

# Cardiovascular Disparities; COVID-19 and Beyond

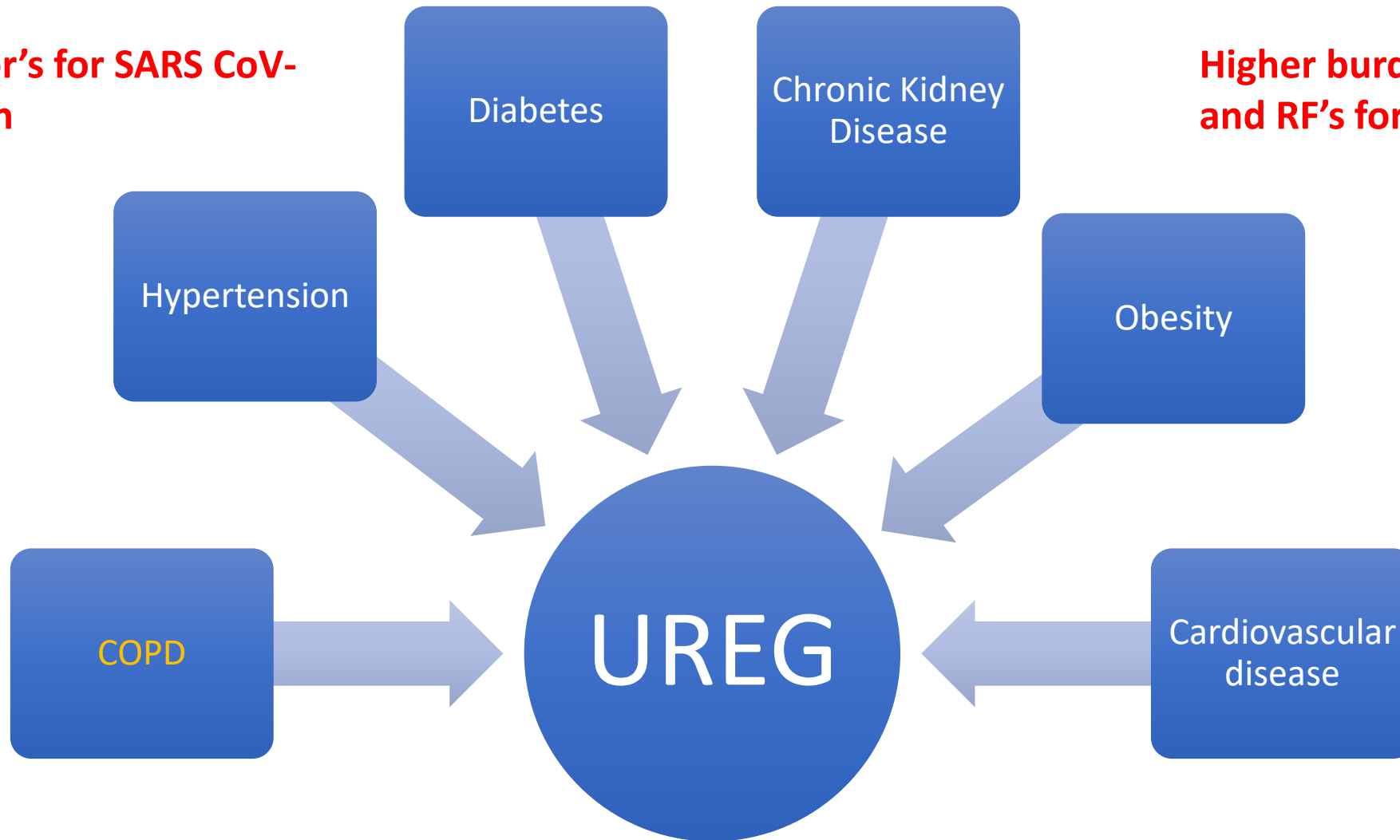
