

Pandemic is tied to big rise in U.S. heart deaths

January 12 2021, by Denise Mann



In a finding that highlights another health consequence of the

coronavirus pandemic, researchers report that the risk of dying from heart disease increased during the coronavirus lockdowns last spring, likely because people were too scared to go to the hospital.

But the dangers of not seeking treatment for a [medical emergency](#) far outweigh that of catching COVID-19, especially now that precautions are in place to make hospitals and [health care facilities](#) safer for everyone, said study author Dr. Rishi Wadhera, a cardiologist at Beth Israel Deaconess Medical Center in Boston.

Wadhera and his colleagues culled data from the U.S. National Center for Health Statistics to compare [death rates](#) from [heart](#)-related causes in the United States after the first wave of the coronavirus pandemic (mid-March to June 2020) to the 11 weeks before the pandemic and also to the same period in 2019.

Deaths from heart disease including heart attacks and those related to complications of high blood pressure increased by 11% and 17%, respectively, compared to 2019, the study showed.

The increases were greatest in areas that were the hardest hit by the pandemic: New York City saw a 139% spike in deaths due to heart disease and a 164% rise in deaths related to high blood pressure. Other areas that saw spikes in heart-related deaths during the spring included New York state, New Jersey, Michigan and Illinois, the study found.

"Patients with cardiovascular conditions like heart attacks—which typically require urgent treatment—avoided seeking care at hospitals due to fear of contracting the virus," Wadhera said.

But there may be more to it, he noted. "People with [cardiovascular conditions](#) may have faced challenges in accessing timely care, or experienced delays in receiving cardiovascular procedures, simply

because hospitals in hard-hit regions were overwhelmed and strained."

And "it's possible that some of these deaths reflect the cardiovascular complications of undiagnosed COVID-19 because testing was quite limited during the initial surge of cases in the U.S.," Wadhera noted.

"We need further research to understand the extent to which cardiovascular deaths increased during the second wave of the pandemic, if at all," he said. Wadhera added that he hopes that with public health messaging, patients with urgent medical conditions become less fearful of seeking [medical care](#) and hospitals are better equipped to handle any surge in patients.

A related international study spanning 108 countries found fewer people underwent their scheduled heart-related diagnostic tests during the pandemic. These tests included heart imaging exams, stress tests and coronary angiography, a procedure that can detect blockages in your heart arteries. The number of these tests decreased by 42% from March 2019 to March 2020, and by 64% from March 2019 to April 2020.

These declines were even greater in countries with fewer resources, the study found.

"These findings may be due to a diversion of resources to COVID-19 care, limitations in the availability of personal protective equipment, and fears of engaging with the health care system during a pandemic peak," said study author Dr. Andrew Einstein, director of nuclear cardiology, cardiac CT and cardiac MRI at Columbia University's Irving Medical Center, in New York City.

Skipping scheduled exams may result in [heart disease](#) not being picked up in its most treatable stages, Einstein warned.

"Keep in close contact with your health care provider to ensure that you are getting the optimal care under the unique circumstances posed by COVID-19, and that any cardiac diagnostic testing or preventive care which is deferred gets provided at the earliest time possible," Einstein advised.

Both studies were published in the Jan. 19 issue of the *Journal of the American College of Cardiology*.

The new findings may be just the tip of the iceberg, said Dr. Samir Kapadia, chair of the department of cardiovascular medicine at Cleveland Clinic in Ohio. Kapadia was not involved in the new studies.

There was no increase seen in deaths from [heart failure](#) in the U.S. study, as these conditions are not always immediately life-threatening, he said. But "if you have heart failure and don't seek care, you won't necessarily die, but it may have very significant and meaningful complications down the road that are not reversible," Kapadia said.

Individuals may not be refilling their medications or seeing their doctor for all types of preventive or follow-up care out of fear of COVID-19, he noted. "Over time, this can amount to very significant and life-threatening liver problems, kidney problems, heart problems and lung problems," Kapadia said.

But "hospitals have understood what needs to be done to make emergency rooms, hospital procedural suites, operating rooms and inpatient services safe," he added. There is now adequate testing and personal protective equipment, and sanitizing and social distancing protocols are in place to keep everyone safe from COVID-19.

"Preventive care is safe and emergency care is essential," Kapadia said.

If you think you are having a [heart attack](#), call 911 or get to the closest

emergency room. Symptoms may include chest pain, shortness of breath, nausea and lightheadedness.

More information: The [American College of Cardiology](#) has more on heart symptoms you should never ignore.

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Citation: Pandemic is tied to big rise in U.S. heart deaths (2021, January 12) retrieved 5 May 2024 from <https://medicalxpress.com/news/2021-01-pandemic-tied-big-heart-deaths.html>

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