



# **EPIDEMIOLOGY AND CLINICAL TRENDS OF AORTIC VALVE DISEASE IN INDIA: A COMPREHENSIVE ANALYSIS OF PREVALENCE, AND SURGICAL AORTIC VALVE REPLACEMENT (SAVR) UTILIZATION**

**Presented By: Dr. Ayush Tiwari**

**Under the Guidance of: Dr. Vinod Kumar SV**



# INTRODUCTION

---

## Aortic Valve Disease:

- Cardiovascular condition significantly contributing to morbidity and mortality worldwide.
- Untreated AVD can lead to cognitive heart failure, and premature mortality.

## Surgical Aortic Valve Replacement (SAVR):

- The treatment remains the gold standard for treating severe AVD
- It provides symptom relief and improving survival rates.

## Purpose:

- This dissertation aims to comprehensively analyze the epidemiology of AVD in India, focusing on prevalence, and trends in SAVR utilization.
- The study will identify demographic, geographic, and socioeconomic disparities in AVD diagnosis and treatment, and propose evidence-based recommendations to improve management and surgical accessibility.



# OBJECTIVES

---

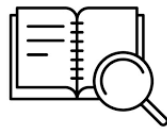
- To estimate the prevalence of aortic valve disease in India using secondary data sources
- To analyse trends in SAVR utilization, including patient demographics, clinical outcomes, and procedural volume changes over time
- To identify geographic and socioeconomic disparities affecting diagnosis and treatment of AVD
- To provide recommendations for improving AVD management and SAVR accessibility in India



# RESEARCH QUESTIONS

---

- What are the current prevalence rates of AVD in India, and how have SAVR utilization trends evolved?
- What disparities exist in AVD diagnosis and treatment, and what are their implications for healthcare policy?



# LITERATURE REVIEW

| S.no. | Author           | Year | Title                                            | Key Findings                                                                 |
|-------|------------------|------|--------------------------------------------------|------------------------------------------------------------------------------|
| 1.    | Manjunath et al. | 2014 | Incidence and Patterns of Valvular Heart Disease | Rising AVD burden, rheumatic heart disease predominant, especially in youth. |
| 2.    | Sengupta et al.  | 2017 | Aortic Stenosis in the Indian Subcontinent       | SAVR underutilized; early detection and community screening needed.          |
| 3.    | Vahanian et al.  | 2022 | 2021 ESC/EACTS Guidelines                        | Emphasizes timely diagnosis and heart team-based management.                 |
| 4.    | Thakur et al.    | 2019 | Burden of Valvular Heart Disease                 | Significant regional prevalence differences linked to socioeconomic factors. |
| 5.    | Krishnan et al.  | 2018 | Trends in Cardiovascular Surgeries               | SAVR numbers rising; male predominance noted.                                |

| S.no. | Author          | Year | Title                                 | Key Findings                                                                |
|-------|-----------------|------|---------------------------------------|-----------------------------------------------------------------------------|
| 6.    | Arora et al.    | 2020 | Barriers to Surgical Treatment of AVD | Barriers: high costs, rural access issues, delayed diagnosis.               |
| 7.    | Banerjee et al. | 2023 | Epidemiology and Outcomes of SAVR     | Good outcomes, but delayed referral and access remain challenges.           |
| 8.    | GBD 2019        | 2020 | Global Burden of Disease Study        | AVD incidence and prevalence increasing with aging population.              |
| 9.    | Kumar et al.    | 2021 | Valve Surgeries in India              | Shift toward bioprosthetic valves due to patient preference and technology. |
| 10.   | Sharma et al.   | 2016 | National Registry Challenges          | Lack of national registry hampers planning and quality control.             |



# METHODOLOGY

---

## **Study Design**

This research follows a narrative literature review of secondary data on AVD epidemiology and SAVR utilization in India.

