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Heart failure, hypertensive deaths rise in black women and men

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Deaths due to heart failure and hypertensive heart disease are increasing in the U.S.—particularly in Black women and men—despite medical and surgical advances in heart disease management, reports a new

Northwestern Medicine study.

The study for the first time comprehensively characterizes mortality between 1999-2018 across a spectrum of heart disease types and examines differences between sex and racial groups across age groups and geography. Although ischemic heart disease (coronary artery disease) remains the leading cause of heart disease deaths, the study reports heart failure and hypertensive heart disease is growing rapidly.

"These findings are alarming," said senior study author Dr. Sadiya Khan, assistant professor of preventive medicine at Northwestern University Feinberg School of Medicine and a Northwestern Medicine physician. "Despite medical and surgical advances in heart disease management and public policy initiatives around blood pressure awareness, we are losing ground in the battle against heart failure and hypertension. And the disparities in heart disease are clear."

Between 2011-2018, the death rate due to heart disease declined by 0.7% per year. Over this same time period, the death rate due specifically to ischemic heart disease (coronary artery disease) declined by 2.6% per year. But these gains were offset by significant increases in deaths due to heart failure (3.5% per year) and hypertensive heart disease (4.8%/year).

In total, deaths from heart disease in 2018 accounted for 3.8 million potential years of life lost with 30% and 60% greater years of life lost for Blacks compared with white men and women, respectively.

The study will be published Thursday in the *British Medical Journal*.

The disparities observed in heart failure and hypertensive heart diseases are likely due to higher rates of high blood pressure, obesity and diabetes in Black women and men, Khan said.

"But, we have to recognize and address that the root causes of these disparities arise from differences in social determinants of health, such as socioeconomic status and access to care, and structural and systemic racism in our country," Khan said.

Knowing the types of heart disease that are increasing, and in which groups, can help inform how to equitably target prevention earlier in life, especially for heart failure and hypertension, noted study first author Dr. Nilay Shah, instructor of cardiology and preventive medicine at Feinberg and a Northwestern Medicine physician.

"These findings should be a wake-up call that without equitable access to care and community-engaged implementation of evidence-based therapies for the people who need them, we will not be able to reverse these unfavorable trends," Khan said.

The study used standard data collected from death certificates across the country to identify trends across time in deaths from leading causes of heart disease deaths (ischemic heart disease, heart failure, heart disease related to high blood pressure, valvular heart disease, arrhythmias, heart disease related to lung disease, and other heart diseases), in Black and white women and men, across age groups and in urban and rural areas. The data source was the Centers for Disease Control and Prevention's WONDER database.

"These findings emphasize the urgency with which we need to change how we are approaching cardiovascular health, which continues to be reactive and shift towards a proactive/preventive approach," Khan said. "We need to set up the systems and resources to help our patients preserve and protect their heart health. We needed this before the COVID-19 pandemic and the need is even more urgent with disparities in the context of the current pandemic. People with high blood pressure or obesity have more severe outcomes related to COVID-19. This might

portend even greater increases in heart disease deaths in the long-term among people who recover from it."

More information: Nilay S Shah et al, Heterogeneous trends in burden of heart disease mortality by subtypes in the United States, 1999-2018: observational analysis of vital statistics, *BMJ* (2020). DOI: 10.1136/bmj.m2688

Provided by Northwestern University

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