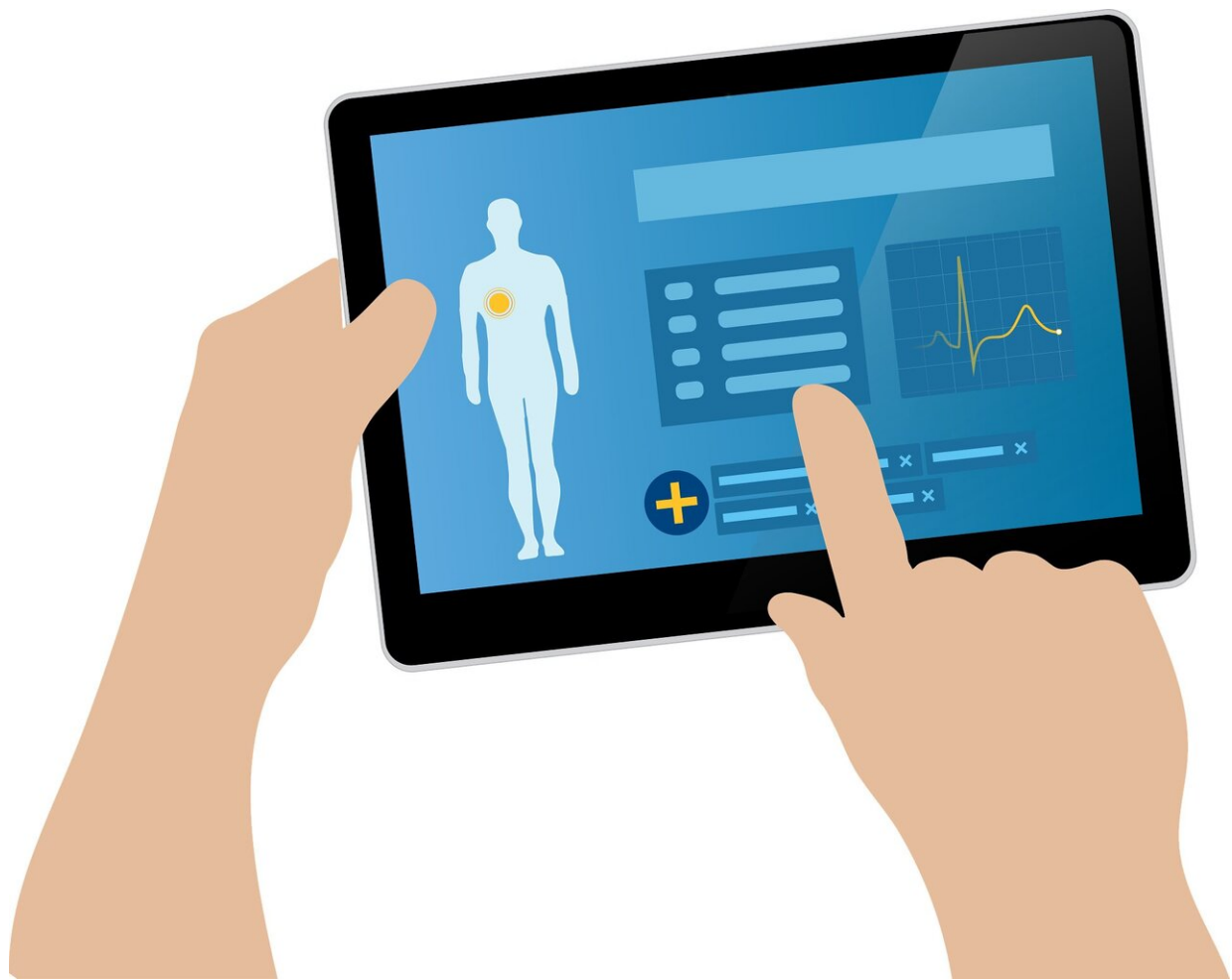


Research reveals ethnic minority heart failure patients at higher risk of death than white patients

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An analysis of data from more than 16,700 patients reveals that ethnic minority patients with heart failure are at much higher risk of death than white patients.

According to the study, carried out at the University of Birmingham, and presented yesterday at the British Cardiovascular Society conference ([BCS 2024](#)) in Manchester, there are sizable inequalities in [heart failure](#) treatment and outcomes.

The risk of death in ethnic minority heart failure patients was calculated to be 36% higher than that of [white patients](#) after an average of 17 months

The research also showed that the disparity was greater if patients also had [atrial fibrillation](#), a heart rhythm problem. When the researchers looked at people who also had atrial fibrillation, and controlled for factors like age, they calculated that ethnic minority patients were over twice as likely to die as white patients were during the 17-month follow-up period.

The analysis of the data from the 12 [clinical trials](#) included also showed [beta blockers](#), a commonly prescribed treatment for heart failure and atrial fibrillation, were able to reduce deaths in white patients by 30% but were not able to show a protective effect in the ethnic minority heart failure patients. This could be due to too few people with ethnic minority backgrounds being included in the analysis to be able to detect a difference.

Sebastian Fox and Dr. Asgher Champsi, the researchers who led the study as part of Professor Dipak Kotecha's team at the Institute of Cardiovascular Sciences, University of Birmingham, suggested several likely causes for the disparity.

They highlighted evidence from other studies suggesting ethnic minority patients present to doctors later, when the condition is more advanced and harder to treat. They also pointed to variation in the effectiveness and use of treatments across different ethnicities as possible causes.

The researchers underscored that across the trials analyzed, 89% of patients were white, saying that under-representation of ethnic minority patients in trials needs to be addressed as a priority.

Sebastian Fox, final year [medical student](#) and co-lead author of the study, said, "It is crucial that steps are taken to close this worrying gap in [heart failure treatment](#) and outcomes. The most important thing we can do going forward is include more ethnic minority patients in trials of heart failure treatments. We otherwise risk drawing inappropriate conclusions that treatments are equally effective across different ethnicities.

"Another important factor to address is the combination of barriers to health care facing ethnic minority patients, resulting in later presentation to a doctor with a more advanced form of heart failure. This in turn is likely to lead to poorer outcomes for these patients. We need to investigate the root causes of these differences and find solutions to potential barriers these groups experience when seeking health care."

Death rates and treatment effectiveness were not the only points of difference between the two groups. Hospitalization was also much higher in ethnic minority patients. Nearly a third of ethnic minority heart failure patients were hospitalized for cardiovascular problems compared to a quarter of white patients.

If patients had atrial fibrillation too, the difference was even more stark, with around 40% of ethnic minority patients hospitalized versus 30% of white patients.

The researchers explained that, although the average time period covered by the study was 17 months, there is nothing to suggest the differences in deaths and hospitalizations would be less dramatic over longer time periods.

Dr. Sonya Babu-Narayan, Associate Medical Director of the British Heart Foundation and consultant cardiologist, said, "This study highlights stark health inequalities in how heart failure outcomes may vary depending on a patient's ethnicity.

"While this study was observational and cannot tell us about cause and effect, it found that patients with an ethnic minority background were sicker and more likely to die from their heart failure than others.

"If we are to close this gap, it is vital we gain a better understanding of barriers in accessing care that face those from [minority](#) ethnicity backgrounds. It is also important that research is representative of those affected by cardiovascular disease, to ensure that tests and treatments can benefit those who need them.

"If you have been prescribed medications for heart failure, it is important to take them as recommended by your doctor."

Provided by University of Birmingham

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