

Racial differences in inpatient procedures after stroke

July 25 2016

Inpatient procedures are an integral part of routine stroke care. Some procedures, including intravenous thrombolysis (IVT) and carotid revascularization, have a curative intent to heal the patient, while others are life-sustaining procedures, including gastrostomy (feeding tube insertion), tracheostomy, mechanical ventilation and hemicraniectomy (to relieve pressure on the brain).

In a research letter published online by *JAMA Neurology*, Roland Faigle, M.D., Ph.D., of Johns Hopkins University, Baltimore, and coauthors investigated whether [racial differences](#) exist in the use of these procedures after stroke by analyzing data from the Nationwide Inpatient Sample.

The authors found minority patients were more likely to undergo the four life-sustaining procedures than white patients. However, the odds of undergoing IVT and carotid revascularization - those procedures with curative intent - were lower for [minority patients](#), according to the results.

The authors note clinical factors, such as stroke severity, stroke location and time to presentation, not captured in the data could partially explain their results.

"Contrasting differences among procedure groups may allow for a bird's eye-view of stroke-related procedure utilization. A better understanding of commonalities within and differences between curative and life-

sustaining procedures may facilitate the development of effective strategies aimed at eliminating [racial disparities](#) in the delivery of [stroke care](#)," the research letter concludes.

More information: *JAMA Neurol.* Published online July 25, 2016.
[DOI: 10.1001/jamaneurol.2016.1914](https://doi.org/10.1001/jamaneurol.2016.1914)

Provided by The JAMA Network Journals

Citation: Racial differences in inpatient procedures after stroke (2016, July 25) retrieved 26 April 2024 from
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