

Amputations due to ischemia more likely in blacks and Hispanics than in whites

Yale UniversityYale University



Non-white patients with severe circulatory problems, or ischemia, are significantly more likely than white patients to undergo lower-limb amputation regardless of economic and additional health factors, a Yale study has found. The study appears in the March 20 issue of [JAMA Surgery](#) [1], a publication of the Journal of the American Medical Association.

Prior studies have shown that whites suffering from critical lower extremity ischemia are significantly more likely than non-whites to undergo an attempt at revascularization, a procedure that increases blood flow and can save limbs that are in jeopardy as the result of blocked arteries. The Yale study utilized a comprehensive national database to further elucidate this disparity with a focus on the role of race, and the influence of financial resources and access to high-quality vascular care.

The Yale team analyzed hospital discharge records from the Nationwide Inpatient Sample of adult patients from 2002 to 2008, the largest in-patient care database available in the United States. They obtained nearly three-quarters of a million patient records.

They combed through the data, correcting for factors such as socioeconomic status and access to advanced vascular care, as well as additional factors — the severity of underlying diseases such as diabetes and chronic renal failure (which were more prevalent in the black and Hispanic patients), and hypertension, congestive heart

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failure, and chronic obstructive pulmonary disease (which were more prevalent in the white patients).

When all the possible contributory factors were analyzed, the one that was independently most predictive of an adverse outcome was race. Black patients had nearly twice the chance of undergoing an amputation as did white patients. Hispanic patients were more likely than whites but less likely than blacks to undergo an amputation. Furthermore, the racial disparity actually increased in hospitals that had a greater capacity for limb-saving procedures.

“In our study, race itself appeared to be a significant factor in the surgical treatment a patient received, independent of other variables such as severity of circulation impairment at presentation, insurance or socioeconomic status, other medical problems, and the capacity of the hospital to save a limb through revascularization,” said senior author Dr. Richard Gusberg, professor of surgery and diagnostic radiology at Yale School of Medicine.

“Further studies are needed to better understand the reasons for these diverse outcomes,” Gusberg emphasized. “There may be relevant patient-related or disease-related factors that could not be fully accounted for in our database and complex financial factors that were not addressed specifically in this study. Hopefully, with better understanding will come better and more equitable care.” Other authors are Tyler Durazzo and Stanley Frencher of Yale School of Medicine.

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