

# New study finds link between health care disparities and stroke treatment

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For people with stroke, social factors such as education, neighborhood and employment may be linked to whether they receive treatment with clot-busting drug, according to a preliminary study that will be presented at the [American Academy of Neurology's 76th Annual Meeting](#) taking place April 13–18, 2024, in person in Denver and online. The study

looked at people with ischemic stroke, which is caused by a blockage of blood flow to the brain and is the most common type of stroke.

"Any barriers that prevent people with stroke from receiving clot-busting drugs, known as thrombolytic therapy, can result in devastating consequences," said study author Chanaka Nadeeshan Kahathuduwa, MD, Ph.D., MPhil, of Texas Tech University Health Sciences Center in Lubbock and a member of the American Academy of Neurology. "Our study found that a number of factors like race, insurance status, where a person lives, and other social determinants of health impacted whether a person received this crucial treatment."

The study involved 63,983 people with [ischemic stroke](#) identified through public health records in Texas. For race and ethnicity, 67% of participants were white, 18% were Black and 27% were Hispanic, with some participants having more than one race and ethnicity.

Researchers determined that 7,198 people, or 11%, received clot-busting drugs.

Researchers then looked at social factors that might impact a person's health, such as income, education, housing, and access to [health services](#). To rank participants based on these factors, they used U.S. Census data and applied a measure called the Social Vulnerability Index. They divided participants into four groups.

Among the 7,930 people in the group identified as having the least disadvantage, 1,037 received clot-busting drugs. Among the 7,966 people in the group identified as having the most disadvantage, 964 received clot-busting drugs.

After adjusting for age, sex and education, researchers found that those with the least disadvantage were 13% more likely to receive clot-busting

drugs than those in the other groups.

Looking specifically at race and ethnicity, Black people were 10% less likely to receive this therapy than [white people](#). Hispanic people were 7% less likely to receive this therapy than non-Hispanic people.

When looking at [insurance coverage](#), researchers found that those who were on Medicare, Medicaid or Veterans Assistance and those who were uninsured were 23% and 10%, respectively, less likely to receive clot-busting drugs than those with [private insurance](#).

After looking at location, researchers found that participants who lived in [rural areas](#) were 40% less likely to receive the treatment than those living in urban areas.

"Our results are concerning and shed light on health care disparities," said Kahathuduwa. "This study demonstrates how social disadvantages may translate to worse stroke care. Further studies are needed to investigate this connection between society, the health care system, and stroke outcomes. Finding new approaches to address these social factors is imperative for improving equity in stroke care and recovery."

Kahathuduwa noted that clot-busting drugs must be administered within a few hours after the onset of stroke symptoms. A limitation of the study was that it is unknown how many of the participants were seen at the hospital within that timeframe and thus eligible to receive the treatment.

Provided by American Academy of Neurology

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