

Is there an association between socioeconomic status in childhood and the heart?

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Socioeconomic inequalities are a public health challenge in cardiovascular disease and a new study published by *JAMA Pediatrics* examined the association of childhood family socioeconomic status in youth on measures of left ventricular mass and diastolic function 31 years later in adulthood.

Tomi T. Laitinen, M.D., Ph.D., of the University of Turku, Finland, and coauthors conducted analyses in 2016 on data collected in 1980 and 2011 in the Cardiovascular Risk in Young Finns Study, which included a group of 1,871 participants who reported family socioeconomic status (characterized as annual family income) at ages 3 to 18 and were evaluated for left ventricular mass and left ventricular diastolic function 31 years later as adults. Left ventricular mass measured echocardiographically is associated with [heart failure](#) not related to heart attack and left ventricular diastolic dysfunction can be a predictor of heart failure, according to background in the

study.

The authors report low family socioeconomic status in childhood was associated with increased left ventricular mass and impaired diastolic performance more than 30 years later. This association persisted even after adjusting for age, sex, conventional cardiovascular risk factors in both childhood and adulthood, and participants' own socioeconomic status in adulthood.

Limitations of the study include that echocardiography was not assessed in childhood so researchers were unable to determine in what stage of life childhood socioeconomic [status](#) begins to associate with cardiac structure and function. The study population also was racially homogenous so the generalizability of the results is limited to white populations.

"These findings further emphasize that approaches of [cardiovascular disease](#) CVD prevention must be directed also to the family environment of the developing child. Particularly, support for families with low [socioeconomic status](#) SES may pay off in sustaining cardiovascular health to later life," the article concludes.

More information: *JAMA Pediatrics* (2017). [DOI: 10.1001/jamapediatrics.2017.1085](https://doi.org/10.1001/jamapediatrics.2017.1085)

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