Lack of Improvement in Outcomes of Black Patients After Myocardial Infarction: 17-Year Trends in New Jersey

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Background: Racial disparities in outcomes after acute myocardial infarction (AMI) have been documented. However, it is unknown whether these differences have improved over time. Methods: We used the Myocardial Infarction Data Acquisition System (MIDAS) database including all patients discharged with the diagnosis of AMI from 14 New Jersey hospitals containing the clinical characteristics, use of invasive intervention and 1-year mortality among 1,052,326 white and 17,643 black patients from 1990 to 2002. Results: Medical practice in 1-year mortality rates were lower in women (5.3% vs. 9.5%, 8.3% vs. 12.3%, 9.4% vs. 15.4%, 6.4% vs. 12.6%, 5.2% vs. 7.6%, 5.9% vs. 9.3%, 7.4% vs. 12.6%, and 7.5% vs. 9.7%) all p<0.001. The use of invasive intervention within 10 days of diagnosis was lower in women (31% vs. 43%, p=0.001), in those with higher severity of illness (31.4% vs. 43.0%, p=0.001) and in those with higher severity of illness (31.4% vs. 43.0%, p=0.001) and in those with lower invasive intervention use may explain the lack of improvement of AMI mortality in black patients in the past 17 years.

Medication Adherence Does Not Explain Disparities in Blood Pressure Control: The REasons for Geographic And Racial Differences In Stroke (REGARDS) Study

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Introduction: Blood pressure (BP) disparities between hypertensive African Americans (AA) and European Americans (EA) are widely reported, even among treated individuals. Prior reports suggest race-related differences in medication adherence may play a role. Hypothesis: In REGARDS, medication adherence would be worse for AA, which would explain some of the AA-EA BP difference. Methods: REGARDS is a population-based study of older adults nationwide aged 45-75, half African American, and half European American, who were sampled from the stroke belt. Telephone interviews were followed by in-home assessments including height, weight, BP, blood samples and documentation of current medications. Medication adherence was assessed using an adapted Morisky scale. Logistic regression evaluated the effect of medication adherence on BP control for each race/ethnicity group adjusting for age, gender, body mass index, current and specific BP medications, recent BP assessments, and history of stroke. Results: The AA-EA BP difference was driven by the 59-year-old group. The difference in adherence was not significant (p=0.060).