HEART FAILURE

What’s the issue?

Heart failure occurs when the heart is unable to pump blood at a rate sufficient for metabolic requirements. It is caused by structural or functional abnormalities of the heart. The most common causes of heart failure in the UK are coronary artery disease and hypertension. It has a poor prognosis with 30-40% of patients diagnosed with heart failure dying within a year; thereafter mortality is less than 10% per year [210].

What’s our situation?

For 2015/16, there were 1,976 (0.67%) registered patients diagnosed with heart failure which was lower than England (0.76%) and seven comparator areas (range 0.67% to 1.01%) [93]. There was no statistically significant association between deprivation and prevalence across the general practices in Hull [211]. This could simply reflect increased undiagnosed disease among those living in the more deprived areas rather than a lack of a true underlying relationship, and could be influenced by the higher mortality rate among those living in the most deprived areas. Based on modelling (October 2016), it is estimated that there are 4,033 (1.4%) patients with heart failure in Hull. It is not known if the model provides a reasonable estimate for Hull, but if it does it suggests that there are slightly more registered patients with undiagnosed heart failure than there is with diagnosed heart failure [211].

There were 1,000 inpatient admissions over the three year period 2008/09 to 2010/11 for heart failure giving annual average directly standardised admission rates of 111 per 100,000 men and 67 per 100,000 women [211]. There was an association between hospital admissions and deprivation with increased admissions among people living in the most deprived areas, and as there was no significant association between diagnosed disease prevalence and deprivation, this suggests that there may be inequities present with higher rates of undiagnosed disease or admission rates among those living in the most deprived areas.

There were only 7 deaths from heart failure in Hull residents aged under 75 years, but 56 deaths (21 men and 35 women) occurring for ages 75+ years registered during 2013-15 [77, 211].

For more detailed information, see the JSNA Toolkit: Other Circulatory Diseases report.

What are the strategic needs?

People aged 40-79 years who are eligible for the NHS Health Check should be encouraged to attend, and those who have already have diagnosed heart failure should attend their annual reviews so that they get the best on-going treatment for their condition.

Testing for Brain Natriuretic Peptide (BNP and NT Pro-BNP; see the JSNA glossary, www.hullpublichealth.org/jsna2017.html#82) can act as a cost effective pre-screening tool to ensure only those patients deemed at higher risk are referred on for specialist assessment with echocardiography. Practices have access to BNP testing for patients with suspected heart failure, and across the region could help save over £200,000 and means valuable resources are used effectively [212].

A diuretic is a medicine which increases the amount of water that passes out of the kidneys. Whilst they are often used to treat heart failure, they are also used to treat other conditions such as certain liver and kidney disorders, and sometimes hypertension. Patients without heart failure who are taking loop diuretics (one type of diuretics) should be assessed to ensure they do not have heart failure through BNP testing.

Patients with heart failure require specialist heart failure assessment followed by systematic care with medication and rehabilitation once their condition is stable [210]. Hull CCG commissions a tele-health service which include tele-monitoring provision for patients with heart failure. Rehabilitation
should include education, lifestyle advice, physical activity and self-management advice [212]. Cardiac rehabilitation should be available to all people with heart failure who would benefit, and people who would benefit should be encouraged to participate.

References