

Blacks missing out on critical early treatment for strokes

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Getting to the emergency room within the first few hours of recognizing stroke symptoms can help prevent permanent brain damage, but a recent study in *Ethnicity & Disease* finds that Blacks are only half as likely as Whites to get timely treatment.

The study found that on average it took 339 minutes for Blacks to visit the [emergency room](#) for [stroke](#) treatment as opposed to 151 minutes for Whites. Delaying treatment can result in the death of vital brain cells.

"It has been estimated that nearly two million neurons die per minute during a stroke," said Sheryl Martin-Schild, M.D., Ph.D., the study's lead author. "Intravenous tissue plasminogen activator (IV tPA) is the only treatment during the acute phase of a stroke, the first 4.5 hours, proven

to improve outcome in controlled clinical trials." Because IV tPA treatment breaks down the clots that obstruct blood flow inside the brain, delaying treatment within that narrow time frame puts patients at greater risk of permanent neurological damage.

The study, which followed 368 patients with a median age of 65 years, sought to identify racial disparities and the reasons for varying delays between symptom onset and emergency room treatment. While the study found that Blacks and Whites received the same treatment once they arrived at the emergency room, reasons for the delay were not clear.

Socioeconomic standing did not seem to be a factor. Nor did the study find any bias in the way patients of different races were treated once they arrived in the emergency room. There was no significant difference in the types of symptoms patients reported, with weakness being the most common symptom.

"Explanations for the delay could be numerous," said Martin-Schild. They may include delayed symptom recognition, a lack of eagerness to call for help, fear of medical personnel and/or hospitals, social or environmental factors, a lack of local social support and/or longer transit time to hospital.

"Community education is vital in improving recognition of [stroke symptoms](#)," said James McKinney, M.D., associate professor of neurology at Robert Wood Johnson Medical School in New Brunswick, New Jersey. "Unlike a heart attack, stroke is often painless, and many patients wait to see if their symptoms go away."

McKinney suggests that further research is also needed to investigate the use of 911/EMS services, transport times and stroke center access. "All of these can decrease times from stroke onset to medical evaluation," added McKinney.

More information: Siegler, J. et al. (2012) Ethnic Disparities Trump Other Risk Factors in Determining Delay to Emergency Department Arrival in Acute Ischemic Stroke. *Ethnicity and Disease*, Vol. 23, Winter 2013.

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