

# African American patients on Medicaid less likely to undergo surgery for carpal tunnel syndrome, finds study

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African American patients with carpal tunnel syndrome (CTS) are less likely than others to receive surgical treatment, [reports](#) the March issue

of *Plastic and Reconstructive Surgery*.

"Our study shows significant race- and gender-related differences in treatment choices among Medicaid beneficiaries with CTS," comments ASPS Member Surgeon Rachel C. Hooper, MD, of University of Michigan, Ann Arbor. "The findings point to the need for strategies to address the underuse of surgical treatment for this common and potentially disabling condition."

## **New data on racial disparities in CTS treatment decisions**

Patients with CTS have compression of the median nerve in the wrist, causing hand numbness, pain, and decreased function. Treatment options include activity modifications, splints, steroid injections, or surgery (carpal tunnel release). Hand surgery is an important area of specialization within plastic and [reconstructive surgery](#).

As for many other conditions, race is a potentially important factor affecting treatment choices for CTS. The new study evaluated possible [racial disparities](#) in the use of CTS surgery among patients on Medicaid.

Using a Medicaid database, the researchers identified approximately 362,000 African American and white patients diagnosed with CTS between 2009 and 2020. Rates of surgical treatment were analyzed by race and gender, with adjustment for other characteristics. African American patients with CTS were more likely to be women and were relatively older than white patients.

Surgery was the "first and only option" for CTS in 13.6% of African American patients, compared to 21.4% of white patients. African American patients were also less likely to undergo surgery within six

months after diagnosis. In patients with severe CTS, delays to surgery are associated with an increased risk of persistent symptoms and reduced hand function.

## **Need for 'actionable strategies' to address disparities in CTS treatment**

For both racial groups, the use of CTS surgery increased during the study period; however, the racial gap in surgical treatment increased over time. In 2020, rates of CTS surgery were 19.1% for African American patients compared to 28.5% for white patients.

Gender also affected rates of CTS surgery. Overall, 13.7% of African American women underwent surgery, compared to 21.7% of white women. A similar trend was noted for men: 12.8% for African American men versus 20.0% for white men. African American patients and women were also more likely to undergo [steroid injections](#), rather than surgery.

Though the use of an administrative dataset facilitates identification of differences in treatment decisions among Medicaid patients based on race and gender, the underlying reasons for these differences are not readily discernable. Citing previous studies, the researchers note, "[T]he perceived rate of surgical complications, success of the surgery and overall trust in their surgeon may impact the decision to undergo surgery among economically disadvantaged African Americans."

The findings come at a time of ongoing efforts to address racial and other disparities within the US health care system. Dr. Hooper and colleagues conclude that "...by identifying these disparities in the utilization of carpal tunnel release and [hand surgery](#) more broadly, we can move towards actionable strategies for narrowing the gaps." Dr.

Hooper and her research team are currently conducting qualitative studies to further elucidate how the lived experiences of Black patients influence treatment decisions.

**More information:** Rachel C. Hooper et al, An Analysis of Treatment Choices among White and African American Medicaid Patients with Carpal Tunnel Syndrome, *Plastic & Reconstructive Surgery* (2023). [DOI: 10.1097/PRS.00000000000010640](https://doi.org/10.1097/PRS.00000000000010640)

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