Research

Ischemic Heart Disease and Heart Failure Outcomes in VAMCs

Outcomes of care for patients with ischemic heart disease (IHD) and heart failure (HF) may vary across VA medical centers (VAMCs). Groeneveld and coauthors studied 930,079 patients with IHD and 348,015 with HF among 138 VAMCs and their outpatient clinics between 2010 and 2014. Risk-standardized mortality rates varied from 5.5% to 9.4% for IHD and from 11.1% to 18.9% for HF and significantly exceeded the national means for IHD and HF in 29 and 35 VAMCs, respectively. In an Editorial, Heidenreich discusses the need to address quality measures known to improve mortality to identify interventions that will improve outcomes.

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CVD Events and Deaths With 2014 vs 2017 HT Guidelines

The potential association of the 2017 American College of Cardiology/American Heart Association hypertension (HT) guidelines with cardiovascular disease (CVD) events and mortality is uncertain. Using 2013-2016 National Health and Nutrition Examination Survey data, Bundy and coauthors estimated that 35.9% of US adults will be recommended for HT treatment according to the 2017 guidelines compared with 31.1% according to the 2014 guidelines. Assuming that US adults achieve recommended goals, this would result in a reduction of 610,000 CVD events and 334,000 total deaths. In an Editorial, Fine, Goff, and Mensah indicate that these data show the possible benefits of more effective HT treatment but also emphasize that lifestyle factors will reduce the number of individuals requiring treatment and the intensity of therapy when it is required.

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