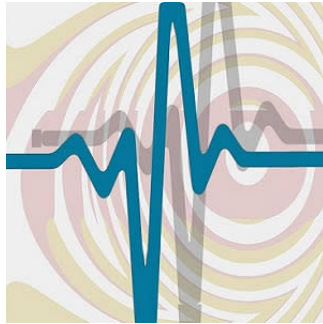

Study: AF hospital mortality risk higher in rural areas



According to researchers in the U.S., urban-rural differences exist when it comes to the risk of hospital mortality among patients with atrial fibrillation (AF). Their study shows that AF patients have a 17 percent increased risk of death in rural hospitals compared to their counterparts in urban hospitals. The findings are reported in the journal *HeartRhythm*.

“The identification of healthcare disparities is of utmost importance at this time to improve the overall care that is delivered in our healthcare system,” said lead investigator Wesley T. O’Neal, MD, MPH, of the Department of Medicine, Division of Cardiology, Emory University School of Medicine, Atlanta, GA.

Researchers analysed data from the National Inpatient Sample (NIS), a database representative of discharged patients from U.S. community hospitals. The analysis employed a cross-sectional examination of the NIS database of AF hospitalisations between 2012 and 2014 to determine if admission to a rural hospital was associated with an increased risk of in-hospital mortality compared with patients admitted to urban hospitals.

Looking at death due to any cause during hospitalisation of patients with AF, the study found that patients admitted to rural hospitals had a 17 percent increased risk of death during hospitalisation compared with urban hospitals. Analysis accounted for differences in patient characteristics and potential confounders. The five most common secondary diagnoses for patients hospitalised for AF were heart failure, hypertension, hyperlipidaemia, diabetes, and acute kidney injury.

Dr. O’Neal believes the study’s findings will drive future research endeavours to uncover the reasons for the rural-urban disparity, and to develop strategies to improve the medical care for patients with this heart rhythm disturbance. AF is a common problem that can lead to blood clots, stroke, heart failure, and other cardiovascular complications. Left untreated, AF doubles the risk of heart-related deaths and is associated with a five-fold increased risk for stroke, according to the American Heart Association.

In an accompanying editorial, Thomas F. Deering, MD, FHRS, and Ashish A. Bhimani, MD, FHRS, both from the Arrhythmia Center, Piedmont Heart Institute, Atlanta, GA, commend O’Neal et al. for their detailed analysis, increasing awareness in the medical community about a potentially important arrhythmic healthcare issue, and placing their findings into the appropriate context. They also point out that the study raises important clinical and epidemiological questions.

They stress that factors such as associated comorbidities and their severity, access to care, patient lifestyle decisions, patient compliance, physician adherence to diagnostic and therapeutic guideline recommendations, physician referral patterns, etc., which may have contributed to the observed outcomes, remain unknown.

O’Neal et al.’s findings should be viewed as “a motivational call to initiate prospective studies with the goal of identifying gaps in AF care, which can then be used to create effective healthcare policies, designed to reduce AF-related mortality,” commented Dr. Deering and Dr. Bhimani.

Source: [Elsevier](#)

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