

Better clinical care may contribute to fewer carotid artery surgeries

September 21 2017, by Rosalind D'eugenio

A nationwide study that reviewed 16 years of Medicare beneficiary data showed a steady reduction in carotid endarterectomy – the surgical procedure used to remove plaque built up inside a carotid artery.

The Yale-led study, published in the *Journal of the American Medical Association*, examined data from 1999 to 2014 to better understand national trends in [carotid](#) revascularization among populations that are not regularly included in [clinical trial data](#).

"This database provided information in age and race subgroups that may not be well represented in clinical trials. This is very important because these data provide information about procedure performance and outcomes for patients in diverse demographic groups, including older persons," said lead author Judith H. Lichtman, Ph.D., associate professor and chair of the Department of Chronic Disease Epidemiology at the Yale School of Public Health.

Study subjects had a median age of 75 – an important age group for heart and stroke research, but a demographic not usually included in clinical [trials](#). Lichtman says these "real world" data provide complementary surveillance to [clinical trials](#), and understand how procedures are being utilized over time.

Rates not only decreased for [carotid endarterectomy](#), but also for [carotid artery](#) stenting – placing a small expandable tube in the artery – among both sexes and within most age and race subgroups. The data also

revealed an improvement in post procedure outcomes.

Despite lower hospital procedure volume, there were improvements in mortality and ischemic stroke outcomes for both procedures after accounting for demographic characteristics, comorbidities, and symptomatic status.

Lichtman says they cannot say yet what is contributing to the annual decrease in these invasive procedures, but she noted that better clinical care – e.g. the use of medications to manage risk factors such as high blood pressure and cholesterol—may be keeping surgeries among at-risk groups down. Better education, guidelines, and follow up with patients regarding self-care and prevention, exercise and nutrition, may also help patients manage their blood pressure and other contributing issues with non-invasive methods.

Provided by Yale University

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