

Lifelong bachelors face poorest prognosis with heart failure, finds study

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Men who never married were more than twice as likely to die within about five years after a heart failure diagnosis compared with women of any marital status or men who were previously married, according to a



study presented at the American College of Cardiology's Annual Scientific Session Together With the World Congress of Cardiology.

The study offers new evidence that a person's gender and marital status can influence their <u>heart disease risk</u> and prognosis. Heart failure, when the <u>heart muscle</u> becomes too weak or stiff to pump blood to the body effectively, is a leading cause of cardiovascular illness and death and currently affects over 6 million people in the United States.

"There is a relationship between a person's relationship status and their clinical prognosis [with heart failure], and it's important to figure out why that is," said Katarina Leyba, MD, a resident physician at the University of Colorado and the study's lead author.

"As our population is getting older and living longer, it's imperative to determine how to best support the population through the aging process, and that might not be as easy as taking a pill. We need to take a personalized and holistic approach to supporting patients, especially with a chronic disease process like heart failure."

The research is based on data from the Multi-Ethnic Study of Atherosclerosis, a prospective study of 6,800 American adults between 45-84 years old. Among the 94 study participants with heart failure at year 10 of the study, researchers compared <u>survival rates</u> from the time of heart failure diagnosis by gender and marital status over an average follow-up period of 4.7 years.

To separate the role of marital status from other known risk factors, researchers adjusted for age to account for the naturally elevated rate of death among <u>older people</u> and mood status to account for the known impacts of depression and other mood disorders on heart failure survival.

According to the results, men who had never been married were more



than twice as likely to die within approximately five years of diagnosis compared with women of any marital status. Lifelong bachelors were about 2.2 times more likely to die than men who were married, but men who were widowed, divorced or separated did not have an increased risk of death compared with married men. Marital status was not a significant predictor of death among women.

The reasons behind the relationship between a man's marital status and survival after heart failure warrants further study, researchers said. Potential drivers could include social interaction or isolation, which can play an important role in mood and overall health; access to caregiver support for help with home health monitoring, medication adherence and transportation to medical appointments; or differences in health behaviors such as diet, exercise and alcohol intake.

It is likely that different factors play a role for different people but being aware of a patient's situation at home can help to guide more personalized strategies for managing their health, researchers said.

"As clinicians, we need to think about our patients not just in terms of their medical <u>risk factors</u>, but also the context of their life," Leyba said.

There is no cure for heart failure, but medications, dietary modifications and regular physical activity can help patients live longer and reduce common symptoms such as shortness of breath, fatigue and swelling. As a chronic condition, heart failure should be closely monitored and actively managed for the rest of a patient's life. This includes frequent clinic visits and a significant amount of self-monitoring at home, such as daily weight checks (rapid weight gain can give an early warning of fluid buildup) and active monitoring of swelling, worsening shortness of breath, fatigue, medication side effects and other issues.

To inform and optimize **heart** failure treatment plans for each individual



patient, researchers suggest clinicians speak with patients about their home life and consider how their relationship <u>status</u> might affect their <u>heart failure</u> journey.

More information: Conference:

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