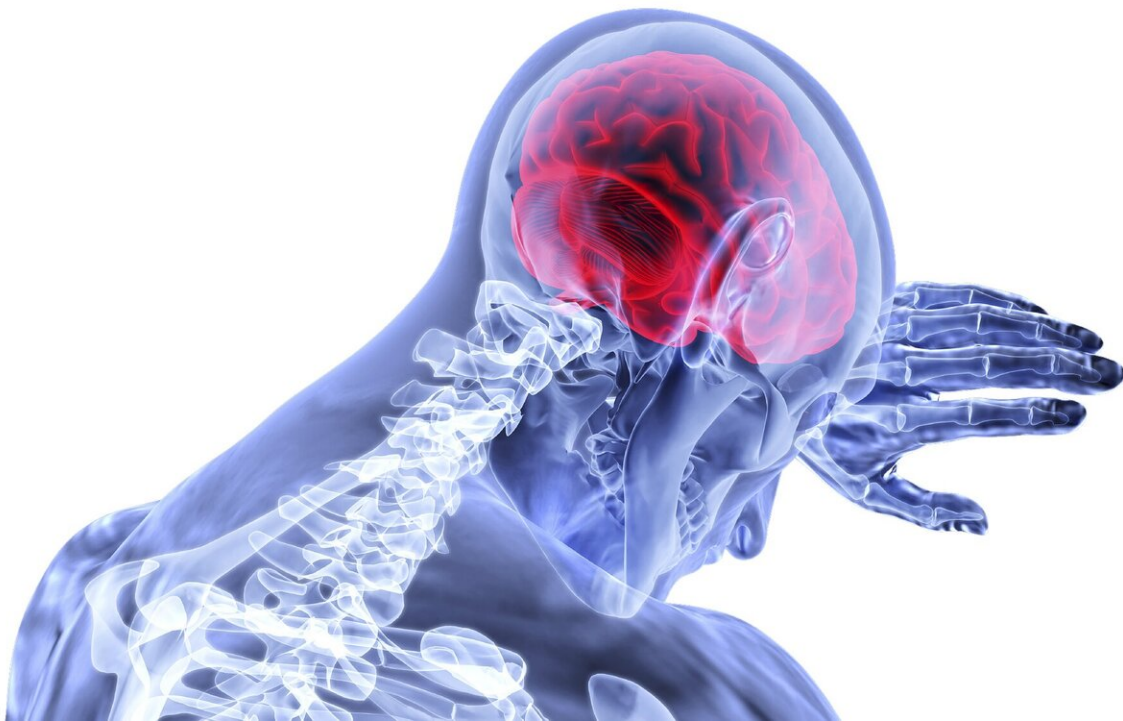


Study highlight link between socioeconomic disparities and post-stroke care

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People who live in neighborhoods with lower socioeconomic status are less likely to receive clot-busting medications or undergo clot-removing procedures after they have a stroke than people who live in neighborhoods with higher socioeconomic status, according to a study published in *Neurology*.

"These treatments can greatly reduce death and disability from [stroke](#), but previous studies have shown that few people actually receive the treatments," said study author Amy Ying Xin Yu, MD, of the University of Toronto in Canada. "We wanted to see how socioeconomic disparities play a role, especially in an area where everyone has access to universal health care."

The study looked at all people living in Ontario, Canada, who had had an [ischemic stroke](#) during a five-year period, for a total of 57,704 people. Ischemic stroke is caused by a blockage of blood flow to the brain and is the most common type of stroke.

The study looked to see how many of those people were treated with clot-busting drugs or surgery to remove [blood clots](#).

Researchers also looked at participants' neighborhoods and divided them into five groups based on their neighborhoods' socioeconomic status, which was determined by factors such as the percentage of adults without a [high school diploma](#), unemployment rate and income level.

A total of 17% of those living in the neighborhoods with the lowest socioeconomic status were treated, compared to 20% of those living in the neighborhoods with the highest socioeconomic status.

When researchers took into account other factors that could affect treatment, such as age, [high blood pressure](#) and diabetes, they found that people in the neighborhoods with the lowest socioeconomic status were 24% less likely to be treated than people in the neighborhoods with the highest socioeconomic status. There was no difference in treatment between the neighborhood with the lowest status and the middle three neighborhoods.

"Our study underscores the need for tailored interventions to address

[socioeconomic disparities](#) in access to acute stroke treatments, including educational and outreach programs to increase awareness about the signs and symptoms of stroke in various languages and efforts to distribute resources more equitably across neighborhoods," Yu said. "Further research is needed to examine the specific causes of these disparities, so we can find ways to address the larger systemic issues that need to be improved to better serve people from under-resourced [neighborhoods](#)."

A limitation of the study was that researchers did not have information on other factors that could affect stroke treatment, such as the time symptoms started or how severe the stroke was.

More information: *Neurology* (2023).

Provided by American Academy of Neurology

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