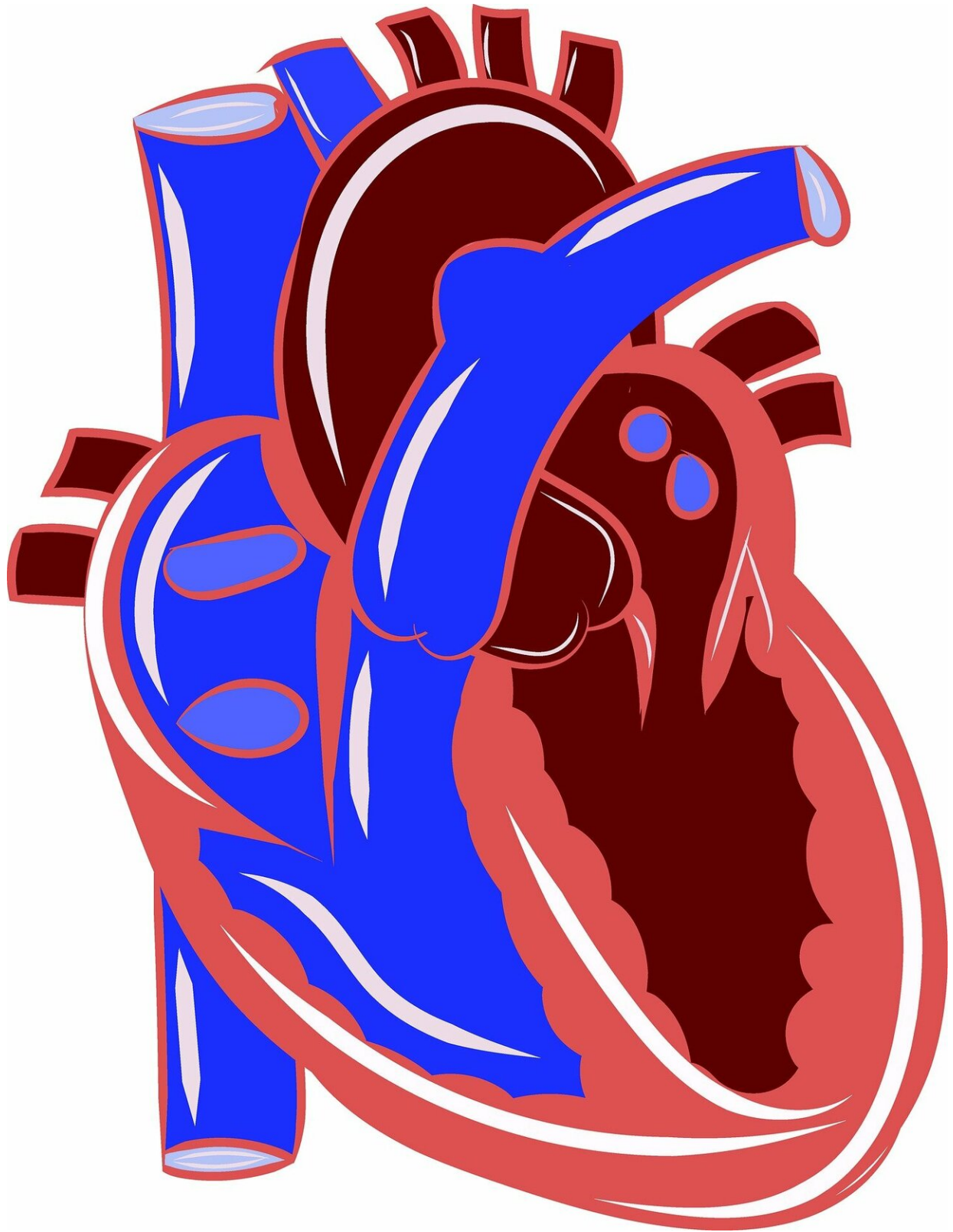


# **Study finds changes in wealth tied to changes in cardiovascular health**

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A new study by investigators from Brigham and Women's Hospital examines the associations between wealth mobility and long-term cardiovascular health. The multidisciplinary study borrowed methodology from the field of economics to analyze longitudinal changes in wealth. The team's results indicate that negative wealth mobility is associated with an increased risk of cardiovascular events, while positive wealth changes are associated with a decreased risk of cardiovascular events. Their results are published in *JAMA Cardiology*.

"Low wealth is a risk factor that can dynamically change over a person's life and can influence a person's cardiovascular health status," said Muthiah Vaduganathan, MD, MPH from the Brigham's Division of Cardiovascular Medicine. "So, it's a window of opportunity we have for an at-risk population. Buffering large changes in wealth should be an important focus for [health policy](#) moving ahead."

The retrospective study leveraged data from the [RAND Health and Retirement Study](#) (HRS). While wealth data is infrequently categorized in most studies, the HRS uniquely captures detailed information about both housing (primary residence, mortgages, home loans and more) and non-housing (vehicles, businesses, stocks, mutual funds, checking and savings accounts and more) wealth across multiple interviews. The study examined 5,579 adults 50 years or older with no cardiovascular health concerns at baseline. Between January 1992 and December 2016, the HRS research team collected data through interviews with participants about any new diagnoses they had received in terms of their overall health. For deceased participants, next of kin were interviewed and the National Death Index was consulted for additional information.

"Income and wealth, while perhaps informally used interchangeably, actually provide different and complementary perspectives," said Sara

Machado, Ph.D., an economist at the Department of Health Policy at the London School of Economics. "Income reflects money received on a regular basis, while wealth is more holistic, encompassing both assets and debts. Could paying off one's debt with a large relative wealth increase be important in promoting cardiovascular health, even without changes in income?"

For the purposes of this study, upward wealth mobility was defined as an increase of at least one wealth quintile and, similarly, downward wealth mobility was defined as a decrease of at least one quintile relative to peers of similar age. Participants who were in the same wealth quintile between interviews were classified as having stable wealth. Altogether, an increase in wealth was associated with protection against cardiovascular diseases and a decrease in wealth was associated with cardiovascular risk.

"Decreases in wealth are associated with more stress, fewer healthy behaviors, and less leisure time, all of which are associated with poorer cardiovascular health," said Andrew Sumarsono, MD from University of Texas Southwestern's Division of Hospital Medicine. "It is possible that the inverse is true and may help to explain our study's findings."

In terms of limitations, all interviews and reports of new diagnoses were self-reported by the participants. Additionally, there are many factors that influence general cardiovascular health, including certain environmental and socio-demographic variables. Some of these factors were not collected by the HRS and therefore were not considered in the study.

The research team hopes that the findings of their research can inform the future of health policy and medical literature.

"Wealth and health are so closely integrated that we can no longer

consider them apart," said Vaduganathan. "In future investigations, we need to make dedicated efforts to routinely measure [wealth](#) and consider it a key determinant of cardiovascular [health](#)."

**More information:** *JAMA Cardiology* (2021).  
[jamanetwork.com/journals/jama/ ... jamacardio.2021.2056](https://jamanetwork.com/journals/jama/.../jamacardio.2021.2056)

Provided by Brigham and Women's Hospital

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