

Beyond the Numbers: A Critical Analysis of DATASUS on Cardiovascular Mortality

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Dear Editor,

We are writing to express our appreciation for the article “Epidemiological Analysis of Emergency Hospitalizations in Brazil Due to Cardiovascular Diseases From 2013 to 2023” by Luiz et al.¹ This work is of great relevance, as it provides a robust and updated epidemiological overview (2013–2023) of Cardiovascular Diseases (CVD) in Brazil, which remain one of the country’s major public health challenges. The use of a decade of DATASUS data gives the study indispensable temporal breadth for long-term trend analysis, representing one of its greatest strengths.

The identification of specific trends, such as the significant reduction in emergency hospitalizations in 2020 and 2021 (likely due to the impact of COVID-19) and the subsequent increase in mortality in 2021 and 2022, is a crucial finding. This suggests a possible delay in the treatment of severe conditions and deserves further exploration in discussions on health system planning and resilience. In addition, the confirmation of higher prevalence and mortality among male patients and those aged 60–69 reinforces the need for targeted preventive and public health strategies.²

However, we suggest some areas for improvement in the discussion of the article that could enrich the interpretation of the data and increase its scientific impact. The reduction in hospitalizations during the pandemic (2020–2021) could be discussed more explicitly in the context of DATASUS

limitations. It is vital to consider whether this reduction reflects a real decline in CVD cases or a bias of underreporting and selection, given hospital overload and reduced demand for emergency care due to fear of contamination.

The notable increase in mortality in 2021 and 2022 should be correlated with the possible misclassification or failure in recording the underlying cause of death during the peak of the health crisis, when COVID-19 may have been prioritized in records to the detriment of underlying cardiovascular complications.

For a more comprehensive analysis, we suggest that the authors consider including a brief discussion on the homogeneity of the observed trends. Brazil is vast and has regions at different stages of epidemiological transition; the North and Northeast may present hospitalization patterns distinct from the South and Southeast. Discussing whether the reduction in cases and the increase in mortality were uniform across the national territory would add great value for local health managers, preventing national averages from masking important regional inequalities. Mentioning major regional disparities (or the lack thereof) in hospitalization and mortality trends would make the study more useful for health managers in different states.

In summary, the article is already a valuable contribution to the field of Cardiology and Public Health. The suggestions presented are intended solely to strengthen the interpretation of the findings in such a unique epidemiological period.

Keywords

Cardiovascular Diseases; Mortality; Healthcare Disparities.

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