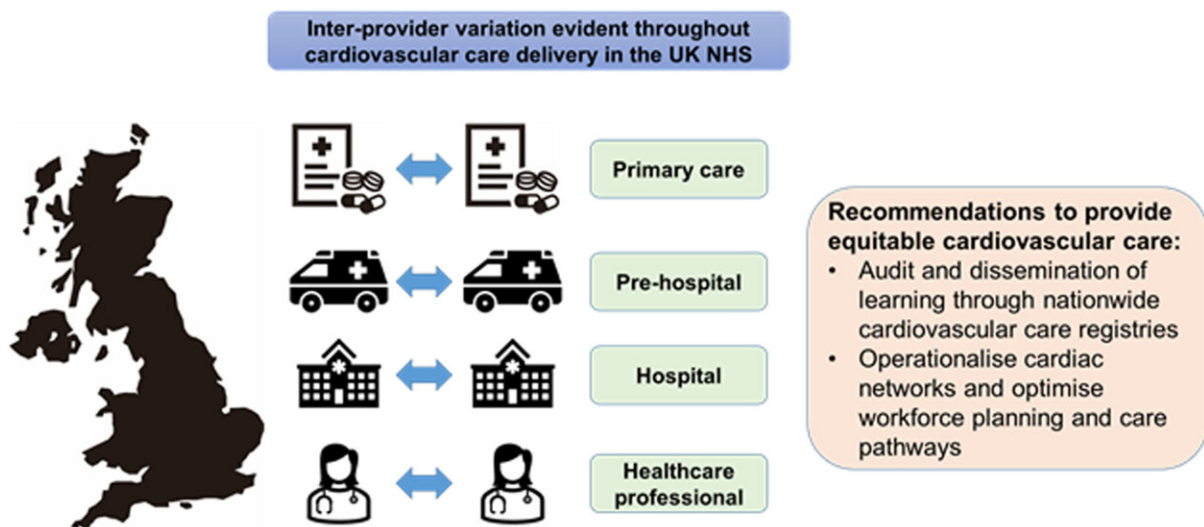
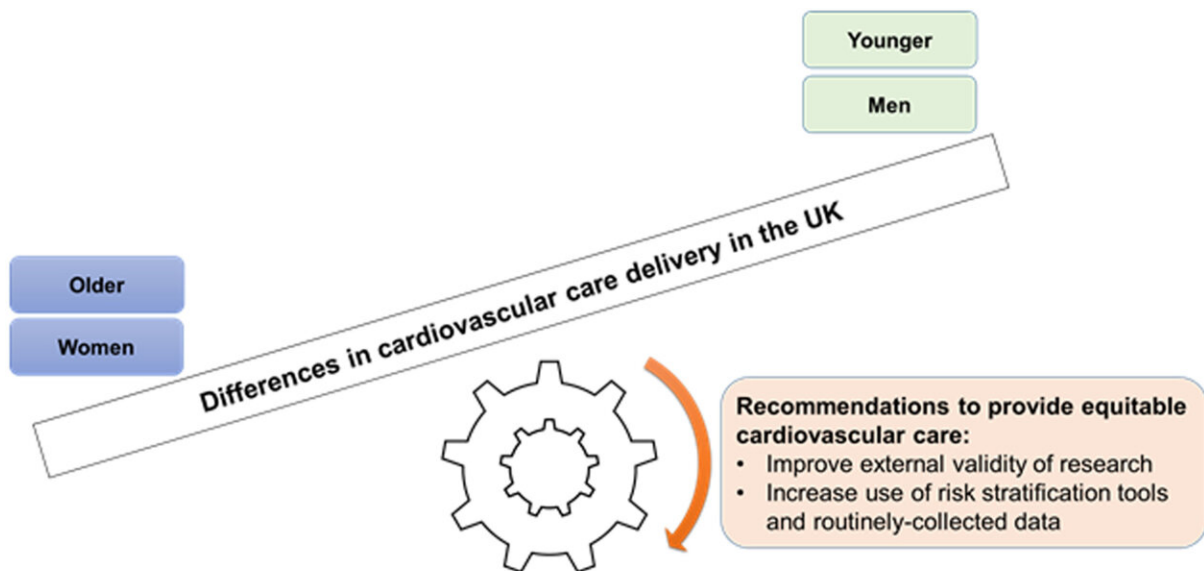


Research reveals striking inequalities in NHS heart care

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Differences in cardiovascular care delivery and recommendations to reverse observed trends. Persistent differences in care delivery for myocardial infarction, heart failure, and atrial fibrillation are evident in the UK NHS for older people and women, and between health providers. Understanding these differences may enable innovative tailored policy responses. Credit: *The Lancet Regional Health - Europe* (2023). DOI: 10.1016/j.lanepe.2023.100719

Stark inequalities in diagnosis and treatment of four of the most common heart conditions in the UK have been revealed in new research.

