

Ethnic, socioeconomic factors impact scoliosis tx, outcome

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Miriam Nuño, Ph.D., from the Cedars-Sinai Medical Center in Los Angeles, and colleagues assessed potential disparities in the selection of treatments and outcomes using administrative data from the nationwide inpatient sample from 1998 to 2007 for patients with idiopathic scoliosis. Cases included 9,077 patients treated surgically and 1,098 treated nonsurgically.

In univariate analysis, the researchers found that patient- and hospital-level variables correlated strongly with surgical versus [nonsurgical treatment](#) and outcomes. In multivariate analysis, even after adjustment for comorbidities, Caucasians and patients with private insurance were significantly more likely to undergo surgical treatment. Compared with non-Caucasians, Caucasians had a significantly reduced risk of non-routine discharge. The surgery rates were higher ($P = 0.08$) and mortality risks were significantly lower in large hospitals compared to small- or medium-

sized facilities. Large [teaching hospitals](#) more commonly admitted Caucasians (65.1 percent) than African-American (59.8 percent) or [Hispanic patients](#) (41.8 percent)

"This study captures trends in the selection of surgical and nonsurgical treatments for idiopathic scoliosis patients during a nine-year period in the United States and identified disparities in the surgical treatment and outcomes for hospitalized scoliosis patients based on ethnic and socioeconomic variables," the authors write.

One author disclosed [financial ties](#) to the medical technology industry.

More information: [Abstract](#)
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