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Heart attack patients with cancer history receive suboptimal treatment

New research finds that heart attack patients with a history of cancer received suboptimal treatment for myocardial infarction and were more likely to die in hospital, compared to those without cancer. The study, published in European Heart Journal: Acute Cardiovascular Care, included 35,249 patients enrolled in the acute myocardial infarction in Switzerland (AMIS Plus) registry between 2002 and mid-2015. Of those, 1,981 (5.6%) had a history of cancer.

For this study, propensity score matching was used to create two groups of 1 981 patients each – one with cancer history and one without – that were matched for age, gender, and cardiovascular risk factors. Researchers compared the proportions of patients in each group who received specific immediate drug therapies for acute myocardial infarction, and percutaneous coronary intervention (PCI) to open blocked arteries. They also compared the rates of in-hospital complications and death between the two groups.

The results showed that cancer patients underwent PCI less frequently (odds ratio [OR], 0.76; 95% confidence interval [CI], 0.67-0.88) and received P2Y12 blockers (OR, 0.82; 95% CI 0.71-0.94) and statins (OR, 0.87; 95% CI, 0.76-0.99) less frequently. In-hospital mortality was significantly higher in patients with cancer than those without (10.7% versus 7.6%; OR, 1.45; 95% CI, 1.17-1.81).

In addition, patients with a history of cancer were more likely to have complications while in hospital. They had 44% higher odds of cardiogenic shock, 47% higher chance of bleeding, and 67% greater odds of developing heart failure than those with no history of cancer.

Senior author Dr. Dragana Radovanovic, head of the AMIS Plus Data Centre in Zurich, Switzerland stated: "Patients with a history of cancer were less likely to receive evidence-based treatments for myocardial infarction. They were 24% less likely to undergo PCI, 18% less likely to receive P2Y12 antagonists and 13% less likely to receive statins. They had also more complications and were 45% more likely to die while in hospital."

Further studies are needed to determine why cancer patients receive suboptimal treatment for myocardial infarction and have poorer outcomes, Dr. Radovanovic said.

"Possible reasons could be the type and stage of cancer, or severe comorbidities. Some cancer patients may have a very limited life expectancy and refuse treatment for myocardial infarction," she added.

Source: European Society of Cardiology
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Published on : Wed, 27 Sep 2017