

Blacks less likely to receive guideline-based NSTEMI therapy

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(HealthDay)—Black patients have a lower likelihood of receiving

guideline-based therapies for non-ST-segment-elevation myocardial infarction (NSTEMI), according to a study published online Sept. 20 in the *Journal of the American Heart Association*.

Sameer Arora, M.D., from the University of North Carolina School of Medicine in Chapel Hill, and colleagues used data from the Atherosclerosis Risk in Communities community surveillance study to identify 17,755 weighted hospitalizations for NSTEMI (patient race: 36 percent black, 64 percent white) from 2000 to 2014.

The researchers found that [black patients](#) were younger (aged 60 versus 66 years), more often female (45 versus 38 percent), and less likely to have medical insurance (88 versus 93 percent). They also had more comorbidities. Administration of aspirin (85 versus 92 percent), other antiplatelet [therapy](#) (45 versus 60 percent), beta-blockers (85 versus 88 percent), and lipid-lowering medications (68 versus 76 percent) occurred less often in black patients. Furthermore, black patients had a lower probability of receiving non-aspirin antiplatelets (relative risk, 0.76), angiography (relative risk, 0.71), and revascularization (relative risk, 0.55), even in adjusted analyses.

"This longitudinal community surveillance of hospitalized NSTEMI patients suggests black [patients](#) have more comorbidities and less likelihood of receiving guideline-based NSTEMI therapies, and these findings persisted across the 15-year period," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text](#)

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