## **Data Sources and Collection Procedure**

Data was collected from reputable databases including:

- PubMed
- Indian Heart Journal
- Cardiovascular Surgery Reports,
- Ministry of Health Publications
- GBD 2019
- Google Scholar



# RESULTS

| Parameter                       | Observation                                               |
|---------------------------------|-----------------------------------------------------------|
| Estimated AVD prevalence        | 2–3 per 1,000 adults (age ≥60 years)                      |
| Common etiologies               | Degenerative (urban), Rheumatic (rural)                   |
| Gender ratio in SAVR            | Male: Female ≈ 1.6:1                                      |
| Average age of SAVR patients    | 62.4 years                                                |
| Hospital types                  | Tertiary-care private hospitals                           |
| In-hospital mortality post-SAVR | 2.4% (range 1.6%–3.1%)                                    |
| Reported barriers               | Cost (84%), Rural location (66%), Delayed diagnosis (54%) |

## Epidemiological and Clinical Parameters of AVD and SAVR

The review reveals a rising AVD prevalence in India, estimated at 2–3 per 1,000 adults aged ≥60 years. Rheumatic etiology predominates in rural areas, while degenerative causes are common in urban settings. SAVR utilization has increased, with an estimated 8,600 procedures projected for 2024, primarily in urban tertiary centers.



