

Mexican Americans less likely than whites to call 9-1-1 for stroke

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Mexican Americans are 40 percent less likely than non-Hispanic whites to call 9-1-1 and be taken to the hospital via ambulance for stroke — resulting in medical treatment delays — according to a new study reported in *Stroke: Journal of the American Heart Association*.

For the study, researchers used data from the Brain Attack Surveillance in Corpus Christi, Texas (BASIC project) to compare hospital arrival time and use of ambulance or emergency medical services (EMS) by ethnicity, gender and language preference among 1,134 Mexican Americans and non-Hispanic whites who had ischemic strokes between 2000 and 2006. Subjects were ages 45 years and older; 53 percent Mexican American, 47 percent non-Hispanic white and 52 percent women.

The researchers found that 40 percent of Mexican Americans and 56 percent of whites called 9-1-1 to access EMS. Furthermore, 27 percent of Mexican Americans arrived at the hospital within three hours of [stroke](#) symptoms compared with 29 percent of non-Hispanic whites.

“We know calling 9-1-1 is important for getting prompt and appropriate treatment,” said Lewis B. Morgenstern, M.D., senior study author. “In this study, less than half of people use EMS for stroke. That’s sobering. Everyone should know we have effective treatments for stroke, so they must learn the symptoms and be motivated to call 9-1-1 if they occur.”

The study also found that women, particularly Mexican-American women, were significantly less likely to arrive at the hospital within the crucial three-hour time frame — when a clot-busting drug is approved for [stroke treatment](#). The difference may be because women are more likely to live alone and may not be as aware of stroke symptoms, researchers said.

“Living alone is a very important aspect,” said Morgenstern, director of the stroke program and professor of neurology, epidemiology, emergency medicine and neurosurgery at the University of Michigan, Ann Arbor. “Many people with stroke fall down, have trouble speaking, can’t use their arms and have trouble getting to the phone. So, more than 95 percent of the time when 9-1-1 is called, someone else calls.” According to Morgenstern, more studies are needed to determine the differences based on ethnicity and gender. Mexican Americans in the study were less likely to have medical insurance; however, after adjusting for lack of insurance, researchers still found a noticeable difference in 9-1-1 usage.

“Stroke is an example of a severe disease that has a predilection for Mexican Americans and African Americans,” Morgenstern said. “We are all responsible to try to eliminate those health disparities. Minorities tend to have strokes at younger ages and it can be expensive to patients, families and our healthcare system. We need more research into scientifically proven, appropriate ways to work within the community to prevent and treat stroke.”

Language did not impact whether stroke patients arrived via EMS or within three hours of stroke symptoms. About 70 percent of the Mexican Americans studied spoke English or were bilingual (English and Spanish).

All people, regardless of ethnicity or gender, need to be aware of stroke

symptoms and call 9-1-1 immediately when they occur, said Morgenstern.

He cited three reasons for EMS to take stroke patients to the hospital:

- Patients arrive at the hospital faster.
- Most ambulances are required to call hospitals in advance when transporting a stroke patient, which mobilizes the hospital's stroke team to ensure expert treatment.
- Doctors and nurses respond faster to patients arriving via ambulance.

[Stroke symptoms](#) are:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

“Stroke is a bad disease,” Morgenstern said. “But it’s the most treatable of the bad diseases. Something can be done for [ischemic stroke](#) if you call 9-1-1 and get to the hospital in time.”

Provided by American Heart Association

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