

Asian-Americans getting better heart attack care

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Care for Asian-American heart attack patients improved between 2003 and 2008, according to a study published today in *Circulation: Cardiovascular Quality and Outcomes*, an American Heart Association journal. The study found Asian-Americans and whites received about the same level of care, and that differences in care between the two groups decreased over time. The study is significant because little is known about the treatment and outcomes of Asian-Americans who've suffered a heart attack.

"When it comes to disparities in [cardiovascular care](#), most research has focused on African- Americans and Hispanics, likely because they constitute a large portion of the population," said Feng Qian, M.D., Ph.D., lead study author and research assistant professor in the Department of Anesthesiology at the University of Rochester Medical Center. "This study fills a gap in our knowledge and provides important insights into the health and care of one of the fastest growing racial and ethnic groups in the United States."

According to the 2010 U.S. Census, the Asian-American population, including people having origins in places like China, India, Japan, Korea, Pakistan, the Philippines and Thailand, increased by 43 percent between 2000 and 2010, more than any other major race group. Asian-Americans now make up approximately 5 percent of the U.S. population, up from 4 percent in 2000.

Qian found that Asian-American [heart attack patients](#) were significantly

older (average age 71 vs. 67 for whites) and more likely to have [cardiovascular risk factors](#) and other conditions, including diabetes, [high blood pressure](#), heart failure or smoking, compared with whites.

On the whole, Asian-Americans received nearly the same quality of care as whites, but were less likely to get aspirin (94 percent vs. 97 percent) and [smoking cessation](#) counseling (83 percent vs. 93 percent) when discharged from the hospital, and more likely to receive cholesterol-lowering therapy (91 percent vs. 89 percent). They were also more likely than whites to die in the hospital after a heart attack (12 percent vs. 6 percent).

Although the exact reasons for such differences are unknown, Qian says several factors, such as language barriers, culture of seeking care and medication adherence behavior may play a role.

"The good news is that, despite these small differences, care improved substantially for both Asian-American and white patients," noted Qian. Because Asian-Americans were found to have a higher prevalence of smoking, the research also highlights an important opportunity for improvement – ensuring they receive smoking cessation counseling at discharge.

Researchers analyzed data on more than 107,000 Asian-American and white heart attack patients treated at approximately 380 hospitals across the country between January 2003 and December 2008. All hospitals were enrolled in the American Heart Association's Get With The Guidelines®- Coronary Artery Disease program, a national quality improvement initiative designed to help hospital teams provide quality care aligned with the latest scientific guidelines.

Originally from Shanghai, Qian is passionate about his work and plans to continue studying the health and care of Asian-Americans. He has two

new projects underway – one focusing on the care of Asian-American [heart failure](#) patients, another on disparities in stroke care for Asian-Americans as well as other major ethnic groups.

Qian acknowledges that the current study, funded by a Young Investigator Seed grant he received from the [American Heart Association](#), has one major limitation: Participation in the Get With The Guidelines - Coronary Artery Disease program is voluntary, so the data may not reflect actual national care patterns for [heart attack](#) patients.

Provided by University of Rochester Medical Center

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