Figure 4.1: Age-wise Prevalence of Aortic Valve Disease in India

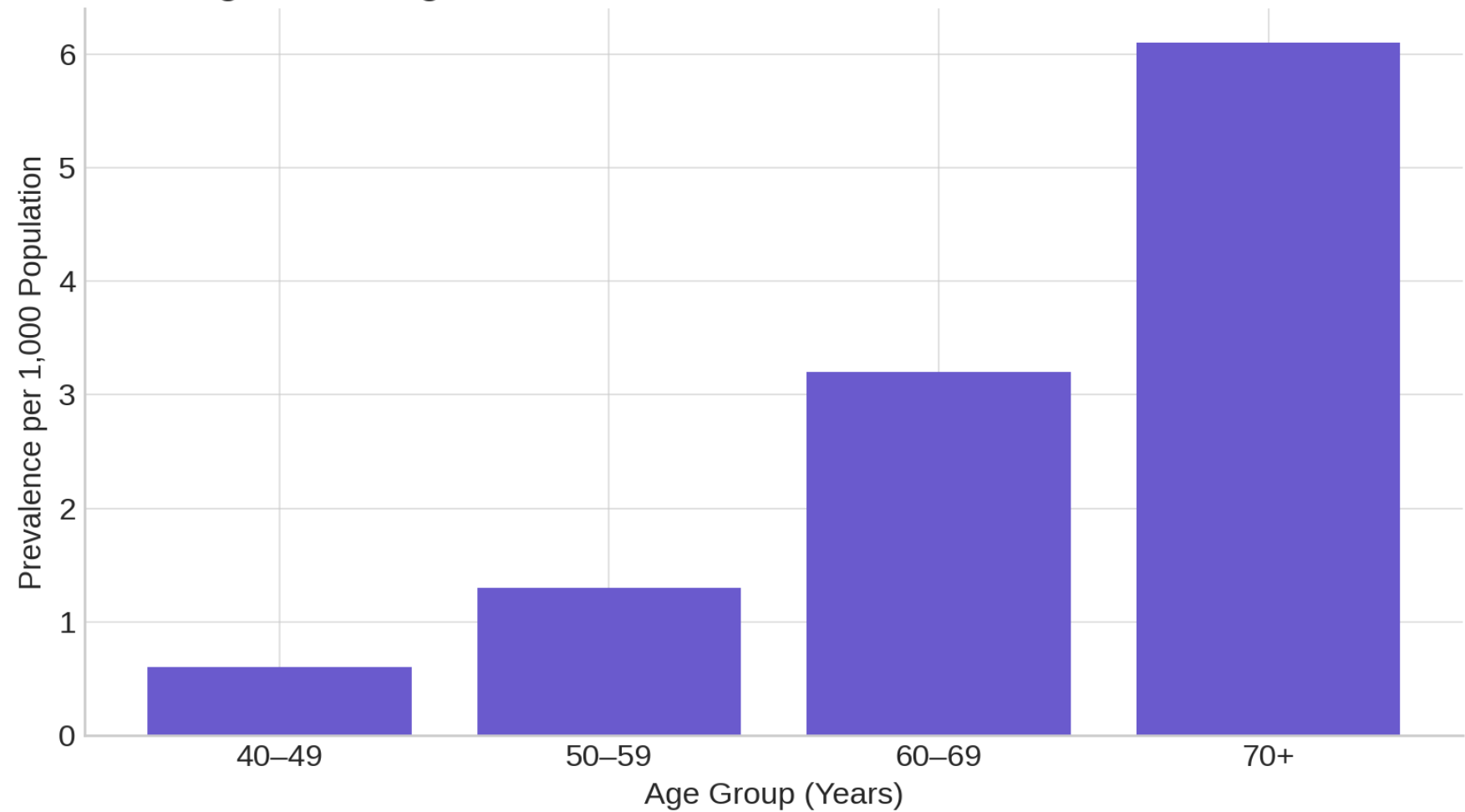
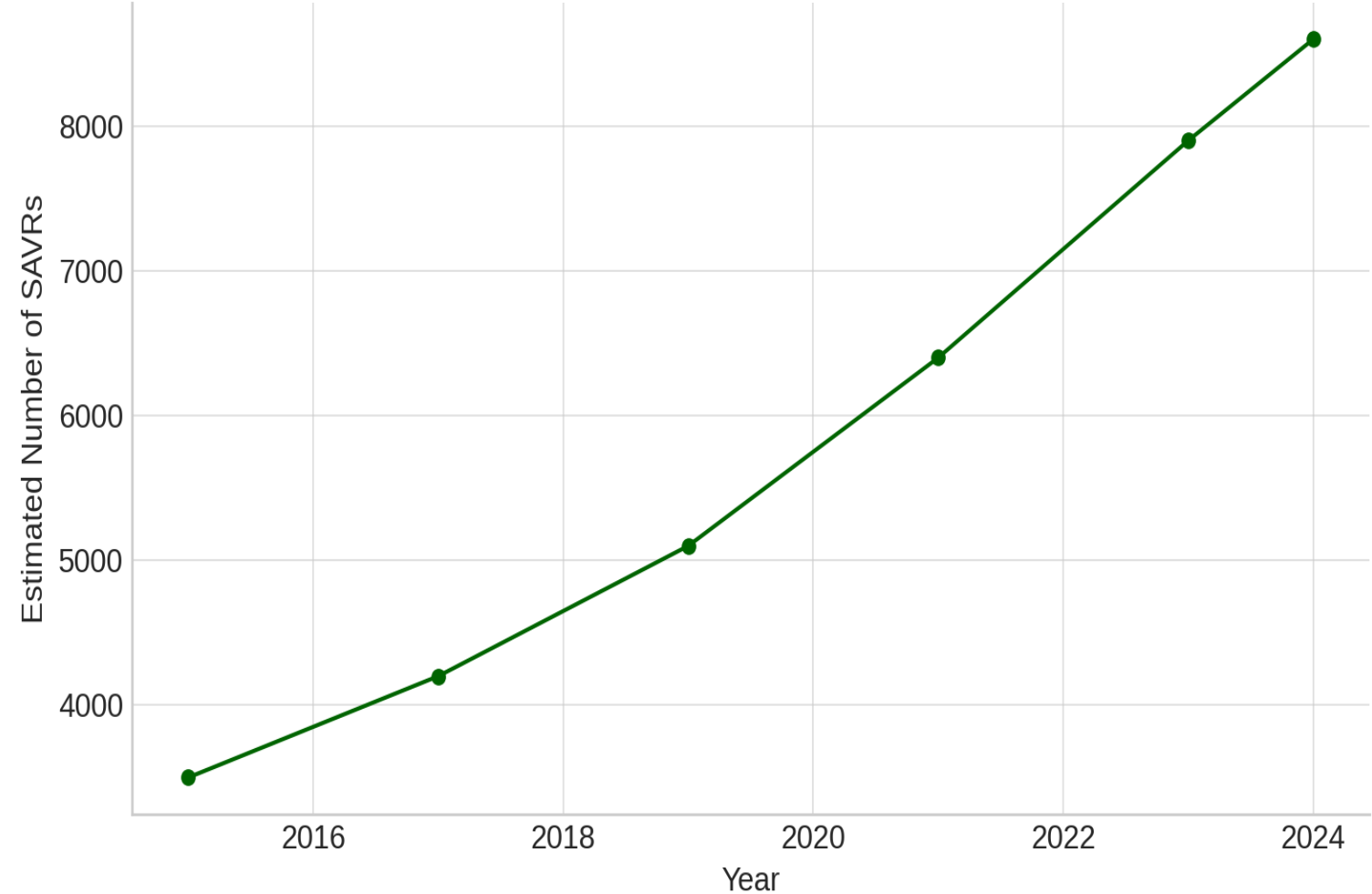


