

Clot buster use differs between black and white stroke patients

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White stroke patients are much more likely than black patients to be treated in community hospital emergency departments with the clot-busting drug intravenous tissue-plasminogen activator, or tPA, according to preliminary research to be presented in Honolulu at the American Stroke Association's International Stroke Conference 2019.

If doctors administer tPA within 4.5 hours of the first signs of stroke, the drug can dissolve the blood clot, restore blood flow to the impacted area of the brain and reduce disability.

Researchers studied a proven stroke care method called "drip and ship," meaning doctors in emergency departments of community hospitals administer intravenous tPA to stroke patients before transferring those patients to a comprehensive stroke center. This helps ensure those patients get tPA in time for the drug to be most effective.

Black patients had a 54 percent lower likelihood of receiving intravenous tPA in the [emergency department](#). Of 1,339 [stroke patients](#) who arrived at a comprehensive stroke center from a community hospital emergency department, 33 percent of [black patients](#) versus 51 percent of white patients received the clot buster while in the emergency department.

The researchers couldn't explain the substantial racial difference in tPA use in the emergency department by factors such as where patients lived or how close they were to a comprehensive stroke center.

Provided by American Heart Association

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