

# Study finds African Americans at greater risk after PCI

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A study from one of the largest public health systems in the country has found that African American patients experienced significantly worse outcomes after angioplasty and stenting than patients of other races, though researchers are not sure why. According to data reported today at the Society for Cardiovascular Angiography and Interventions (SCAI) 32nd Annual Scientific Sessions, no single factor explains why African Americans were at higher risk after percutaneous coronary intervention (PCI), but the hazard was clear.

"We need to be vigilant about evaluating and controlling all risk factors in this vulnerable population of patients," said Sandeep Nathan, MD, an assistant professor of medicine and director of the interventional cardiology fellowship program at the University of Chicago Medical Center. "Despite our best efforts to provide optimal care to all patients, we need to ask, 'What's missing?'"

For the study, Dr. Nathan and his colleagues recruited 1,410 consecutive patients who had a PCI procedure at Cook County Hospital in Chicago. Patients were included in the study only if complete clinical and procedural information was available and follow-up care would be provided through the Cook County public health system. Patients were 57 years old, on average. Some 32% were women and 46% were African American. Patients had PCI for a variety of reasons: stable coronary artery disease in 29.1%, a type of [heart attack](#) known as ST-elevation [myocardial infarction](#) (STEMI) in 17.1%, a non-STEMI heart attack in 27.9%, and unstable angina in 26.0%.

Patients were grouped according to gender and race and followed-up for an average of 1.7 years. During that time, men and women were equally likely to experience a major adverse cardiac event (MACE), which included heart attack, death, or urgent need for another procedure in the treated coronary artery. However, the likelihood of survival without experiencing any of these cardiac problems was significantly lower in African Americans than in patients of other races (78.8% vs. 85.9%, p

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