The research, [published today in *The Lancet Regional Health—Europe*](#), shows that women are less likely than men to undergo coronary angiograms, a crucial procedure to look inside their heart's arteries, after a [heart attack](#), and are less likely to be prescribed preventative treatments that can help ward off future heart attacks.

It also highlights an estimated 500 potentially avoidable deaths in the UK each year among patients waiting for treatment for aortic stenosis, a narrowing of the heart's aortic valve which restricts [blood flow](#) around the body. Prompt treatment is crucial after a diagnosis of severe aortic stenosis, as around 50 percent of patients will die within two years of symptoms beginning.

The research was led by a team at the University of Leeds for the British Heart Foundation (BHF).

The BHF says that the research paints a concerning picture of unequal care, reinforcing the need for all [political parties](#) to prioritize efforts to tackle [cardiovascular disease](#) and health inequalities in the run up to the next general election.

Researchers brought together evidence from studies published over the last 20 years that explored how a person's age, sex, ethnicity and postcode are linked to the heart care they receive and their outcomes.

The team focused on heart attacks, heart failure, atrial fibrillation and [aortic stenosis](#) as these conditions lead to significant pressure on the NHS.

Professor Chris P Gale, Professor of Cardiovascular Medicine at the University of Leeds and Honorary Consultant Cardiologist at Leeds Teaching Hospitals NHS Trust, led this work.

He said, "We need urgent action to revive heart care. The NHS is full of fantastic people who make truly monumental efforts every day to do the very best for their patients. Despite this, the NHS is creaking at the seams, and we see this played out in cardiovascular care and outcomes."

"Past efforts to transform heart care and drive down waiting lists were hugely successful, and we must build on the lessons from these to move forward."

"It's also clear that we're not making the most of NHS data, and we're missing vital opportunities for this to inform policy and help target investment. We need a systematic approach to collect data and report on all aspects of treatment, care and outcomes. Only then will we be able to improve patient's experiences and outcomes across the board."

The review shows that [older people](#) and women are less likely to receive the treatment recommended in clinical guidelines if they have a heart attack or are diagnosed with heart failure.

While the evidence for age, sex and geography was clear, the researchers say that it's harder to draw conclusions about the experiences of patients

of different ethnicities due to a lack of evidence.

However, from the studies available they believe that disparities do exist, for example there was evidence that Black patients with [atrial fibrillation](#) (a common type of abnormal heart rhythm) are less likely to receive blood thinning treatment to prevent stroke than White patients.

The team acknowledge that some of the data is historical, and therefore are calling for a more coordinated approach to collecting and reporting on data to help improve treatment and outcomes.

Dr. Sonya Babu-Narayan, Associate Medical Director at the British Heart Foundation and consultant cardiologist, said, "These findings should sound the alarm bell for the state of heart care in the UK."

"This concerning review is further evidence that people's experience of heart care was far from equal even before the COVID-19 pandemic began. The pandemic underlined and amplified existing health inequalities, and we fear these are worse than ever now that we are firmly in the grip of a heart care crisis."

"To stop this crisis in its tracks and address the unjust inequalities in heart care, we need bold action from Government. Protecting our hearts by tackling risk factors will help to prevent heart disease and strokes happening in the first place."

"Prioritizing NHS heart care will allow people to get the help they need more quickly, preventing avoidable death and disability. And powering up research will unlock the treatments and cures of tomorrow to give more people hope for a bright and healthy future."

Additional findings from the study:

- After a type of heart attack called a STEMI (the most severe type of heart attack, where the coronary arteries that supply the heart with blood are completely blocked), women were around a third less likely than men to receive a coronary angiogram—an invasive procedure that uses X-ray imaging to allow doctors to look for narrowing or blockages in the heart's blood vessels—and subsequent treatment to open their blocked blood vessels and restore blood supply to the heart muscle.
- Following an NSTEMI [heart attack](#) (where the coronary arteries are severely narrowed but not completely blocked), women were 28 percent less likely than men to receive a coronary angiogram. They were also less likely to be prescribed preventative treatments that can help to prevent future heart attacks, such as statins, beta-blockers, or anti-platelets (which prevent blood clots).
- Older people (aged 75 and over) and women were less likely to receive a diagnosis of [heart failure](#) in primary care, and less likely to be prescribed treatments to slow the progression of their [heart failure](#).

More information: Ramesh Nadarajah et al, Inequalities in care delivery and outcomes for myocardial infarction, heart failure, atrial fibrillation, and aortic stenosis in the United Kingdom, *The Lancet Regional Health—Europe* (2023). [DOI: 10.1016/j.lanepe.2023.100719](https://doi.org/10.1016/j.lanepe.2023.100719)

Provided by University of Leeds

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