

Incident CVD, mortality risk heightened for at least one year after COVID-19

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COVID-19 is associated with increased short- and long-term risks for

incident cardiovascular disease (CVD) and mortality, according to a study published online Jan. 19 in *Cardiovascular Research*.

Eric Yuk Fai Wan, Ph.D., from University of Hong Kong, and colleagues evaluated the short- (within 21 days of diagnosis) and long-term (21 days or more after diagnosis) associations between COVID-19 and [cardiovascular disease](#) (CVD) outcomes and mortality in the [general population](#). The analysis included a prospective cohort of 7,584 [patients](#) with COVID-19 infection (March 16, 2020, to Nov. 30, 2020, followed to Aug. 31, 2021), participating in the U.K. Biobank. Their outcomes were compared to those of contemporary and historical cohorts without COVID-19 (75,790 and 75,774 individuals, respectively).

The researchers found that within 21 days of COVID-19 diagnosis, COVID-19 was associated with a significantly higher short-term risk for CVD (versus contemporary controls: hazard ratio, 4.3; versus historical controls: hazard ratio, 5.0) and all-cause mortality (hazard ratios, 81.1 and 67.5, respectively). In the longer, postacute phase, higher risk persisted for patients with COVID-19 for both CVD (hazard ratios, 1.4 and 1.3) and all-cause mortality (hazard ratios, 5.0 and 4.5) compared with the contemporary and historical controls, respectively.

"Ongoing monitoring of signs and symptoms of developing these cardiovascular complications post diagnosis and up till at least a year post recovery may benefit infected patients, especially those with [severe disease](#)," the authors write.

Several authors disclosed financial ties to the [pharmaceutical industry](#).

More information: Eric Yuk Fai Wan et al, Association of COVID-19 with short- and long-term risk of cardiovascular disease and mortality: a prospective cohort in UK Biobank, *Cardiovascular Research* (2023). [DOI: 10.1093/cvr/cvac195](https://doi.org/10.1093/cvr/cvac195)

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