

Racial / ethnic differences in CHD outcomes not due to statins

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Hispanics were more likely to have hypertension, diabetes, or renal failure, and were less likely to have health insurance (P

"Efforts to reduce CHD rehospitalizations should consider the greater burden of comorbidities among racial and ethnic minorities," the authors conclude.

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(HealthDay)—For hospitalized patients with coronary heart disease (CHD), racial and ethnic differences in one-year outcomes are due to demographics and comorbidity, not differential statin prescriptions, according to a study published in the Feb. 1 issue of *The American Journal of Cardiology*.

Heidi Mochari-Greenberger, Ph.D., M.P.H., from Columbia University Medical Center in New York City, and colleagues examined the correlation between race and ethnicity, statin prescriptions, and [clinical outcomes](#) among 3,067 hospitalized patients (35 percent black or Hispanic; 65 percent white or Asian) with preexisting CHD. Electronic medical records, National Death Index, and/or standardized surveys were used to extract baseline clinical and medication data and 30-day and one-year outcomes.

The researchers found that, compared with white and Asian patients, black and Hispanic patients were significantly more likely to be dead or rehospitalized at one year (odds ratio, 1.23) and were significantly less likely to report pre-admission statin use (62 versus 72 percent; odds ratio, 0.64). At discharge, statin prescriptions were similar for blacks and Hispanics (81 percent) compared with whites and Asians (84 percent). Compared with whites and Asians, blacks and

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