



## **CARDIOVASCULAR ADMISSIONS DECLINE ESPECIALLY FOR PATIENTS WITH DIABETES**

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HEART attack, stroke and heart failure-related admissions to Victorian hospitals declined during 2004–2016 more rapidly for people with diabetes than for those without diabetes, perhaps because of more aggressive treatment, according to research published today by the *Medical Journal of Australia*.

Researchers from St Vincent's Hospital Melbourne, the University of Melbourne and La Trobe University analysed hospital discharge data from the Victorian Admitted Episode Dataset for 1 January 1999 – 31 December 2016, targeting three cardiovascular disease complications – acute myocardial infarction (AMI), stroke, and heart failure. Admission rates were calculated for people with type 1 diabetes, type 2 diabetes, and for people without diabetes.

"A total of 382 107 patients were admitted to Victorian hospitals during 2004–2016 with cardiovascular complications: 278 991 without diabetes (73%), 3645 with type 1 diabetes (1%), and 99 471 with type 2 diabetes (26%)," the researchers reported.

"AMI admission rates declined during this period for people with type 1 (-7.7% per year) or type 2 diabetes (-11.4% per year), as well as for people without diabetes (-5.0% per year).

"Stroke admission rates declined significantly during 2004–2016 for people with type 1 diabetes (-7.2% per year); for people with type 2 diabetes, rates declined during 2005–2011 and 2014–2016, but not during 2011–2014 (overall change: -11.9% per year). For patients without diabetes, the decline during 2005–2014 was significant (-4.1% per year), but not during 2015–2016.

"Admissions for heart failure declined during 2004–2016 for people with type 1 diabetes (-10.3% per year) or type 2 diabetes (-9.2% per year), and also for people without diabetes."

The researchers concluded that the relatively greater absolute decline in the number of admissions for people with diabetes "may be related to the fact that they are considered to be at high risk for cardiovascular disease and are therefore treated more aggressively".

"The scope for reducing risk with multifactorial target-driven interventions is greater in these patients," they wrote.

"Nevertheless, admission rates for cardiovascular complications of people with diabetes remain relatively high."

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