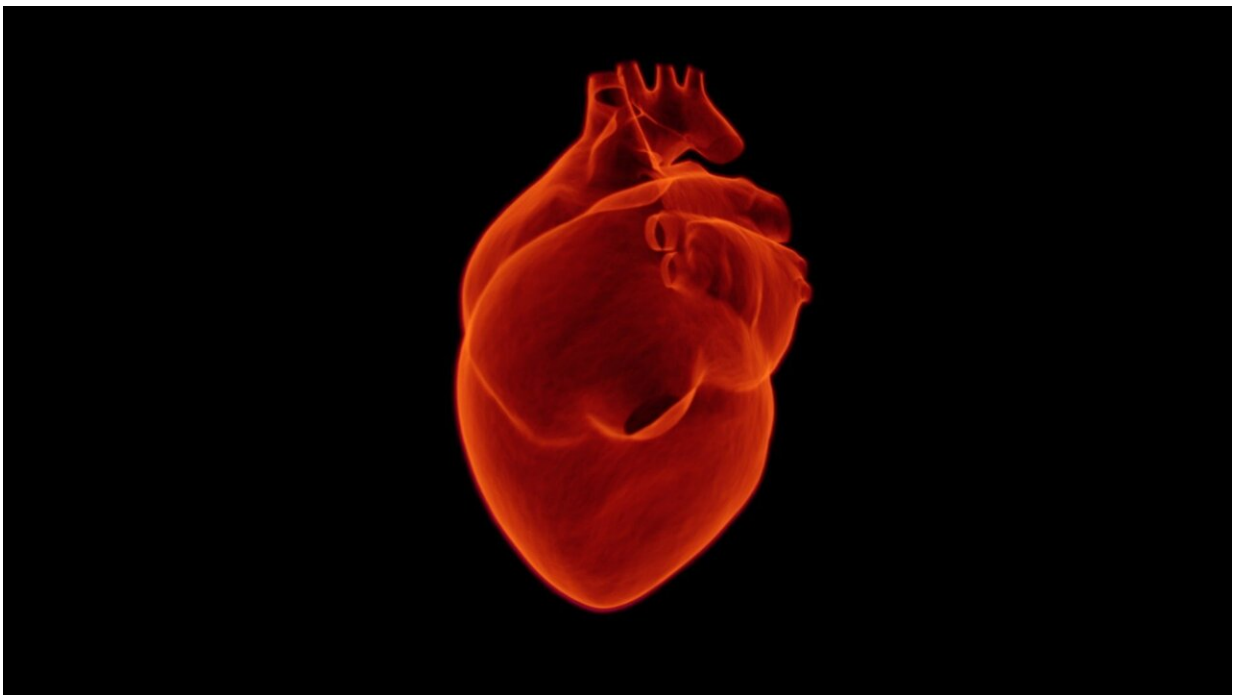


Long-term survival after heart attack is on the rise, though low-income communities are being left behind

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One of the first national studies to measure long-term patient outcomes following a heart attack has found positive overall trends, but those benefits do not extend to low-income and Black communities, according to a new study published May 4 in the journal *JAMA Cardiology*.

For the study, senior author Dr. Harlan Krumholz, the Harold H. Hines Jr. Professor of Medicine at Yale, director of the Center for Outcomes Research and Evaluation (CORE), and colleagues at the Yale School of Medicine and the Yale School of Public Health analyzed 10-year survival and hospitalization rates for [acute myocardial infarction](#) (AMI) or [heart attack](#) among Medicare beneficiaries. They found that after the 10-year period, mortality and [hospitalization rates](#) had improved. However, nationwide efforts targeting different demographic groups often fall short.

"Our results demonstrate some accomplishments and some work ahead; we are making progress on improving long-term outcomes overall, but we are failing to reduce the inequalities in long-term health outcomes that may cause death or another heart attack," said Krumholz.

"Another notable finding is that about a quarter of the patients had another heart attack over the next decade, perhaps indicating that we need to be bolder in efforts to prevent repeat events and ensure that patients have access to the information and medications that can reduce their risk," he added.

The research team used national data to analyze demographic trends and long-term outcomes for almost 4 million Medicare fee-for-service beneficiaries above the age of 65. Between 1995 and 2019, there was a decline in mortality and hospital readmission following AMI. Over the same 25-year period, however, Medicare beneficiaries in Black and [low-income](#) communities were at a greater disadvantage. The authors also observed changes in the diagnosis of STEMI, a leading cause of mortality and morbidity, and the use of revascularization procedures to treat [coronary artery disease](#).

Of note, the 10-year recurrent AMI rate was 27%—three times higher than previously 1-year recurrent rate that was reported in 2010. Multiple

heart attacks were also associated with an increased mortality risk over the 10 years. Taking proactive steps to avoid a second AMI could have important long-term consequences, the researchers suggest.

Other authors on the study included Yun Wang from the Yale School of Medicine and Erica C. Leifheit from the Yale School of Public Health.

More information: Yun Wang et al, Trends in 10-Year Outcomes Among Medicare Beneficiaries Who Survived an Acute Myocardial Infarction, *JAMA Cardiology* (2022). [DOI: 10.1001/jamacardio.2022.0662](https://doi.org/10.1001/jamacardio.2022.0662)

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