

Unhealthiest stroke patients are less likely to get optimal care

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(Medical Xpress)—Among thousands of hospital patients treated for a "mini stroke," those who were at highest risk for suffering a full-blown ischemic attack were less likely to received optimal care, according to a study led by researchers at Duke Medicine.

The researchers said the treatment mismatch could be reduced by evaluating which [patients](#) are most likely to suffer a subsequent stroke, and by providing optimal care in all cases for [transient ischemic attacks](#), often called TIAs or mini strokes.

The findings were presented Nov. 19, 2013, at the American Heart Association's Scientific Sessions meeting in Dallas.

"Studies have shown that there are effective strategies for treating TIAs, and patients who receive the optimal care have fewer readmissions for a subsequent ischemic stroke," said lead author Emily C. O'Brien, Ph.D., an instructor in the Duke University School of Medicine. "But that optimal care was often not provided for the patients who needed it most."

Using a large database of stroke patients from more than 1,600 hospitals in the United States, O'Brien and colleagues studied the profiles and treatment approaches for nearly 59,000 people on Medicare who suffered a TIA between 2003 and 2008.

They then divided the patients into five risk categories based on the

number of additional health problems they had, whether they smoked, and other demographic factors.

The healthiest patients – those with the lowest risk of suffering a subsequent stroke – more often received optimal care, which included anticlotting drugs in the hospital and at discharge, anticoagulants for patients with [atrial fibrillation](#), statins for high cholesterol and smoking cessation counseling for smokers.

For the sickest patients – people who had diabetes, heart failure, heart attacks and other health concerns – two specific treatment strategies were often lacking: anticoagulant drugs for atrial fibrillation, and statins for [high cholesterol](#).

The database showed that those patients were more likely to be readmitted to the hospital for ischemic stroke within one year of having a TIA.

"We found that there's a real need for more work in high-risk populations to deliver optimal care and eliminate this mismatch in treatment," O'Brien said.

Provided by Duke University

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