

Heart Failure Mortality Inversely Related to Wealth of Country



According to latest results from the INTERCHF study presented at Heart Failure 2017 and the 4th World Congress on Acute Heart Failure, death in patients with heart failure is inversely related to the wealth of the country they live in.

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Results show that death rates in India and Africa were three to four times higher as compared to rates in Western countries. Lead author Dr Hisham Dokainish, a principal investigator at the Population Health Research Institute (PHRI), McMaster University, Hamilton, Canada explains that available data on heart failure mostly comes from Western countries but a large majority of heart failure patients live elsewhere.

The International Congestive Heart Failure (INTERCHF) study enrolled 5823 patients with heart failure from 16 countries in six regions including Africa (Mozambique, Nigeria, South Africa, Sudan, Uganda), China, India, the Middle East (Egypt, Qatar, Saudi Arabia), Southeast Asia (Malaysia, the Philippines), and South America (Argentina, Chile, Colombia, and Ecuador).

Patient data was collected at baseline, six months and one year and included basic demographic information including age and sex, cardiac and non-cardiac factors such as history of heart attack or stroke, duration of CHS, diabetes, renal failure, COPD, medications, socioeconomic factors such as education, literacy, employment, urban/rural setting and heart failure aetiology. Data related to frequency and cause of any hospitalisation was also collected at six months and one year. Death rates were calculated for each region and were adjusted for different variables including demographic, clinical, socioeconomic, medications and cause of heart failure.

Results showed an all-cause mortality rate for the total study population at 17%. The highest all-cause mortality was found to be in Africa (34%) and India (23%). Southeast Asia was at the intermediate level with 15%, Middle East and South America at 9% and China at 7%.

Results suggest that mortality in CHF patients was inversely related of the wealth of the country. The poorer the country, the higher the mortality and vice versa. Dr. Dokanish highlights that in western countries, the one-year mortality rate for CHF patients was 5 to 10% while in Africa and India, death rates were two to three times higher. The findings are even more surprising since researchers also adjusted for factors like poorer heart function, poor adherence to medication and more sickness but still the rates were too high.

Dr Dokainish said: "INTERCHF has shown that there are large differences in the risk of heart failure patients dying at one year depending on where they live. We hope to discover why these differences exist through the G-CHF study. If that identifies barriers to receiving care that are due to the way a healthcare system is structured, access to healthcare, or quality of healthcare, then that would need to be addressed."

Source: European Society of Cardiology

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Published on : Mon, 15 May 2017