

Heart failure Gender Gap

Women in Ireland wait nearly twice as long as men to receive heart failure diagnosis

Female patients in Ireland are waiting almost twice as long as men to be diagnosed with heart failure, with delays to diagnosis associated with poorer quality of life, mental health issues and impact on relationships, a new report has revealed.



Professor Ken McDonald, Clinical Professor at UCD and Consultant Cardiologist at St Vincent's Healthcare Group. Clinical Lead of the HSE National Heart Programme

The report launched last month, *State of the Heart: Examining the current state of heart failure diagnosis and care in Ireland*, by Roche Diagnostics and the national heart and stroke charity the Irish Heart Foundation, sheds light on the stark realities of being diagnosed with heart failure in Ireland, and highlights the need for early and accurate diagnosis to ensure patients can receive rapid access to the care they need.

The report analyses data from a first of its kind survey of heart failure patients in Ireland, conducted by Censuswide, which reveals the staggering reality of some patients' experiences of diagnosis, the difficulties of living with heart failure during the Covid-19 pandemic, and the need to better educate the public on the symptoms of the condition.

The report identifies a significant gender disparity between the experiences of male and female patients, with female patients waiting longer to be diagnosed with heart failure than men. On average, women have to wait five weeks to receive a formal diagnosis of heart failure, compared to men who have to wait three weeks. Women are also more likely to delay seeking help from health professionals after

first developing symptoms, with females making appointments at four weeks - almost twice as long as males.

Heart failure experts often warn that a key challenge in diagnosing heart failure is that many people are not aware of the symptoms. Only 7% of the Irish population can correctly identify three symptoms of heart failure.¹ Furthermore, common heart failure symptoms, such as fatigue, shortness of breath and swollen ankles and legs, are not unique to the condition, making it difficult for patients and healthcare professionals to recognise the early signs of heart failure.²

The report also exposes the personal toll of a late heart failure diagnosis, finding that 72% of patients said that their lives would have been better if they had received their diagnosis earlier. It revealed that a delayed diagnosis can have negative emotional, social, and financial impacts, finding that:

- Mental health is the most identified negative impact of a delayed diagnosis, with 70% of respondents saying their emotional wellbeing or mental health was affected. Females (73%) also experienced a greater mental health impact than males (69%).
- More than half (58%) said their delayed diagnosis had impacted their ability to work, resulting in financial losses.
- A delayed diagnosis also influences patients' personal relationships and their family

life. The report found this is more common for women, with 39% feeling their relationship with their partner was negatively impacted compared with a quarter (25%) of men.

- While waiting to receive a final diagnosis for heart failure, over a third (37%) of patients do not understand their prognosis. This is more typical for women, with 43% noting they did not understand their prognosis compared with 35% of males.

The report recommends there should be increased signposting for patient access to the right information and tools to better understand the impact of their condition. In addition, the report recommends there should be increased education for the general public on the symptoms of heart failure to support earlier detection of the condition.

The route to heart failure diagnosis is often long and complicated and receiving a diagnosis in Ireland can be a difficult journey for patients.³ Heart failure is notoriously difficult to diagnose and healthcare professionals need access to the right tools to make an accurate diagnosis.⁴

Measuring natriuretic peptide levels provides healthcare professionals with the information they need to identify a potential case of heart failure, or rapidly rule it out.⁵ However, until recently, GPs in Ireland did not have access to these tests, such as NT-proBNP, and this contributed to patients experiencing delays in being referred for echocardiography and specialist assessment.⁶

While there has been a recent push for GPs to have access to these tests, the report calls for the planned access to NT-proBNP in primary care to be accelerated and applied consistently across Ireland, to ensure potential cases of heart failure are identified at the earliest opportunity.

Professor Ken McDonald, Clinical Professor at UCD and Consultant Cardiologist at St Vincent's Healthcare Group. Clinical Lead of the HSE National Heart Programme, comments, "A delayed diagnosis of heart failure has a significant impact

on people's lives and, in many cases, causes avoidable health deterioration and mental distress. Heart failure merits the earliest possible diagnosis and treatment and a prolonged delay in diagnosis worsens outlook.

"It is therefore crucial that we continue to drive forward the solutions being introduced by HSE, including ensuring that GPs have access to the right testing to improve diagnosis and management. I am hopeful that the outlook for patients is improving - we must work together to ensure this becomes the reality for patients."

References

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