Stroke Treatment Disparities in Minorities

In this country, we’ve come a long way in preventing stroke and reducing its long-term consequences when it happens. However, not all treatment is provided equally.

One of the most standard and effective treatments is tPA, or tissue plasminogen activator. It is commonly called a clot buster and used for ischemic strokes which — caused by a clot — make up the majority of strokes.

If you're having an ischemic stroke, it's crucial that you get to a hospital fast, within about 4.5 hours, ideally within two hours, so you can be treated with a clot-busting
medicine. But treatment times for tPA lag for certain minorities. A 2016 study showed that with all things being equal for being a good candidate for tPA, you are more likely to actually get it if you are a white male.

An analysis of more than 61,698 stroke patients from around the country found that women were eight percent less likely than men to receive tPA, and compared to white patients, the odds of not getting tPA were 28 percent higher for African American patients and 17 percent higher for patients of other races. The study was published online as a 2016 research letter in JAMA Neurology.

This disparity is especially troubling because, according to the National Stroke Association, minorities have higher stroke risks; stroke occurrence at an earlier age and they may be more severe.

African-Americans are more impacted by stroke than any other racial groups within the American population. Hispanics are more likely to suffer a stroke at a younger age — average age of 67 — compared to 80 for non-Hispanic Caucasians. Stroke and heart disease account for one in four deaths among Hispanic men and one in three deaths among Hispanic women.

Stroke patients from minorities populations receive fewer procedures shown to improve outcomes and more procedures that keep patients alive but are often associated with poor outcomes, the same study suggests.

"Research has shown, however, that centers that follow evidence-based guidelines reduce disparities over time," says Dr. Ralph Sacco, chair of neurology at the University of Miami Health System. Differences in stroke care among ethnic and gender groups are still found and we need programs to identify, track and address them, he says.
One way the University of Miami Health System is fighting this disparity is with the formation of the Florida-Puerto Rico Collaboration to Reduce Stroke Disparities, which is led by experts at the university. This project was originally funded by NIH and is now supported by the state of Florida. It has as a goal the creation of a voluntary Florida Puerto Rico Stroke Registry between Florida and Puerto Rico hospitals currently participating in the American Heart Association’s quality improvement initiative Get with the Guidelines-Stroke.

Adds Sacco: “We have created hospital disparities dashboards that help identify racial disparities in care and culturally tailored stroke education programs to address disparities and change clinical practices.”

To learn more about stroke, click here.

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