

Heart failure is a condition where the pumping action of the heart is weakened, so that the blood does not transport enough oxygen through the body. Symptoms include general fatigue and shortness of breath. The symptoms are often mistaken for general signs of aging. Chronic heart failure reduces both quality of life and the patient's life expectancy. There are many possible reasons for heart failure, but the most common ones are a previous myocardial infarction, hypertension or valvular heart disease.

Background

Heart failure can be identified by means of a blood test (proBNP), and it is often assessed using heart rhythm testing (ECG) and ultrasound examination of the heart (echocardiography), and in many cases also an examination of the coronary arteries (angiography). A patient's regular GP can perform an ECG, while echocardiography examinations must be carried out by a specialist in diseases of the heart.

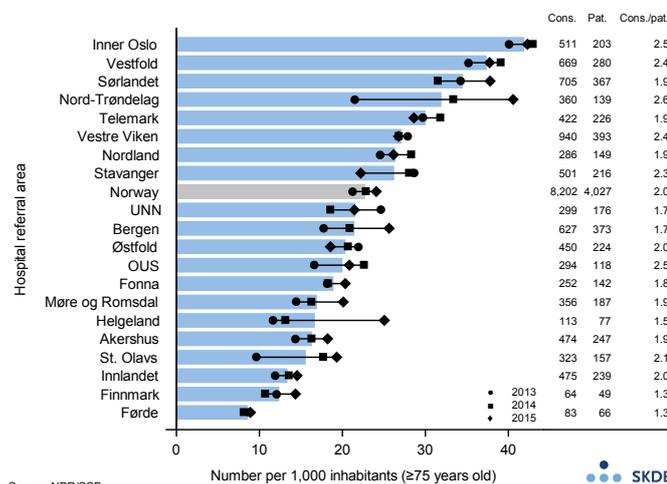
Heart failure is mainly treated with medication to reduce the load on the heart and slow down the heart rate. For a small proportion of patients, heart valve surgery or having a pacemaker fitted to synchronise heart beats are possible treatment options.

Results

Approx. 4,000 patients with heart failure as their primary diagnosis have a total of approx. 8,200 outpatient consultations per year. People resident in Inner Oslo hospital referral area use outpatient services nearly five times as much as people in the Førde area. The number of appointments per patient per year varies from 1.3 to 2.5.

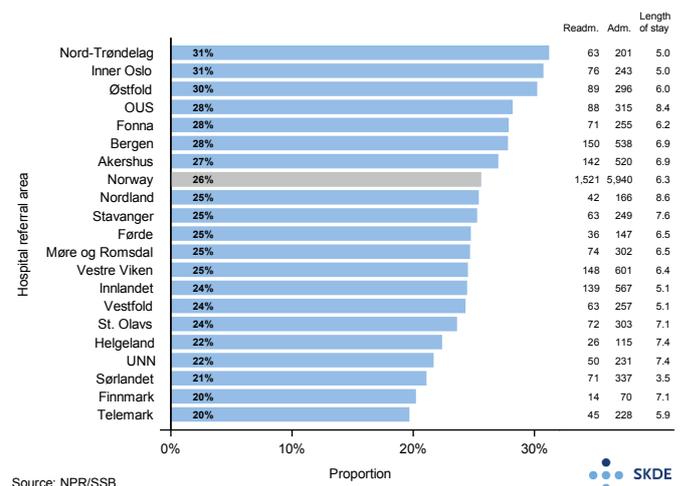
There are approx. 6,700 admissions with heart failure as the primary diagnosis each year. Residents of OUS hospital referral area are admitted 50% more often than residents of the Stavanger area. There is no correlation between the use of outpatient services and admissions.

Of the patients admitted for heart failure, 26% are readmitted within 30 days. The readmission rate is 60% higher in Nord-Trøndelag hospital referral area than in Telemark.



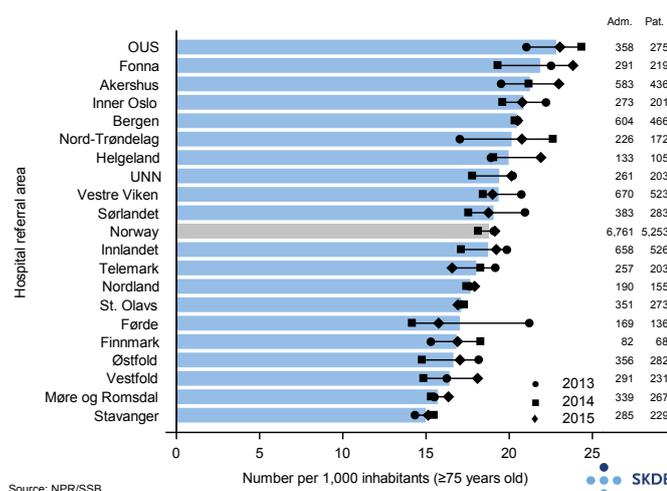
Source: NPR/SSB

Number of consultations per 1,000 population, adjusted for gender and age. Av. number of consultations, patients and consultations per patient per year.



Source: NPR/SSB

Readmissions as a proportion of primary admissions, adjusted for gender and age. Av. number of readmissions, primary admissions and length of stay for primary admissions.



Source: NPR/SSB

Number of admissions per 1,000 population, adjusted for gender and age. Av. number of admissions and patients per year.

Comments

The variation in the use of outpatient services in connection with heart failure must be characterised as unwarranted. Patients' regular GPs and specialists often cooperate on the treatment of heart failure, and the ways in which they cooperate may differ. Some areas have a high use of specialist outpatient services for conditions that in other areas are to a much greater extent treated by regular GPs.

The fact that we cannot find any connection between the number of outpatient consultations and admissions can be interpreted as an indication that use of outpatient services does not appear to prevent admissions.

There is no clear connection between the assumed morbidity in the population and the use of heart failure-related services. The Finnmark area, which has a high prevalence of cardiovascular diseases, has low usage rates for both outpatient services and admissions, and a low readmission rate. The Inner Oslo area has high usage rates for both outpatient services and admissions, as well as a high readmission