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## HEART DISEASE AND HEART FAILURE CONGRESS

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**Impact of socioeconomic deprivation on heart failure management and clinical outcomes****Stefan Hindmarsh**

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Since 1948, the National Health Service (NHS) in UK is a publicly funded, single-payer health care system to address healthcare inequality. In this retrospective study, 96 patients admitted with heart failure (HF) from the most deprived and least deprived tertile of Scottish Index of Multiple Deprivation (SIMD) (1-3: Most deprived and 7-9: Least deprived) were included. Between the two groups, no statistical difference exists with regards to age, gender, haemoglobin or creatinine level; there was also no difference in past medical history or cigarette use. Patients from the lower tertile showed higher incidence of alcohol excess (16% vs. 3%,  $p=0.043$ ) while higher incidence of AF for the higher tertile (55% vs. 33%,  $p=0.004$ ). Prescription of diuretics, beta-blockers, ACE-I or ARB were not statistically different. Patients from higher tertile were more likely to receive aldosterone antagonist (37% vs. 17%,  $p=0.031$ ), combined beta-blocker and ACE-i/ARB treatment (42% vs. 21%,  $p=0.025$ ). 6-months follow-up demonstrated composite endpoint of heart failure readmission and mortality was statistically higher among patients of lower socioeconomic tertile ( $p=0.042$ ). Stepwise multiple regression analysis also confirmed socioeconomic deprivation as an independent predictor for a more adverse clinical outcome for heart failure ( $p=0.003$ ,  $R^2=22\%$ ). Despite the establishment of universal healthcare, patients from the lower socioeconomic group are less likely to received prognostically beneficial medication and are more likely to experience readmission for heart failure or death.

**Biography**

Stefan Hindmarsh is a Resident Doctor working for the NHS in UK having graduated from the Aberdeen University Medical School in 2016. He is the President of the Medical Society as well as playing Secretary of the University Golf Team. During the final year of training, he spent time in a New Jersey ER/Trauma Centre, gaining experience in pericardiocentesis as well as acute management of cardiac presentations. While working as a Cardiology Resident, he became adept at ECGs interpretation and echocardiography. His interests are management of acute heart failure, identification and validation of novel factors predicting and/or affecting heart failure adverse outcomes.

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