

The Rich Do Better After Heart Surgery



According to a study published in the *Journal of the American College of Cardiology*, survival after cardiac surgery is dependant in part on the income of the patient.

People living in the lower socio-economic bracket have higher mortality risk mainly due to a higher burden of cardiovascular disease but because the association between income and survival was still unclear, this study investigated the association between disposable income and long-term mortality after cardiac surgery.

The study, conducted by Swedish researchers, evaluated the results of cardiac surgery in 100,543 patients who were followed for an average of seven years after surgery. The findings showed that the higher a person's income, the lower their risk of death. As compared to one-fifth of the patients with the lowest income, those in the next fifth had a 7 percent reduced risk of death. Patients in the third one-fifth had a 13 percent reduced risk while the fourth one-fifth had a 22 percent reduced risk. The richest one-fifth had a 29 percent reduced risk and were least likely to die as compared to those in the poorest group.

These findings confirm the results of previous studies that also found an association between low socioeconomic status and higher risk for cardiac disease. The researchers of this new study point out that the results do not account for factors such as smoking, diet and physical activity but did consider variables such as sex, hypertension, diabetes, cancer, stroke and others. They also note that it may be possible that severe cardiac illness leads to lower income levels rather than the opposite.

"We have found a relationship between income and survival," said the lead author, Dr. Ulrik Sartipy, a cardiac surgeon at the Karolinska University Hospital. "But that doesn't mean that there is a causal effect."

Based on the findings of this study, a strong inverse association was observed between income and mortality following cardiac surgery and this association was independent of other socioeconomic status variables, comorbidities and cardiovascular risk profile.

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

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