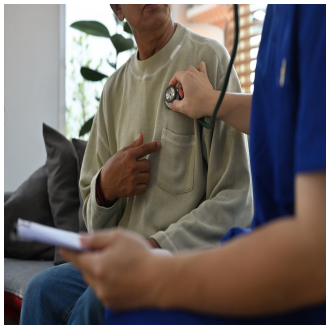
HealthManagement
Promoting Management and Leadership

Cardiologist Follow-Up and Heart Failure Outcomes



New research published in the *European Heart Journal* reveals that only about 60% of heart failure patients see a cardiologist at least once a year.

Presented at the Heart Failure Congress 2025, the study found that patients who had at least one annual consultation with a cardiologist were approximately 24% less likely to die within the following year. The research also identifies which patients benefit most from regular cardiology follow-up and how often they should be seen.

According to the findings, one life could potentially be saved for every 11 to 16 heart failure patients seen annually by a cardiologist.

The study was conducted by a team of French researchers from the Clinical Investigation Centre at Nancy University Hospital.

Proper treatment can manage heart failure symptoms for many years. Whether or not patients see a cardiologist depends on individual circumstances, such as whether their heart failure is chronic or acute.

The team aimed to determine if simple clinical criteria could stratify patients by risk and evaluate whether cardiologist consultations were associated with mortality or hospitalisation rates at the national level.

The study analysed data from 655,919 French patients living with heart failure as of January 2020, all diagnosed within the previous five years. Using national medical records, the researchers categorised patients based on recent hospitalisations and whether they were taking diuretics—medications that reduce fluid buildup by promoting sodium excretion.

They found that two out of every five patients had not seen a cardiologist in the previous year. Those who had were significantly less likely to be hospitalised or die from any cause in the following year.

To optimise outcomes given limited national resources, the researchers developed a model that recommends follow-up frequency based on recent hospitalisation and diuretic use:

- **Low-risk patients** (not recently hospitalised, not on diuretics): One annual visit halved the one-year mortality rate, from 13% to 6.7%.
- **Moderate-risk patients** (not recently hospitalised, on diuretics): Two to three visits per year reduced the mortality rate from 21.3% to 11.9%.
- **Higher-risk patients** (hospitalised in the past five years but not the past year): Two to three visits annually lowered risk from 24.8% to 12.9%.
- **Highest-risk patients** (hospitalised in the past year): Four cardiologist visits per year cut mortality from 34.3% to 18.2%.

These findings suggest a strong benefit to specialist follow-up, even for patients who appear stable. Patients, especially those recently hospitalised or on diuretics, should consider requesting a cardiology review.

Disparities in access to cardiology care are concerning. Women, older adults, and those with other chronic conditions like diabetes or lung disease are less likely to see a cardiologist. These gaps are seen globally.

Study authors emphasise the value of simple, accessible risk stratification tools: their approach uses two variables—recent hospitalisation and diuretic use—without relying on costly tests. This model could guide healthcare systems in prioritising cardiology referrals and reducing preventable deaths.

Access to cardiology care, regardless of disease severity, is linked to better implementation of guideline-based treatments and improved outcomes. But many health systems continue to divert heart failure patients to overburdened primary care providers who may not have the resources or training to optimise treatment. Heart failure is serious, but it is also manageable—if patients get the care they need.

A second study, also presented at the Heart Failure Congress, examined sex-based disparities. After adjusting for demographics, they found that 33.8% of women with heart failure did not see a cardiologist annually, compared to 27.9% of men. Women were also less likely to receive guideline-recommended therapies like RAS inhibitors. Despite this, women experienced lower mortality and fewer heart failure-related events than men.

Source: European Society of Cardiology

Image Credit: iStock

Published on : Wed, 21 May 2025