



Unemployed Heart Failure Patients at 50% Higher Risk of Death



Research presented at Heart Failure 2017 and the 4th World Congress on Acute Heart Failure reveals that unemployment is associated with a higher risk of death in patients with heart failure.

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The study included more than 20,000 patients with heart failure. Risk of all-cause death and recurrent heart failure hospitalisation in patients with heart failure were compared on the basis of whether they were employed or not. Patients were of working age (18 to 60 years) with a first hospitalisation for heart failure.

Findings show that at follow-up of 1005 days, 16% of the employed participants and 31% of the unemployed participants died and 40% of employed participants and 42% of unemployed participants were rehospitalised for heart failure. Overall, findings showed that unemployed patients with heart failure had a 50% increased risk of death and 12% increased risk of hospitalisation as compared to those who had a job. In fact, unemployment was associated with a greater likelihood of death as compared to diabetes or stroke.

Lead author Dr Rasmus Roerth, a physician at Copenhagen University Hospital, Denmark explains that the ability to hold a job plays a very important role in the overall well-being and performance status of an individual. Being unemployed is also associated with an increased risk of depression, mental health problems and suicide.

He also points out that employment status is an important predictor especially in younger patients as it can help to risk stratify these patients as well as identify those who may be in need of more intensive rehabilitation.

Dr. Roerth adds, "Employment status is more than just a physical measurement as it also has an influence on quality of life, and has been shown to be important for mental health and well-being. Thus, both from a physical and psychological point of view it makes sense to include employment status in the evaluation of young heart failure patients' prognosis."

Study findings thus suggest that workforce exclusion could be a prognostic marker and could help prevent poor outcomes by intensive rehabilitation, physical activity, psychological treatment or help in job placement.

David Thorburn
Contributing Editor

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