

Heart failure care must address patients' broader health if survival rates are to be improved

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Research published in *JAMA Cardiology* today presents new evidence that might explain why the prognosis of heart failure patients has improved so little over the past decade.

Findings show that a decline in [cardiovascular deaths](#) has been offset by an increase in the number of deaths from infections and [respiratory problems](#), highlighting the importance of focusing on patients' overall health rather than individual diseases.

The advanced age at which heart failure develops is also a factor. Survival has improved among young and middle-aged patients, but prolonging life in people older than 80—who account for about half of all heart failure patients—remains very difficult.

An estimated 920,000 people are currently living with a diagnosis of heart failure in the UK. A host of new treatments, device therapies such as

implantable defibrillators, and remodelled clinical teams introduced in recent years would be expected to reduce [premature death](#) among heart failure patients.

Dr. Nathalie Conrad from The George Institute for Global Health, UK at the University of Oxford, who led the research, said: "Despite considerable improvements in heart failure care since the early 2000s, overall [mortality rates](#) in the UK have changed very little. We wanted to understand the underlying reasons for this to help develop more targeted therapies and public health strategies."

The research team tracked the [death](#) rate for 86,000 UK adults with heart failure in the year following their diagnosis, using information from the Clinical Practice Data Link. Overall, they found that the risk of death from cardiovascular causes declined by 27% over the 12-year study period, but this was offset by a 22% increase in the death rate from non-cardiovascular causes.

By 2013, the majority of deaths and hospitalisations among heart failure patients were due to non-cardiovascular causes, the major ones being: cancer (15% of all deaths); infections (13%); and respiratory conditions (12%).

As the population of the UK ages, more individuals will experience co-existing morbidities, i.e. multiple [health conditions](#) that impact life expectancy. Current [heart](#) failure treatment is intrinsically disease-centred and almost exclusively focuses on patients' cardiovascular health. To boost survival rates, future research and management strategies must address patient health in the round.

"Our evidence highlights that a broader perspective must be taken in approaching [heart failure](#) management; one that considers not only patients'

cardiovascular health, but also the range of associated co-morbidities they are likely to experience," said Conrad.

Publication of the findings coincides with Conrad's presentation at the European Society of Cardiology Congress in Paris.

More information: *JAMA Cardiology* (2019).

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