

 **QUALITY OF CARE AND OUTCOMES ASSESSMENT**

**THE NEW JERSEY STUDY OF THE “HISPANIC PARADOX”**

ACC Poster Contributions  
 Georgia World Congress Center, Hall B5  
 Tuesday, March 16, 2010, 9:30 a.m.-10:30 a.m.

Session Title: Quality of Care - Disparities  
 Abstract Category: Quality of Care  
 Presentation Number: 1252-187

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**Background:** Ethnic disparities in health care are a matter of current interest. Hispanics have been reported to have higher cardiovascular (CV) risk factors but better outcomes after a CV event. However, this paradox has not been observed in all studies.

**Methods:** Using the New Jersey (NJ) Myocardial Infarction Data Acquisition System (MIDAS) we studied risk factors, coronary interventions and outcomes of 203,248 Hispanic and non-Hispanic white patients with acute myocardial infarction (AMI) hospitalized between 1994-2007. Interventions were analyzed with multivariate logistic regression and all cause mortality with proportional hazard models. Out of hospital death information was ascertained by matching the MIDAS records with the NJ death registration files.

**Results:** Hispanics (n=13,106) were younger, and were more likely (p<0.0001) to have hypertension and diabetes compared to whites (n=190,142). They had lower adjusted rates of percutaneous interventions (PCI) but similar rates of revascularization by CABG. They had lower in-hospital and 30-day mortality, but at one year the survival difference was no longer significant.

Table: Univariate and Adjusted Associations

	Hispanic	Whites	Adjusted OR/HR (95% CI)	Adjusted p value
N (%)	13,106 (6.5%)	190,142 (93.6%)	-	
Age (years)	66.8 + 14.8	71 + 14	-	
Hypertension, %	69.7%	63.7%	-	
Diabetes Mellitus, %	39.23%	29.13%	-	
Renal Disease, %	11.25%	11.53%	-	
PCI, %	21.21%	18.49%	0.94 (0.90-0.99)	0.03
CABG, %	8.42%	8.81%	0.98 (0.91-1.07)	0.72
Mortality, %				
In-Hospital	12%	14.7%	0.88 (0.83-0.93)	<0.0001
30 Day	13.6%	17.1%	0.95 (0.90-0.99)	0.047
1 Year	22.8%	27.6%	0.98 (0.94-1.01)	0.23

\*All Univariate p<0.0001

**Conclusions:** Despite higher prevalence of risk factors and lower rate of PCI compared to whites, Hispanics with AMI have significantly lower in-hospital and 30-day mortality, but similar mortality at one-year. The attenuation of the “paradox” with time may be related to sub-optimal care after discharge and requires further study.