Figure 4.2: Growth in SAVR Procedures (2015–2024)



SAVR Clinical Outcomes

| Outcome Metric               | Value    |
|------------------------------|----------|
| In-hospital Mortality        | 2.4%     |
| Average Length of Stay (LOS) | 7.5 days |
| 1-Year Survival Rate         | 92%      |

Figure 4.3: Gender Distribution among SAVR Recipients

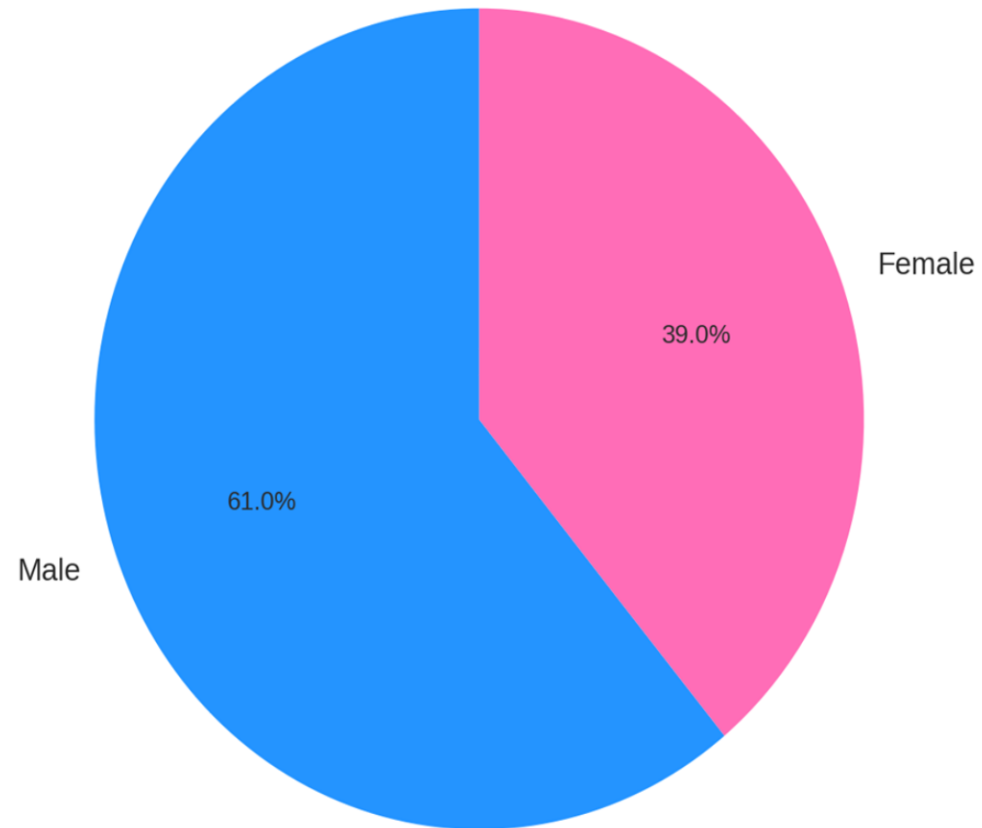
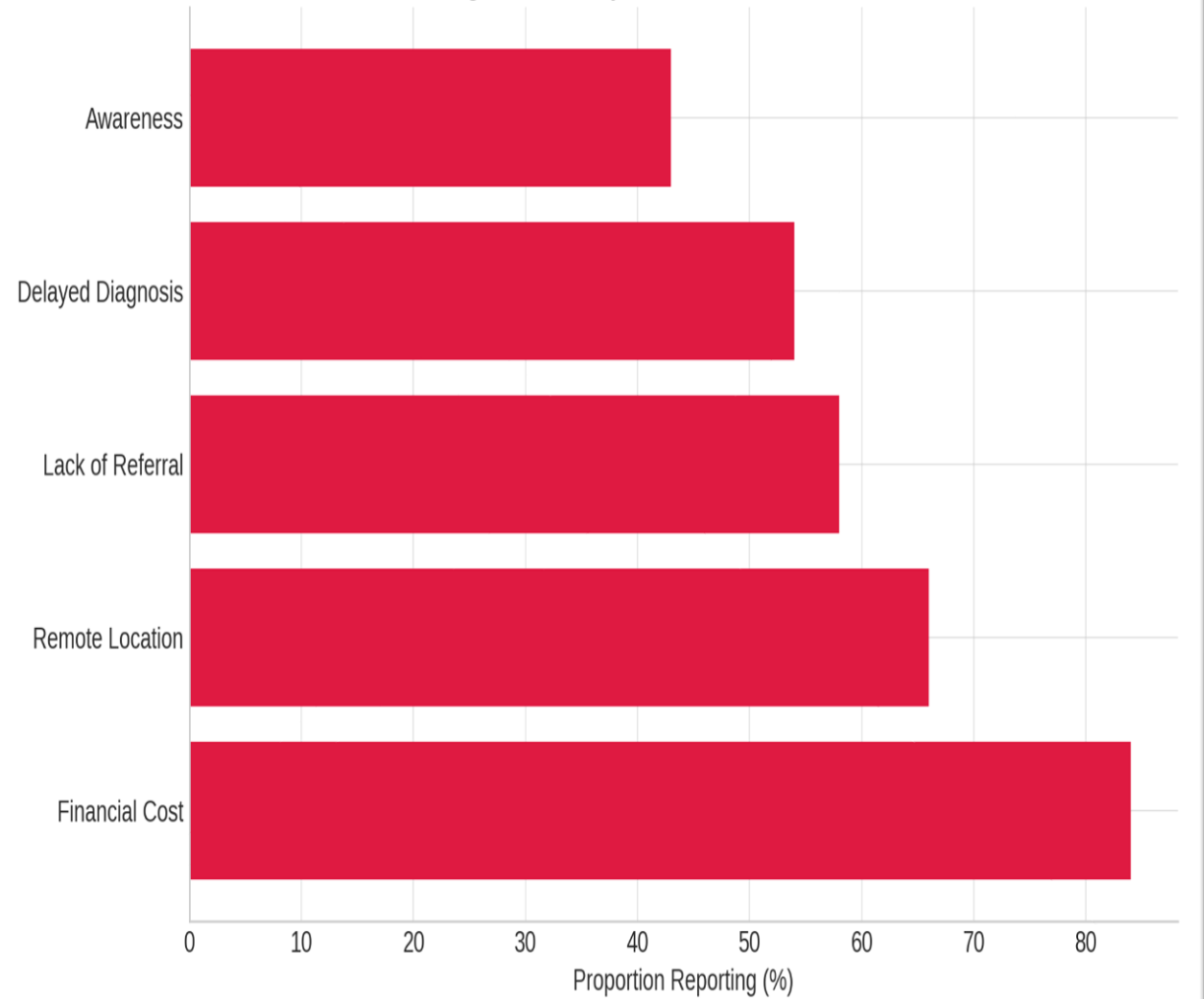


