

Minorities face disparities in treatment and outcomes of atrial fibrillation

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Atrial fibrillation (AF), a condition where the heartbeat speeds up or becomes irregular, is not usually life-threatening but can lead to complications such as stroke and heart failure. Even though minorities historically have more risk factors for AF, they represent a smaller number of those diagnosed. A new study in *Ethnicity and Disease* finds significant differences in diagnosis, treatment and outcomes of AF between black and white patients.

"Mortality during hospitalization for [atrial fibrillation](#) is exceedingly low, but black men have almost twice the odds of dying when compared to white men," said the study's lead author Sahar Naderi, M.D. M.H.S., a cardiology fellow at the Cleveland Clinic. "It is important to identify

what it is about minority patients that puts them at higher risk of death. Are we being less aggressive with [minority patients](#) or is it a different disease process than in [white patients](#)?"

Naderi and her colleague JoAnne M. Foody, M.D., director of the Cardiovascular Wellness Program at Brigham and Women's Hospital in Boston, analyzed data from 165,319 hospitalized patients with a primary discharge diagnosis of AF from the Nationwide Inpatient Sample dataset of the Healthcare Cost and Utilization Project (HCUP), which included 1051 hospitals located in 46 states between January 1, 2009 and December 31, 2010.

Despite the presence of similar co-morbidities associated with AF, such as [high blood pressure](#) and diabetes, the study found significant disparities in the care of minorities hospitalized with AF. Black patients were less likely than their white counterparts to undergo procedures such as cardioversion, when electric shocks or medications are used to restore the heart's normal rhythm; or ablation, when catheters are inserted into the heart to correct abnormalities responsible for AF.

The disparity in the use of ablation could be partially related to the increased co-morbidities in the minority groups, potentially deeming them too sick for an invasive procedure, the researchers suggest. But more research is needed to explain the difference in the use of non-invasive cardioversion.

Gary Puckrein, Ph.D., President and CEO of the National Minority Quality Forum in Washington D.C., said while he agreed with the study's methodology, he questioned whether they were looking at the same data regarding racial disparities and outcomes of atrial fibrillation.

"With Medicare data, for example, 91 percent of AF patients are white so when you look at the prevalence rates of blacks being underdiagnosed

with AF, you would expect the rate of strokes to be higher, but we don't see that in blacks."

The researchers note that that much of the risk associated with AF is from an increased risk of [stroke](#), but that in [black patients](#), stroke is more often tied to hypertension, diabetes and socioeconomic factors.

"While these are all associations and not confirmed disparities, I think we should be aware that there may be treatment differences in AF," said Naderi. "At the end of the day, we can have all the technology we want, but if we're not using it appropriately and considering it for all of our [patients](#) equally, we're not providing effective healthcare."

Puckrein added a different perspective. "While I believe this is a good study, the way I see it is if you have two population groups and both the same disease, and therapy works well in both groups, but one has worse outcomes, it raises the question: is this due to [health care disparities](#) or something else?"

More information: Sahar Naderi, MD, MHS; Fa'tima Rodriguez, MD, MPH; Yun Wang, PhD; JoAnne M. Foody, MD. (2014) Racial Disparities In Hospitalizations, Procedural Treatments And Mortality Of Patients Hospitalized With Atrial Fibrillation. *Ethnicity & Disease*.

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