

# Study finds disparities in stroke care for Black patients

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Credit: Alex Green from Pexels

Despite having a higher risk of experiencing a stroke and being more likely to die from a stroke, Black patients are less likely to receive

lifesaving stroke treatments than white patients, a University of Georgia study found.

For the study, co-authors Delaney Metcalf and Donglan Zhang looked at data from over 89,000 stroke patients in the U.S. The pair found that [quality of care](#) can be improved in Black and minority patients, especially when it comes to treatments following a stroke.

The study found that compared to their white counterparts, Black [stroke patients](#) were less likely to receive two common stroke treatments.

The study focused on "ischemic strokes," which are caused by [blood clots](#). These strokes can be treated with two methods. A tissue plasminogen activator (tPA) is a drug given ideally within hours of a stroke to break up the clot. A [surgical procedure](#) known as endovascular thrombectomy (EVT) involves removing the clot physically, and also must take place within about six hours.

"Racial disparities exist in all levels of stroke care," said Delaney Metcalf, lead author of the study and a third-year [medical student](#) 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 minority populations. But as [health care professionals](#), we are not doing a good enough job of getting these lifesaving treatments to these patients."

In addition to not getting those treatments, researchers found that Black and other minority patients oftentimes are met with longer wait times once they arrive at a hospital seeking care.

Dr. William Humphries, a Marietta neurosurgeon with Wellstar Kennestone Hospital, said that following a stroke, "Time equals brain," a well-known saying meaning the more time that passes before a stroke is

treated can lead to further [brain damage](#) as blood flow and oxygen are cut off by a clot.

"Sometimes, it's a life or death situation and other times it's a significant life-altering situation," he said. "The longer you take to open up a blood vessel that goes to a particular part of the brain, the higher the probability that particular part of the brain either won't fully recover or may even die."

According to Humphries, as a Black male neurosurgeon, he represents about 1% of all neurosurgeons in the country. Something that can affect outcomes in patients is having providers that share the same cultural background.

Humphries said that a challenge that must be addressed when it comes to all [health outcomes](#) is access to care, which can range from transportation challenges, insurance woes and other socioeconomic factors.

These factors also contribute to stroke risk. According to the Centers for Disease Control and Prevention, stroke is the leading cause of death for Americans, with Black adults' risk of having a first stroke nearly twice as high as white adults. High blood pressure, diabetes, obesity, high cholesterol and smoking are among the leading causes of stroke.

"There are many small things we can do to make advances in minority stroke care. Increasing community education on recognizing stroke symptoms may help patients get to treatment centers faster," said Metcalf.

"Additionally, providing the training and technology needed for these treatments to underserved areas can improve access to stroke care."

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## Recognizing a stroke

Stroke is a serious medical emergency. Health providers have adopted the F.A.S.T. or B.E. F.A.S.T. acronyms to help people recognize the signs of a [stroke](#). If you or someone you know experiences one or multiple of these signs, call 911.

B.- Balance. A sudden loss of balance.

E.- Eyes. The loss of vision in one or both eyes.

F.- Face. One side of the face or mouth may droop.

A.- Arm. A weak or hanging arm/leg.

S.- Speech. Slurred speech, trouble speaking or confusion.

T.- Terrible headache.

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