Figure 4.4: Key Barriers to SAVR Access





# CONCLUSION

---

AVD is a growing health burden in India, with increasing prevalence and SAVR utilization. However, disparities in access, driven by cost, geography, and delayed diagnosis, persist. This study provides a comprehensive synthesis of secondary data, highlighting the need for targeted interventions to enhance equitable cardiac care.

## Key Insights from the Study:

- AVD is an emerging public health issue in India, with a rising burden among older adults due to both rheumatic and degenerative causes.
- Significant disparities exist in access to surgical care (SAVR)—rural populations, women, and low-income groups face the greatest barriers.
- Improved outcomes are seen in leading centers, but high costs and limited insurance coverage restrict access for many.



# RECOMMENDATIONS

---

- Establish a National AVD Registry to track incidence, prevalence, and outcomes.
- Conduct opportunistic echocardiographic scanning for high-risk groups, based on feasibility.
- Include SAVR in government insurance schemes like Ayushman Bharat.
- Expand cardiac surgical facilities in tier-2 cities and rural areas.
- Support research comparing SAVR and TAVR outcomes in Indian populations.

## Policy Implication Summary

| Policy Area            | Recommendation                                              |
|------------------------|-------------------------------------------------------------|
| Screening & Diagnosis  | Conduct opportunistic echocardiographic scanning            |
| Access & Affordability | Include SAVR in Ayushman Bharat.                            |
| Data Systems           | Develop a National Valve Disease Registry.                  |
| Infrastructure         | Invest in cardiac surgery facilities in tier-2/rural areas. |
| Research & Innovation  | Support SAVR vs. TAVR comparative studies.                  |

Thank You