

Study Highlights Ethnic Differences in Access to Stroke Care in Europe

HELSINKI, FINLAND, June 30, 2024 /EINPresswire.com/ -- There is unequal access to care in acute stroke patients based on ethnicity or race in Europe, according to a study that will be presented on Sunday 30 June at EAN 2024, the [10th Congress of the European Academy of Neurology \(EAN\)](#) in Helsinki, Finland.



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Dr. Irene Scala

Researchers from Agostino Gemelli University Polyclinic Foundation IRCCS in Rome, Italy, evaluated the effect of geographic origin and race on access to acute stroke care and treatment.

The team used data collected between 2015 and 2022 at the institution’s emergency department (ED), and divided patients into two groups: Western Europeans (WE) and non-Western Europeans (nWE), including Black, Asian and White - mainly Eastern European - individuals.

Belonging to the nWE group was an independent predictor of lower likelihood of receiving intravenous thrombolysis, the authors found. Considering the Black, Asian and White subgroups, ED access for stroke mimics was less frequent among racial minority groups. Black and Asian individuals also had a higher incidence of brain haemorrhages than White individuals.

“Independently from the onset of symptoms to door time at the ED, people from non-Western European countries received less treatment,” said Irene Scala, a neurologist and the project manager of the National Virtual Institute of Cerebrovascular Diseases at the Gemelli Foundation. “The root of the problem is to be searched for in the hospital’s management.”

Systemic Racism Can Delay Treatment Onset

Intravenous thrombolysis (IVT) is the standard reperfusion treatment for patients with acute ischaemic stroke, a condition that affects 1.1M inhabitants each year in Europe, and the incidence of which is growing.

Early recognition of symptoms is key since IVT can only be performed up to 9 hours after stroke onset.

When they arrive at the ED, every patient with suspected stroke will undergo a brain computed tomography (CT) scan, and if stroke is detected, patients will be redirected to IVT on the spot.

The problem is that ischaemic stroke is not always immediately visible on the initial scan, and physicians then have to rely on clinical examination alone to decide which course of action to take.

Language and cultural differences can then become a huge impediment to non-Western European patients receiving time-critical treatment in Western European hospitals, Scala explained.

“When a CT scan is negative for stroke, it’s challenging to know if the patient has stroke based on clinical judgement alone when there are language issues or other cultural biases,” she said. “It is already difficult to interpret symptoms of stroke such as speech disturbances. Non-Western European patients will have more problems to receive treatment.”

While racial inequalities in access to healthcare and stroke treatment have been well documented in the United States, no similar research had been conducted in Europe so far.

“Data concerning unequal healthcare access of acute stroke patients based on ethnicity or race were inconclusive in Europeans,” she said. “Our study highlights how these inequalities also exist here. The problem is not only due to having or not having a universal insurance system.”

Furthermore, racial and ethnic subgroups that are used in the U.S. do not reflect European reality. “Europe tends to ignore these problems. Racial and ethnic categories are not formally defined here, as they are in the U.S., but there is certainly systemic racism towards non-Western Europeans,” she said.

Racial and ethnic disparities in healthcare are a challenging issue in universal healthcare systems, and they and should be addressed promptly through measures such as campaigns to educate healthcare personnel and the 24-hour availability of interpreters, she concluded.

ENDS

Notes to Editors:

This press release is about the Oral Presentation ‘Ethnic Differences in Access to Care and Treatment in Patients with Suspected Acute Stroke: a Retrospective Cohort Study’ presented at EAN 2024 ([link](#))

A reference to EAN 2024 or the 10th Annual Congress of the European Academy of Neurology

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About the Experts:

Dr Irene Scala is a neurologist and the project manager of the National Virtual Institute of Cerebrovascular Diseases at the Gemelli Foundation, Rome, Italy.

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