

Racial disparities seen in treatment for patients with acute coronary syndrome and history of cocaine use

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Insights from a National Inpatient Sample Database examining race and the rates of cardiac catheterization or revascularization for acute

coronary syndrome (ACS) patients with a history of cocaine use is being presented today at the Society for Cardiovascular Angiography & Interventions (SCAI) 2022 Scientific Sessions. The findings reveal rates of cardiac catheterization and revascularization were significantly lower in non-Hispanic Black (NH Black) patients compared to white patients with ACS and cocaine use.

ACS is a term used to describe a range of conditions associated with sudden, reduced [blood flow](#) to the heart. The use of cocaine can cause coronary artery vasospasm, or a sudden narrowing of the artery, leading to [myocardial ischemia](#), acute coronary syndrome and [acute myocardial infarction](#) (NLM). Current American Heart Association guidelines state that patients with a history of [cocaine use](#) diagnosed with ACS should be treated the same as non-use patients.

"We noticed in hospitals in Miami, rates of cardiac catheterization or revascularization, especially among cocaine users, was often a subjective decision based on a variety of factors and wanted to see if this was true on a national scale. We were motivated by our internal medicine program director, Dr. Stefanie Brown, and our research mentor, Dr. Rosario Colombo, to develop this research question," said Michael Dangl, MD, resident at University of Miami and lead author of the study.

Researchers examined data from the National Inpatient Sample Database between 2011-2019 for relevant ICD-9 and ICD-10 procedural and diagnostic codes. Baseline characteristics and in-hospital outcomes were compared between NH Black and White patients with a history of cocaine use and a primary admission diagnosis of ACS to determine if race was a factor in treatment. A multivariate logistic-regression was performed to adjust for age, sex, ST-elevation [myocardial infarction](#), tobacco use and select co-morbidities for cardiac catheterization and revascularization.

The study identified 43,798 hospitalizations for patients with a history of cocaine use and ACS which were dichotomized into NH Black and white groups. 26,905 hospitalizations (61.4%) were for NH Black patients. NH Black patients had lower rates of cardiac catheterization (61.7% vs 72.5%) and revascularization (38.4% vs 52.1%), p

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