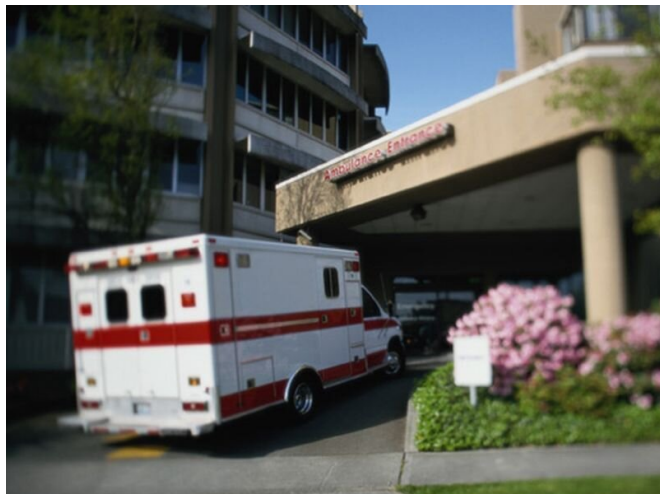


Drop in ED visits for cardiac conditions tied to later cardiac deaths

14 January 2021



departments for suspected cardiac disease were associated with 3.1 to 8.4 excess cardiac deaths, corresponding to the estimated mortality lag times of zero and 18 days, respectively. During the [pandemic](#) period, weekly excess cardiac mortality due to nonattendance at emergency departments was 84 to 232 deaths, corresponding to an 18 percent increase in weekly non-COVID-19 [cardiac mortality](#) versus the previous five years. This finding suggests that one cardiac death could have been prevented or delayed for every 12 emergency department visits with suspected [cardiac disease](#).

"These findings should alert policymakers to the importance of ensuring that any measures introduced to control and manage severe acute respiratory syndrome coronavirus 2 infection do not adversely impact the management of acute cardiovascular [disease](#)," the authors write.

(HealthDay)—Reduced emergency department visits for suspected cardiac disease during the COVID-19 pandemic peak in England are associated with a time-lagged increase in cardiac mortality, according to a research letter published online Dec. 20 in *Circulation: Cardiovascular Quality and Outcomes*.

Michail Katsoulis, Ph.D., from University College London, and colleagues used data from the Public Health England Emergency Department Syndromic Surveillance System to quantify the change in daily [emergency department](#) visits for suspected cardiac disease before and during the COVID-19 pandemic.

The researchers found that during the COVID-19 pandemic period (March 12 to April 15, 2020), there was a decline of 2,750 emergency department visits per week for suspected cardiac disease (~35 percent decrease) compared with the average weekly admission before the pandemic in 2020. Every 100 nonattendances at emergency

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APA citation: Drop in ED visits for cardiac conditions tied to later cardiac deaths (2021, January 14) retrieved 6 May 2021 from <https://medicalxpress.com/news/2021-01-ed-cardiac-conditions-tied-deaths.html>

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