

# Stroke healthcare inequalities remain in the UK

April 15 2014, by Jenny Gimpel

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The quality of healthcare provided after a stroke remains uneven in the UK, according to a new study led by King's College London. Despite improvements in equal access to healthcare since 2001, patients from more deprived areas tend to receive a poorer level of care following a stroke. The impact of socioeconomic deprivation on the care given also appears to be more pronounced in black patients than in white patients.

The study, carried out by a team at King's College London and Guy's and St Thomas' NHS Foundation Trust, as part of King's Health Partners, looked at the provision of [stroke care](#) for 4,200 patients registered on the South London Stroke Register between 1995 and 2010.

The study looked at the acute and long-term care provided to [stroke patients](#) including visual and speech tests; rehabilitation and speech and

language therapy; and follow-on GP/specialist support such as drugs prescribed to support the heart rate and control [blood sugar](#) and cholesterol.

A [socioeconomic deprivation](#) (SED) score was calculated for each patient using their postcode of residence at the time of the stroke, from which a baseline SED was determined using an index derived from census data on unemployment, overcrowding, car ownership and other factors. The study also looked at ethnic differences in the impact of SED on the provision of stroke care.

The study, published in the *Journal of Neurology, Neurosurgery and Psychiatry*, found that patients from more deprived areas were a third less likely to be admitted to hospital. SED patients were also a third less likely to undergo a swallow test at hospital, which is usually deemed essential for anybody who has had a stroke and is carried out by a speech and language therapist or other healthcare professional.

SED patients were half as likely to be taking drugs to lower their blood cholesterol three months after the stroke, and two-thirds less likely to be taking medication to control their [blood sugar levels](#) two years on.

The study also found more pronounced differences in the impact of SED on care for [black patients](#) than for [white patients](#), suggesting that strategies to address health inequalities need to be targeted at this group.

Dr Ruoling Chen, Senior Lecturer in Public Health at King's College London, says: "The good news is that changes in health policies, the organisation of stroke services and advances in clinical practices have brought some improvements in the provision of care for stroke patients since 2001. These increased efforts in the UK to improve the quality of stroke care are showing encouraging results. However, we need to address ongoing problems with follow-up care in the community, such as

ensuring all stroke patients receive the necessary medication."

Professor Charles Wolfe, Professor of Public Health at King's College London and Director of Research and Development at Guy's & St Thomas' NHS Foundation Trust says: "Our study has highlighted a number of problems which remain in the provision of stroke care, and which explain the higher mortality rates seen in stroke [patients](#) from deprived areas. Our findings should help policy makers to introduce the measures needed to reduce health care inequalities and improve the prognosis of [stroke](#)."

**More information:** "Research paper: Socioeconomic deprivation and provision of acute and long-term care after stroke: the South London Stroke Register cohort study." Ruoling Chen, Christopher McKeivitt, Siobhan L Crichton, Anthony G Rudd, Charles D A Wolfe. *J Neurol Neurosurg Psychiatry* jnnp-2013-306413 Published Online First: 13 April 2014 [DOI: 10.1136/jnnp-2013-306413](https://doi.org/10.1136/jnnp-2013-306413)

Provided by King's College London

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