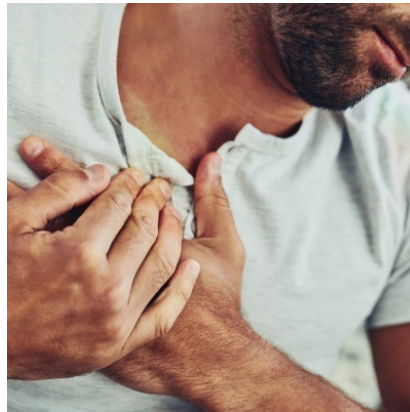




## UK study: modest improvement in heart failure survival rates



According to a new UK study using primary care data from 2000 to 2017, survival after a diagnosis of heart failure has shown only modest improvement in the 21st century and lags behind other serious conditions, such as cancer. New strategies to achieve timely diagnosis and treatment initiation in primary care for all socioeconomic groups should be a priority for future research and policy, study authors say.

Heart failure (HF) is an increasingly prevalent condition that affects over 920,000 people in the UK. Survival for people with established HF is poor, and studies exploring survival trends over time are inconsistent. Moreover, previous prognostic studies in HF have used data from hospital inpatients or screening studies to report survival. Studies of people diagnosed as having HF in a routine community setting are limited, and trends in survival over time are conflicting.

The new retrospective population based cohort study used data from the Clinical Practice Research Datalink (CPRD) for the period from 1 January 2000 to 31 December 2017 and linked to inpatient Hospital Episode Statistics and Office for National Statistics mortality data. Researchers identified 55,959 patients aged 45 and over with a new diagnosis of HF and matched them to 278,679 controls.

The study's main outcome measures were survival rates at one, five, and 10 years and cause of death for people with and without HF. Researchers also examined trends over time by year of diagnosis, hospital admission around the time of diagnosis, and socioeconomic group.

Overall, one, five, and 10 year survival rates increased by 6.6% (from 74.2% in 2000 to 80.8% in 2016), 7.2% (from 41.0% in 2000 to 48.2% in 2012), and 6.4% (from 19.8% in 2000 to 26.2% in 2007), respectively. There were 30,906 deaths in the HF group over the study period. HF was listed on the death certificate in 13,093 (42.4%) of these patients, and in 2,237 (7.2%) it was the primary cause of death.

Data also showed that improvement in survival was greater for patients not requiring admission to hospital around the time of diagnosis (median difference 2.4 years; 5.3 vs. 2.9 years,  $P < 0.001$ ). There was a deprivation gap in median survival of 2.4 years between people who were least deprived and those who were most deprived (11.1 vs. 8.7 years,  $P < 0.001$ ).

The study found gradual improvements in survival rates over time, which is encouraging, according to the research team. However, the outlook after a new diagnosis of HF, particularly for those requiring admission to hospital, remains poor. Hospital admission at the time of diagnosis probably relates to a more advanced stage of disease. Lead time bias might also be a contributory factor; patients with an earlier diagnosis appear to live longer.

The researchers also noted that the study did not explore the effect of drugs, devices, or transplantation on the survival of people with HF. They further said the lack of substantial progress in improving HF survival rates should alert policy makers to the need for further investment in heart failure services. Improved general practitioners access to diagnostics such as natriuretic peptide testing, rapid referral pathways (such as the “two week wait cancer” pathways) for echocardiography, and specialist assessment and early treatment initiation might be areas for improvement.

Source: [BMJ](#)

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