

Failures in heart attack care?

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A new study has found that thousands of deaths could have been avoided if heart attack aftercare guidelines outlining when to give treatment were followed.

A team of researchers from the University of Leeds, funded by the British Heart Foundation, used data from the UK National Heart Attack Register.

They analysed the 389,057 cases of non-ST elevation myocardial infarction (NSTEMI), the most common type of [heart attack](#), in 247 hospitals in England and Wales between 1 Jan 2003 and 30 Jan 2013.

The researchers looked at 13 treatments that guidelines recommend be considered for patients who have suffered from an NSTEMI, where [blood supply](#) to the heart is limited rather than completely cut off.

They assessed how often these treatments were given and compared this with whether guidelines at that time suggested that they were appropriate.

Almost 87 per cent of patients did not receive at least one of the interventions that they should have been given.

The most frequently missed were dietary advice, advice to help people to stop smoking and the prescription of a type of anticlotting drug known as P2Y12 inhibitors, such as clopidogrel.

The team also looked at the effect that these missed interventions had on the health of the patients within the study.

They concluded that some treatments had more impact on patient survival than others. Heart attack patients who should have been given a coronary angiogram, cardiac rehabilitation, advice to help them stop smoking or a prescription for statins but were not, had the highest risk of death.

Someone suffers a heart attack approximately every three minutes in the UK, with nearly 200 people of working age dying every week of a heart attack in the UK.

Dr Chris Gale, Associate Professor of Cardiovascular Health Sciences at the School of Medicine, who led the research, said: "What we've highlighted here is the unacceptable deficit in the care being given to people after they've had an NSTEMI heart attack. We calculate that roughly one patient per month per hospital in England and Wales is

losing their life as a direct consequence of this deficit.

"The good news is that now we've identified the problem, we can certainly fix it. Simple interventions, such as prescribing statins, are being missed and this is resulting in loss of life."

Professor Peter Weissberg, Medical Director at the British Heart Foundation, said: "This study shows that many people in the UK are receiving suboptimal care after a heart attack and that lives are being lost as a consequence.

"Over the years the BHF has invested millions of pounds of donated money on research that demonstrates how best to identify and treat people who have had a heart attack. Hospitals need to apply the lessons learnt from this research and we're committed to working with the NHS to improve patient care.

"Applying clinical guidelines in heart disease costs little and in the long-term saves money and, most importantly, saves lives."

More information: Excess mortality and guideline-indicated care following non-ST-elevation myocardial infarction. *Eur Heart J Acute Cardiovasc Care*. 2016 May 3. pii: 2048872616647705. [Epub ahead of print] www.ncbi.nlm.nih.gov/pubmed/27142174

Provided by University of Leeds

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