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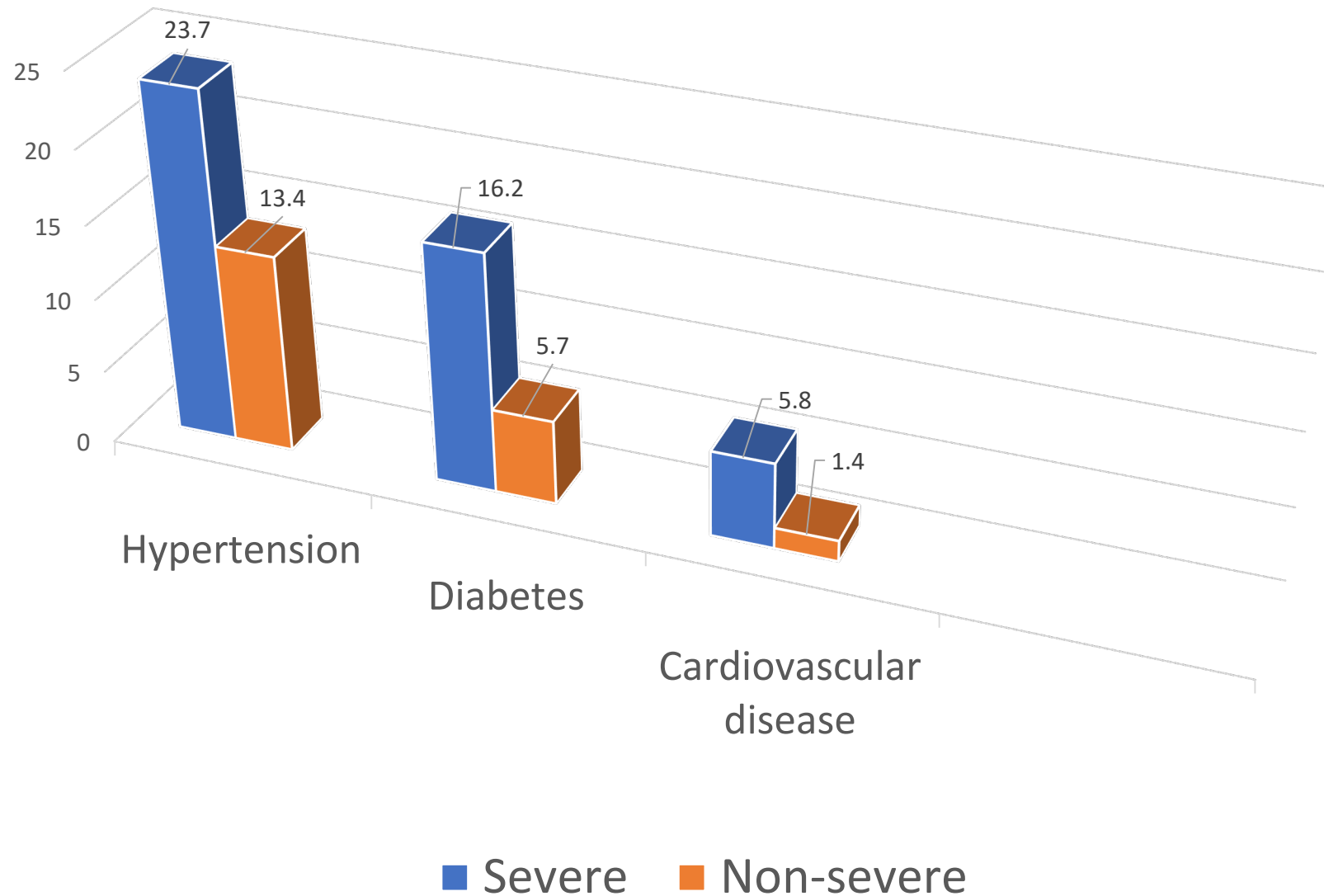
**Risk Factor's for SARS CoV-2 infection**



