

Study finds acute ischemic stroke (AIS) outcomes vary by race

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(Medical Xpress)—Older white patients in the U.S. have the highest rate of mortality from certain types of stroke among all racial and ethnic groups, a study by health researchers at the University at Albany finds.

The study, published in *Circulation: Cardiovascular Quality and Outcomes*, investigated the long-term outcomes of acute ischemic stroke (AIS) and whether they vary by race and ethnicity. AIS is characterized by the [cessation](#) of the [blood supply](#) to [parts of the brain](#) due to atherosclerosis or a clot that has blocked a blood vessel.

Using the American Heart Association Get With the Guidelines (GWTG)-Stroke Registry in conjunction with a Medicare claims data set, the study team, led by Feng (Johnson) Qian, assistant professor of Health Policy, Management & Behavior at the University at Albany School of Public Health, examined whether 30-day and one year outcomes differed by race/ethnicity among older patients with AIS. Qian's is the first such study that included Asian-American stroke patients.

The team studied more than 200,000 AIS patients 65 years and older from 926 U.S. centers participating in the GWTG-Stroke program between April 2003 and December 2008. The study determined that among older patients with acute [ischemic stroke](#), significant differences existed in 30-day and one-year outcomes by race and ethnicity, even after adjustment for stroke severity, other prognostic variables, and hospital characteristics.

Older white patients with AIS had the highest 30-day mortality rates of any racial/ethnic group. Compared with older white patients with AIS, black and Hispanic patients were more likely to be readmitted to hospitals within one year, even after risk adjustment, and had comparable risk for one year mortality.

In comparison to other race/ethnicity groups, Asian-American AIS patients had fewer co-morbid conditions, higher median household income, and lower median body mass index. Asian-American patients received similar or even better evidence-based stroke care compared with whites and had the lowest risk-adjusted odds of one year mortality.

Racial and ethnic disparities in stroke care remain a major public health challenge, and the burden of stroke has been consistently reported to be higher in racial and ethnic minority groups. However, little is known as to whether there are racial or ethnic differences in long-term [acute ischemic stroke](#) outcomes.

Provided by University at Albany

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