

Drop in ED visits for cardiac conditions tied to later cardiac deaths

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departments for suspected cardiac disease were associated with 3.1 to 8.4 excess cardiac deaths, corresponding to the estimated mortality lag times of zero and 18 days, respectively. During the [pandemic](#) period, weekly excess cardiac mortality due to nonattendance at emergency departments was 84 to 232 deaths, corresponding to an 18 percent increase in weekly non-COVID-19 [cardiac mortality](#) versus the previous five years. This finding suggests that one cardiac death could have been prevented or delayed for every 12 emergency department visits with suspected [cardiac disease](#).

"These findings should alert policymakers to the importance of ensuring that any measures introduced to control and manage severe acute respiratory syndrome coronavirus 2 infection do not adversely impact the management of acute cardiovascular [disease](#)," the authors write.

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(HealthDay)—Reduced emergency department visits for suspected cardiac disease during the COVID-19 pandemic peak in England are associated with a time-lagged increase in cardiac mortality, according to a research letter published online Dec. 20 in *Circulation: Cardiovascular Quality and Outcomes*.

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Michail Katsoulis, Ph.D., from University College London, and colleagues used data from the Public Health England Emergency Department Syndromic Surveillance System to quantify the change in daily [emergency department](#) visits for suspected cardiac disease before and during the COVID-19 pandemic.

The researchers found that during the COVID-19 pandemic period (March 12 to April 15, 2020), there was a decline of 2,750 emergency department visits per week for suspected cardiac disease (~35 percent decrease) compared with the average weekly admission before the pandemic in 2020. Every 100 nonattendances at emergency

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