

New study reveals patients from minority ethnic groups are more likely to be admitted to hospital

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Patients from minority ethnic groups have a disproportionately higher rate of emergency hospital admissions, according to research by Queen

Mary University of London and Barts Health NHS Trust.

The study examined a range of different emergency admissions to hospitals across Barts Health NHS Trust including 203,182 adults over a six-year period. The results show that patients from minority ethnic groups made up a greater proportion of total admissions relative to the ethnic distribution of the east London background population, presented to hospital at younger ages, and had a distinct and earlier onset burden of comorbid diseases.

These findings support the hypothesis that healthcare inequalities unmasked by COVID-19 extend more generally across acute healthcare settings.

The study, published today in The Lancet's *EClinicalMedicine*, found that:

- Overall survival following an acute hospital admission was better in patients of Asian, Black, or Mixed compared to White background, in contrast to the [higher age-adjusted mortality in minority ethnic groups observed for COVID-19](#).
- There was a consistently greater proportion of hospital admissions in non-white compared to White patients relative to the [local population](#) at every age group. This difference was most marked at the extreme of age with 32.4 percent (non-white) of [hospital](#) admissions compared to 22.8 percent (White) of the local population in the 80 years and over group.
- Non-white patients were significantly younger on [admission](#) with a median age of 36 years (Mixed), 43 years (Asian or Asian British), 43 years (Other), and 48 years (Black) compared to 55 years in White patients.
- In patients that died, those from non-white backgrounds were on average five years younger than those of White background.

- There was a higher prevalence of comorbid diseases at a younger age in non-white ethnic groups, including for diseases with higher overall prevalence in White patients such as [congestive heart failure](#) being more prevalent at younger age groups in Asian patients, and dementia in Black patients.

Dr. Yize Wan, Clinical Lecturer at Queen Mary University of London and Specialty Registrar in Intensive Care Medicine & Anaesthesia at Barts Health NHS Trust, said: "The effects of ethnic and social inequalities on patient outcomes in acute healthcare beyond COVID-19 remain poorly understood. Here we provide further evidence that ethnic and socioeconomic disparities are associated with important differences in [health outcomes](#) especially those not reflected by commonly used measures such as survival rates. In particular, there are differences in healthcare use, age and comorbidity profiles across [ethnic groups](#) which can mask disparities in healthcare outcomes."

"Further research is needed to understand and address community level causes of [health](#) inequalities and help identify population specific interventions that can improve overall health status."

More information: Yize I. Wan et al, Ethnicity and acute hospital admissions: Multi-center analysis of routine hospital data, *EClinicalMedicine* (2021). [DOI: 10.1016/j.eclinm.2021.101077](https://doi.org/10.1016/j.eclinm.2021.101077)

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