

Serious disparities in care and outcomes found among Black and non-white heart patients

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Adults from underrepresented racial groups who have acute heart blockages and cardiac arrests received fewer early interventions, had longer hospital stays and higher death rates than their white counterparts,

according to preliminary research to be presented at the American Heart Association's Resuscitation Science Symposium 2020.

Researchers set out to investigate whether [health inequities](#) exist for racial and ethnic minorities with heart problems that could increase their risk for hospitalization or poorer outcomes after a heart event.

"As medical professionals, we need to continue to evaluate our own practice and perceptions. Race is a powerful determinant of a patient's health, along with their sex, age, insurance status and socio-economic status, and these factors work additively from a risk standpoint. For example, an older Black woman from a low-income household without medical insurance will likely have worse health outcomes than a middle-aged white man from an affluent home with good health insurance," said Saraschandra Vallabhajosyula, M.D., M.Sc., the study's senior author and a fellow of interventional cardiology at Emory University School of Medicine in Atlanta. "The complex interplay of these important non-clinical risk factors, also called social determinants of health, need careful evaluation. Only when we eliminate these disparities can we say [health care](#) is truly equitable."

Using data from the National Inpatient Sample, researchers examined more than 3 million hospital admissions across the U.S. between 2012 and 2017, 182,000 of which had cardiac arrest complications, making it the largest study of its kind.

The analysis found:

- Racial and [ethnic minority](#) patients received fewer early treatment methods including coronary angiographies (uses contrast dyes and X-ray pictures to detect [heart](#) blockages) and percutaneous coronary interventions (PCI, formerly known as an angioplasty with a stent). (Rates for coronary angiography were

61.9% for Black patients; 70.2% for other groups; and 73.1% among white patients. PCI rates were 44.6%; 53.0%; and 58.1%, respectively).

- Black patients experienced [longer hospital stays](#), higher rates of palliative care consultation, less frequent use of a do not resuscitate (DNR) order and fewer discharges to home (they more frequently discharged to another type of care facility).
- Asian, Pacific Islanders, Hispanics and Native Americans all had higher in-hospital death rates than white patients. These findings are suggestive of a higher disease burden and a lower level of social support for patients from an underrepresented racial or ethnic group.

Further research into equitable care is required to address the disparities in care and outcomes for people from racial subgroups. This study is a retrospective analysis, so authors suggest careful validation is needed in future research. Additionally, patients self-reported race, and the information was not independently verified.

More information: Session: AOS.03 Lightning Round Oral Abstract Presentations: Best of the Best Oral Abstracts.

Provided by American Heart Association

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