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SESSION TITLE: DISPARITIES, VULNERABLE POPULATIONS AND CARDIOVASCULAR CARE IN DEVELOPING NATIONS

Abstract 13910: Racial/Ethnic Outcomes Following Percutaneous Coronary Intervention

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Abstract

Introduction: Asian-American/Pacific Islanders (AAPIs) and Hispanics are two of the most rapidly growing minorities, but both are poorly represented in the cardiovascular literature. In light of national quality improvement efforts to ensure adherence to cardiovascular therapy guidelines, this study examines guideline adherence and outcomes in AAPIs and Hispanics compared to non-Hispanic Whites (NHW) in a quaternary care center after percutaneous coronary intervention (PCI).

Methods: 1,896 AAPI, Hispanics, and NHW adults from February 28, 2012 to December 30, 2020 who underwent emergent or elective PCI were included. The primary endpoint was the prescription of post-PCI guideline-directed medical therapy including aspirin, statins, P2Y12 receptor blockers, and cardiopulmonary rehabilitation. Secondary endpoints included comorbidity burden, post-PCI morbidity and mortality, and prior PCI. Analyses were adjusted for age, sex, and insurance type.

Results: Hispanics had the lowest median age and the highest rates of government insurance. Hispanics had lower odds of either ACE inhibitor or ARB prescription versus NHW (OR = 0.75, $p = 0.03$). Odds of ticagrelor prescriptions were lower for both Hispanics (OR = 0.56, $p = 0.01$) and AAPIs (OR = 0.62, $p = 0.02$) versus NHW. However, odds of clopidogrel prescriptions were higher for Hispanics than NHW (OR = 1.57, $p = 0.01$), while AAPIs trended towards the same (OR = 1.42, $p = 0.05$). No differences were found for statin or cardiopulmonary rehabilitation prescriptions. AAPIs and Hispanics had significantly higher risks of diabetes (OR = 2.28 and 1.8 respectively, $p < 0.01$) and of being on dialysis (OR = 2.25 and 2.52 respectively, $p < 0.01$) than NHW. AAPIs also had higher odds of hypertension than NHW (OR = 1.51, $p = 0.01$). Hispanics had significantly higher risk of post-PCI mortality versus NHW (OR = 2.12, $p < 0.01$).

Conclusions: AAPIs and Hispanics had lower odds of ticagrelor prescription than NHW, and Hispanics had higher odds of clopidogrel prescription. Hispanics also had higher odds of mortality post-PCI. Further, AAPIs and Hispanics had higher comorbidity burdens. This study suggests that despite quality improvement efforts, work remains to be done to narrow health disparities.