

Ethnicity affects timing and access to cardiac care

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Ethnicity is having a significant impact on timely access to cardiac care in Calgary and likely across Canada as the population's ethnic diversity grows, according to new research led by a team from the University of Calgary.

An article in the current issue of The <u>American Journal of Cardiology</u> suggests there are ethnic differences in pre-hospital recognition of symptoms and access to care, as well as the care pathway once the patient is hospitalized.

"There are ethnic variations in <u>coronary heart disease</u> symptoms that, when combined with some other factors, may increase the time it takes to get effective treatment," says the Faculty of Nursing's Kathryn King, who headed up the team. Caucasians are more likely to experience only central chest pain while South Asian <u>patients</u> report their symptoms over a larger area of their body. In addition, being non-English speaking was a barrier to care access in this study.

"Chinese patients were least likely to speak English and that could be an obstacle to receipt of care," says King. "Significantly, Caucasian patients were more likely to undergo angiography or medical imaging of the heart within three hours of arriving at emergency than their ethnic counterparts."

The study involved auditing the health records of 406 patients chosen at random representing people with Chinese, South Asian, Southeast Asian,



First Nations and Caucasian backgrounds.

"What it means is that both patients and clinicians need to be aware of ethnic variation in symptoms," says King. "Patients need to know both the classic and atypical presentations of AMI (Acute <u>Myocardial Infarction</u>) and emergency department staff need to recognize them."

Alberta Health Services (AHS) recognizes cultural diversity issues in the province and is addressing it, says co- principal investigator Hude Quan from the U of C's Department of Community Health Sciences. "AHS provides

interpretation services and offers an annual diversity and well-being conference to enhance the diversity competency of those working in the health system."

King is proposing to broaden the study to include Toronto and Vancouver and a total of 1,900 patients from nine hospitals within the three Canadian cities. "Then we can examine the influence of ethnicity on processes

of cardiac care and outcomes across Canada with more conclusive results."

King will also be presenting her group's findings later this month at the Canadian Association for Health Services and Policy Research annual conference in Calgary.

Source: University of Calgary (<u>news</u>: <u>web</u>)

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