

Lower long-term survival for in-hospital cardiac arrests in blacks

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racial differences were explained by adjustment for patient factors (relative risk, 0.80). Further adjustment for hospital treatment factors explained an additional 17 percent of [racial differences](#) (relative risk, 0.85). About half of the racial difference in one-year survival remained unexplained.

"Black survivors of IHCA have lower long-term survival compared with white patients, and about half of this difference is not explained by patient factors or treatments after IHCA," the authors write.

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(HealthDay)—Older black survivors of in-hospital cardiac arrest (IHCA) have worse long-term survival than whites, according to a study published online Aug. 17 in *Circulation*.

Lena M. Chen, M.D., from the University of Michigan in Ann Arbor, and colleagues conducted a longitudinal study of [patients](#) aged ≥65 years who had an IHCA and survived until hospital discharge between 2000 and 2011. The proportion of racial differences explained by patient, hospital, and unmeasured factors was assessed. Of the 8,764 patients who survived to discharge, 87.3 percent were white and 12.7 percent were black.

The researchers found that black patients were more likely to have at least moderate neurological disability at discharge and less likely to be discharged home. After adjustment for hospital site, [black patients](#) had significantly lower one-, three-, and five-year survival compared with [white patients](#) (relative risks, 0.72, 0.71, and 0.67, respectively). In one-year survival, 29 percent of

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