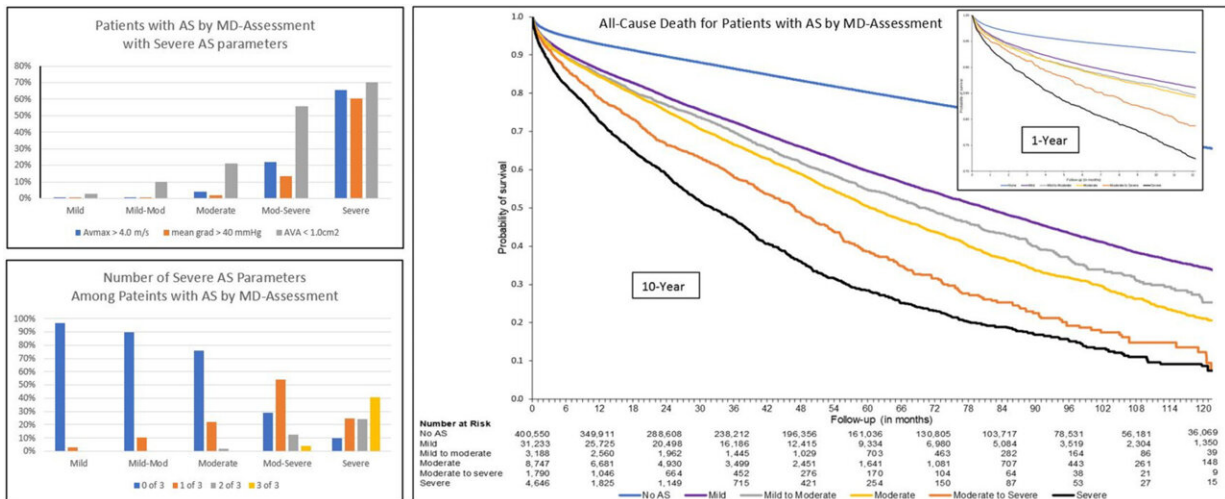


# Large study could lead to better management for patients with aortic stenosis

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Graphical Abstract. Credit: *American Heart Journal* (2023). DOI: 10.1016/j.ahj.2023.07.009

The diagnosed severity of aortic stenosis strongly correlates with clinical outcomes, new Kaiser Permanente research published in the *American Heart Journal* shows. But the study also suggests that fine-tuning physician assessment of those patients with moderate aortic stenosis could help improve outcomes and better determine which patients might benefit from surgery.

The study found that patients diagnosed with moderate aortic stenosis

have outcomes most similar to those categorized with mild aortic stenosis while only those with moderate-to-severe aortic stenosis had outcomes similar to those with severe aortic stenosis.

"Moderate aortic stenosis represents a wide spectrum of disease," said Matthew D. Solomon, MD, Ph.D., a physician researcher at the Kaiser Permanente Division of Research and a cardiologist at The Permanente Medical Group. "Despite controversy in the field about the prognosis for these patients, our results show that moderate aortic stenosis patients have a different trajectory than those with severe aortic stenosis, and that they can be safely followed with close surveillance."

The new study included nearly 547,000 Kaiser Permanente Northern California patients who had an echocardiogram between 2008 and 2018 to determine if they had aortic stenosis. Close to 50,000 patients were identified as having mild, mild-to-moderate, moderate, moderate-severe, or severe [aortic stenosis](#). The research team analyzed associations between the physician assessments and the patients' [clinical outcomes](#)—hospitalization for [heart problems](#), surgery to replace the [aortic valve](#), or death.

**More information:** Matthew D. Solomon et al, Physician assessment of aortic stenosis severity, quantitative parameters, and long-term outcomes: Results from the KP-VALVE project, *American Heart Journal* (2023). [DOI: 10.1016/j.ahj.2023.07.009](https://doi.org/10.1016/j.ahj.2023.07.009)

Provided by Kaiser Permanente

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