, much of the microthrombi occurring in these patients appears to be a direct result of the infection. "[These studies] are giving us insights into why there may be increased risk for arrhythmias. The virus actually gets in, and as one of my

colleagues put it nicely, it opens all the windows of the cell and lets other toxins and other things into the cell and increases the irritability of the [heart](#)," Lloyd-Jones said.

The AHA also published a call to action to address structural racism as a fundamental driver of health disparities. "Right here in Chicago, where I live, there's an eight-mile difference between our lowest life expectancy and highest life expectancy—a 17-year difference in life expectancy," Lloyd-Jones said. "Your zip code shouldn't affect your life expectancy."

The call to action addresses factors such as education, neighborhood and housing safety, and access to health care. The AHA stated it is looking inward to identify how current policies and historically used procedures have embedded and furthered structural racism. Additionally, the AHA will become a vocal advocate with the goal of disrupting structural racism to improve health equity. The AHA needs to harness the power of its voice to help improve policies so everyone can have an equal chance of living a healthy life, Lloyd-Jones said. The association plans to adjust how its research programs are designed so that they reflect the diversity that is needed to get important health answers across the spectrum.

As for 2021, the AHA is already looking to the future and has started to design sessions focusing on the long-term effects of COVID-19, novel therapeutics for the treatment of [heart failure](#), and continued work toward dismantling structural racism. The meeting, to be held Nov. 13 to 15 in Boston, will be presented in a hybrid format offering either in-person or virtual attendance.

**More information:** [More Information](#)

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