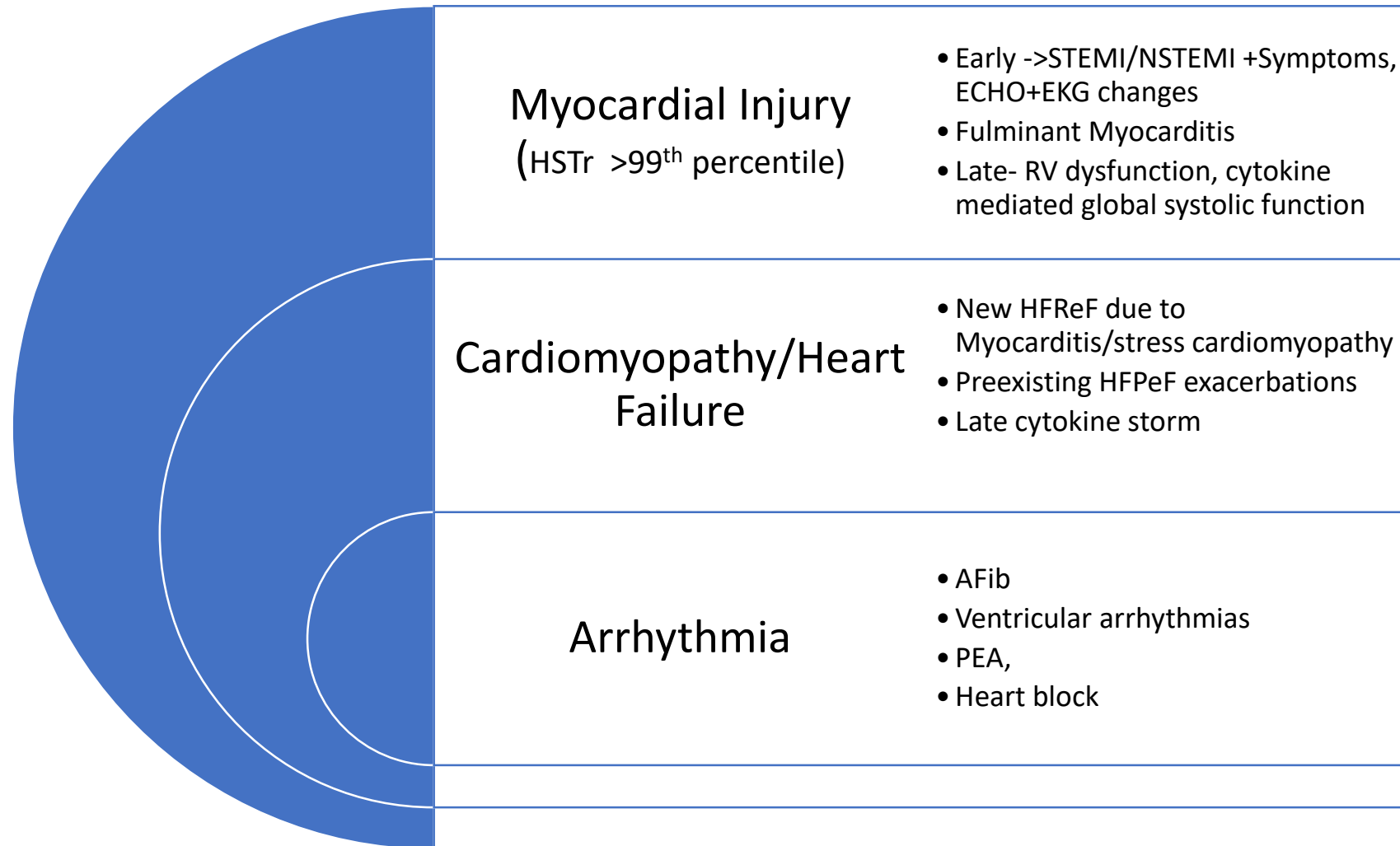
**Higher burden of CV disease and RF's for CV disease**

