

# New study reveals inequities in access to mechanical circulatory support in US patients with cardiogenic shock

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A new study presented today at the [Transcatheter Cardiovascular Therapeutics \(TCT\) conference 2023](#) sought to evaluate the presence of racial, ethnic, and socioeconomic inequities in access to mechanical circulatory support in the United States among patients with cardiogenic shock (CS). The findings, published in the *Journal of the Society for Cardiovascular Angiography & Interventions*, revealed stark disparities, particularly among Black patients, that further highlight systemic inequities in access to lifesaving therapies.

CS is a life-threatening condition in which your heart suddenly cannot pump enough blood to meet the body's needs. As a result, your [blood pressure](#) may suddenly drop to dangerous levels, and if CS isn't diagnosed and treated quickly, it's often fatal. Although CS is rare and cases are decreasing due to improved [treatment options](#) like innovative interventional procedures, approximately 40,000 to 50,000 cases still occur yearly in the US.

Using Medicare claims data, researchers identified large and significant racial, ethnic, and socioeconomic inequities in access to [mechanical circulatory support](#). The data were used to identify patients with [cardiogenic shock](#) admitted to hospitals with advanced tMCS (microaxial left [ventricular assist device](#) (mLVAD) or extracorporeal membranous oxygenation (ECMO)) capabilities within the 25 largest core-based statistical areas, all major metropolitan areas.

After adjusting for age and clinical comorbidities, dual eligibility for Medicaid was associated with a 19.9% (95% CI, 11.5% to 27.4%) decrease in odds of receiving mLVAD in a patient with cardiogenic shock (P

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