

Study reveals stroke care concerns for non-English language patients

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Non-English-speaking patients are less likely to arrive by ambulance when experiencing stroke symptoms and less likely to receive thrombectomy, according to research released today at the Society of



NeuroInterventional Surgery's (SNIS) 21st Annual Meeting.

In this study, "English Language Proficiency as a Predictor of Mechanical Thrombectomy Access and Outcomes," researchers examined records for all <u>patients</u> who were treated for <u>acute ischemic stroke</u> at one large comprehensive stroke center (CSC), a hospital that offers a full spectrum of neuroendovascular care. Researchers sorted 1,162 patients into two groups: those whose preferred language was English (1,016) and those with a different preferred language (146 patients). The study team then reviewed how the patients were treated for stroke.

The researchers found that English speakers were 1.47 times more likely to arrive at the hospital via ambulance than non-English speakers. Using this kind of emergency medical service shortens the time to the hospital and streamlines care. Those who do not arrive via EMS are at risk of delayed care and potentially worse <u>outcomes</u> after stroke.

English speakers were 1.57 times more likely to receive thrombectomy than non-English speakers and were also 1.73 times more likely to be discharged home than non-English speakers. English speakers and non-English speakers were equally likely to receive care for stroke and all patients who received thrombectomy were treated similarly quickly. Although non-English speakers had slightly better recovery scores 24 hours after stroke, all patients with acute ischemic stroke had similar recovery scores and similar rates of short- and long-term disability from stroke.

"The language you speak should not dictate access to rapid and definitive care for stroke or any other <u>medical emergency</u>," said Carl Porto, a <u>medical student</u> at the Warren Alpert Medical School of Brown University and the primary author of this study. "It is important that we examine our practices and prioritize multilingual resources that may



improve pre-stroke knowledge and prevent delays in receiving care."

Provided by Society of NeuroInterventional Surgery

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