

Racial disparities seen among hospitalized patients with decompensated cirrhosis

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Among individuals hospitalized with decompensated cirrhosis, racial and

ethnic disparities in the use of complex life-saving procedures and mortality persist, according to a study published online July 20 in *JAMA Network Open*.

Lauren D. Nephew, M.D., from Indiana University School of Medicine in Indianapolis, and colleagues evaluated the associations of race and ethnicity with the likelihood of receiving procedures to treat decompensated cirrhosis over time in the United States. The analysis included data on 717,580 cirrhosis admissions among patients with portal hypertension-related complications identified from the National Inpatient Sample during 2009 to 2018.

The researchers observed no significant differences by race or ethnicity in the odds of receiving upper endoscopy for variceal hemorrhage. However, Black patients had lower odds of undergoing transjugular portosystemic shunt for variceal hemorrhage (odds ratio, 0.54) and ascites (odds ratio, 0.34) than White patients.

During the study period, the disparity in receipt of liver transplant improved for Black and Hispanic patients; however, by 2018, both groups had lower odds than White patients (odds ratios, 0.66 and 0.74 for Black and Hispanic patients, respectively). Similarly, during the study period, the odds of death in Black and Hispanic patients declined; however, the odds of death remained higher in Black patients versus White patients in 2018 ([odds](#) ratio, 1.08).

"These findings suggest that racial and [ethnic disparities](#) in receipt of complex life-saving procedures and in mortality in the United States persisted over time," the authors write. "Targeted efforts will be required to ensure that another decade does not pass without improved equity in these lifesaving procedures."

More information: Lauren D. Nephew et al, Trends in Racial and

Ethnic Disparities in the Receipt of Lifesaving Procedures for Hospitalized Patients With Decompensated Cirrhosis in the US, 2009-2018, *JAMA Network Open* (2023). DOI: [10.1001/jamanetworkopen.2023.24539](https://doi.org/10.1001/jamanetworkopen.2023.24539)

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