**Duality of Risk**

# COVID-19 Outcomes by pre-existing disease



# CV Complications of COVID-19





# Interventions

- Supportive care
- Remdesivir ( multiple ongoing clinical trials)  
monitor for CYP 3A/4 interactions (statins, other immunosuppressants)
- Chloroquine/Hydroxychloroquine (4 clinical trials)  
QT prolongation **particularly in blacks known to have longer baseline QTC and LVH**
- IL-6, Colchicine, Steroids
- Anticoagulants (critically-II)

# COVID impact on CV care

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Reduction in STEMI presentations by 38%

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Reduction in HF hospitalizations (Mississippi) >20/week to <5. Decrease in brain imaging typically associated with stroke evaluation

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Increase in at home deaths and possibly SCA from Italy and the US

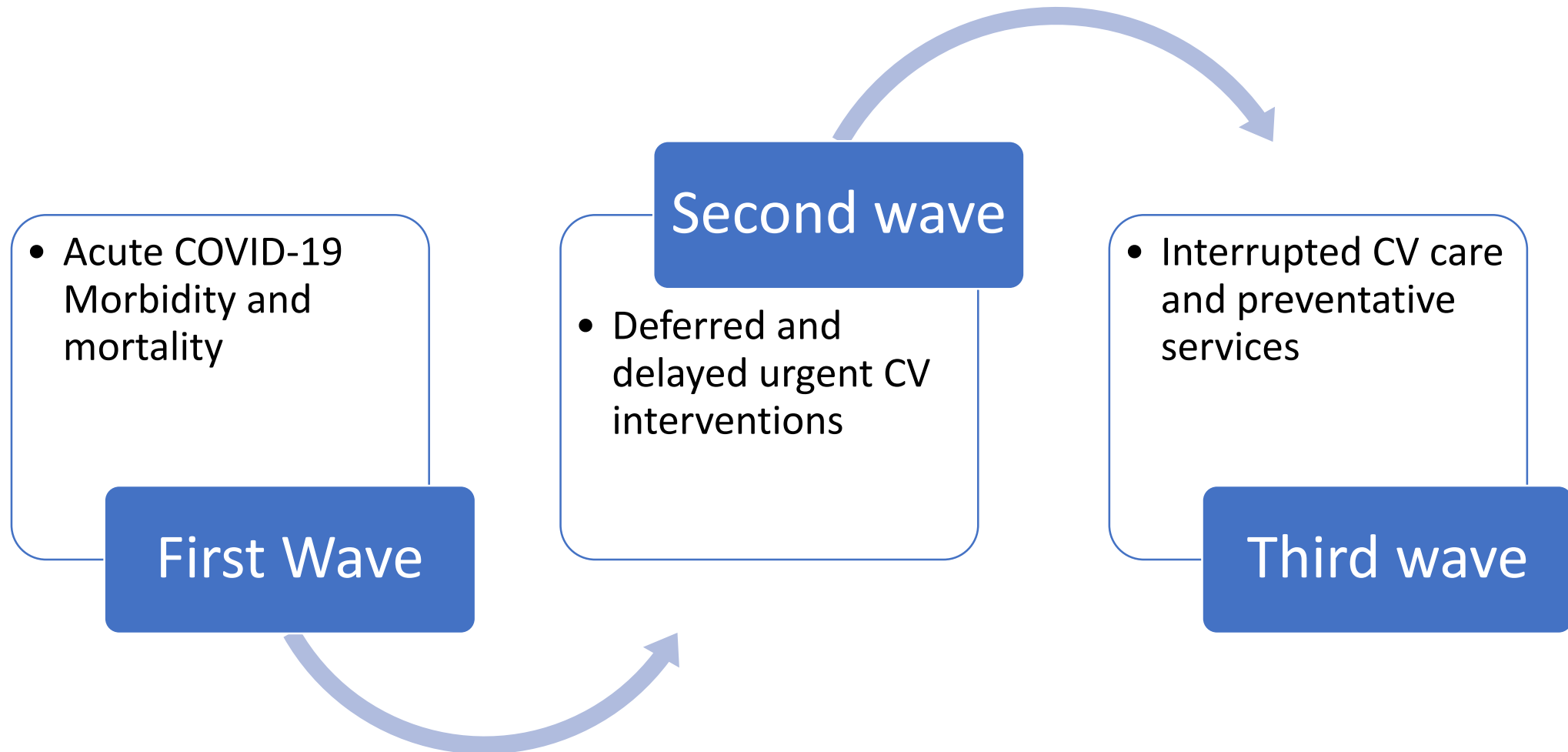
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**? Racial differences in healthcare utilization by race, technology based-care delivery, “emergent/urgent intervention) recent suggestions of bias/preference**

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Patients are more likely to not seek care (calling 911), refuse EMS recommendations, and have care delayed.

# Long-term Effect of COVID on CV disease



# References

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- Patel, Loungani, Granger Medicine grand rounds. May 15, 2020