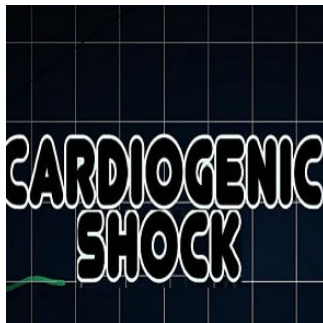

Patients with Cardiogenic Shock Fare Well Post-Discharge



A new study published in the *Journal of the American College of Cardiology* shows that heart attack patients who experience cardiogenic shock have a higher risk of death or rehospitalisation than non-shock patients in the first 60 days post-discharge, but the gap between the two groups narrows by the end of the first year.

For the purpose of the study, data from 112,561 heart attack patients treated at 677 U.S. hospitals was obtained from the American College of Cardiology's National Cardiovascular Data Registry's ACTION Registry-GWTG linked with Centers for Medicare & Medicaid Services claims data. 5 percent of these patients experienced cardiogenic shock during their initial hospitalisation.

The analysis showed that at 60 days, nearly 34 percent of shock patients were rehospitalised or died as compared to 25 percent of non-shock patients. However, at the end of the first year, the gap narrowed down to 59 percent of shock patients being rehospitalised or dying as compared to 52 percent of non-shock patients.

The study thus demonstrated that patients who survive to 60 days have similar outcomes, regardless of their shock status. The researchers adjusted for other patient characteristics such as age and gender; comorbid conditions, including high blood pressure, high cholesterol, and chronic lung disease; hospital region and size; and in-hospital events and interventions. Other factors that were also considered include older age, discharge to a skilled nursing facility, and the number of hospitalisations in the year before the heart attack.

Rashmee Shah, MD, the study's lead author and assistant professor of medicine at the University of Utah in Salt Lake City, highlights the need to address the immediate post-hospital period as that is the stage at which patients are most vulnerable. She explains that research must be conducted to identify reasons for this pattern so that appropriate interventions could be used to improve early survival.

"We have to better understand this pattern of early mortality versus late survivorship," said Valentin Fuster, MD, PhD, JACC editor-in-chief. "We need to better understand the mechanism, in order to possibly convert these early mortality rates."

Source: [Journal of the American College of Cardiology](#)

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