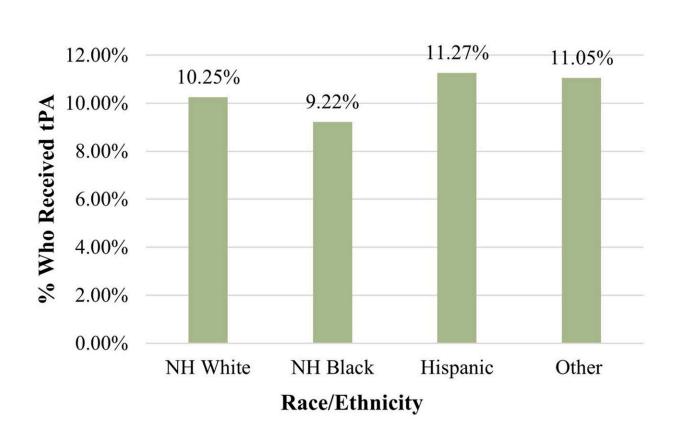


Black patients less likely to receive lifesaving stroke treatments



December 12 2023, by Leigh Hataway

Proportion of ischemic stroke patients who received Tissue Plasminogen Activator (tPA) (N = 89,035). The "Other" category of race/ethnicity includes Asian, Pacific Islanders, Native Americans, and "others" as classified by the NIS. Credit: *Journal of Stroke and Cerebrovascular Diseases* (2023). DOI: 10.1016/j.jstrokecerebrovasdis.2023.107393

Almost 800,000 Americans suffer a stroke each year, according to the



Centers for Disease Control and Prevention.

African Americans and other people of color have a substantially higher risk of experiencing a stroke than their white counterparts. And they're also significantly more likely to die from those strokes.

But Black patients are significantly less likely to receive the gold standard of stroke care, according to <u>new research</u> from the University of Georgia.

"Racial disparities exist in all levels of stroke care," said Delaney Metcalf, lead author of the study and a third-year <u>medical student</u> in the Augusta University/University of Georgia Medical Partnership. "There are many studies that show quality of medical care in general can be poorer in <u>minority populations</u>. But as <u>health care professionals</u>, we are not doing a good enough job of getting these lifesaving treatments to these patients."

Black patients have longer hospital stays after receiving stroke procedures

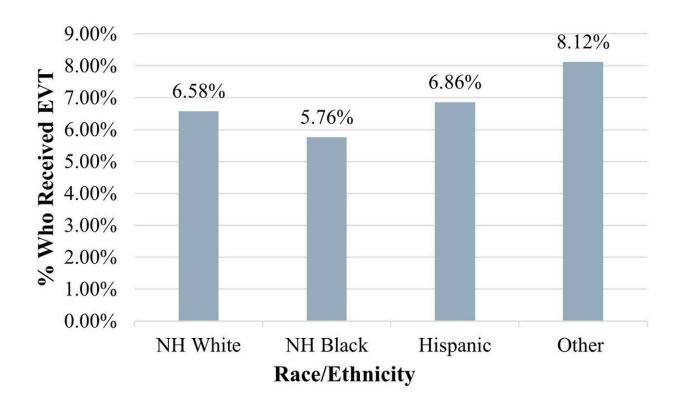
The researchers analyzed data from more than 89,000 stroke patients across the U.S.

Their data showed that Black patients were significantly less likely to receive tissue plasminogen activator (tPA), a clot-busting medication that helps restore blood flow to the brain after a stroke.

Additionally, Black patients were less likely than white patients to undergo endovascular thrombectomy (EVT), a minimally invasive procedure in which the blood clot is surgically removed.

Medical

When minority patients do get needed treatment, the researchers found non-white patients had substantially longer hospital stays, which may signify poorer health outcomes or lower quality of care.



Proportion of ischemic stroke patients who received Endovascular Thrombectomy (EVT) (N = 89,035). The "Other" category of race/ethnicity includes Asian, Pacific Islanders, Native Americans, and "others" as classified by the NIS. Credit: *Journal of Stroke and Cerebrovascular Diseases* (2023). DOI: 10.1016/j.jstrokecerebrovasdis.2023.107393

Minority patients may lack access to lifesaving stroke care

tPA and EVT are the go-to medical treatments for ischemic strokes, which are caused by blood clots. They dramatically reduce death after a stroke and lead to significantly better health outcomes.



But both options are extremely time sensitive.

To be effective, tPA should be given within a few hours of a stroke. And patients requiring the EVT surgical procedure need to be on the table within about six hours.

For rural patients or those living in underserved areas, that's a tall ask.

Black patients experience longer wait times

Previous research has shown that Black and minority patients are less likely to call emergency services for an ambulance, which can delay medical care significantly.

But even once they arrive, Black and minority patients experience longer wait times to be seen by <u>health care providers</u> to get brain imaging. Brain scans are necessary to determine a treatment course.

"Why is that? It could be that the hospital is really overrun and doesn't have the staff to be able to do it in a timely manner," Metcalf said. "There can also be implicit racial biases that lead to <u>health professionals</u> not treating their Black patients the same way they treat their white patients and not taking <u>minority patients</u>' symptoms seriously."

And not every hospital has the staff, medicine and equipment to make sure stroke patients receive this specialized care. That lack of access can have deadly consequences.

"This is a problem, but it's a targetable problem," Metcalf said. "Increasing education on what a stroke looks and feels like is one tiny thing we can make an improvement on.

"There are many small things we can do to make advances in minority



stroke care. Increasing community education on recognizing stroke symptoms may help <u>patients</u> get to treatment centers faster. Additionally, providing the training and technology needed for these treatments to underserved areas can improve access to stroke care."

More information: Delaney Metcalf et al, Racial and ethnic disparities in the usage and outcomes of ischemic stroke treatment in the United States, *Journal of Stroke and Cerebrovascular Diseases* (2023). DOI: 10.1016/j.jstrokecerebrovasdis.2023.107393

Provided by University of Georgia

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