Racial disparities among Native Hawaiians and Pacific Islanders with intracerebral hemorrhage.

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Abstract

OBJECTIVES:
To evaluate disparities in stroke risk factors and outcome among the Native Hawaiians and other Pacific Islanders (NHPI) in Hawaii who are hospitalized with intracerebral hemorrhage (ICH).

METHODS:
We performed a retrospective study on consecutive patients hospitalized for acute ICH at a single tertiary center on Oahu between 2004 and 2010. Clinical data were obtained from the Get With the Guidelines-Stroke database. Multivariable logistic regression was used to assess the predictors for young ICH (age <45).

RESULTS:
A total of 562 patients hospitalized for acute ICH (Asian 63%, NHPI 18%, white 16%, other 3%) were studied. The NHPI were younger (mean ages, NHPI 55 ± 16 vs white 66 ± 16 years, p < 0.0001), and had higher prevalence of diabetes (NHPI 35% vs white 20%, p = 0.01) and history of hypertension (NHPI 77% vs white 64%, p = 0.04) compared to white patients. Independent predictors for young ICH were NHPI race (odds ratio [OR] 3.55; 95% confidence interval [CI] 1.33-9.45), being transferred from another hospital (OR 2.03; 95% CI 1.05-3.93), hypertension (OR 0.49; 95% CI 0.27-0.91), previous stroke or TIA (OR 0.21; 95% CI 0.05-0.91), and dyslipidemia (OR 0.15; 95% CI 0.05-0.50).

CONCLUSIONS:
NHPI with ICH are younger and have higher burden of risk factors compared to white patients. Further studies controlling for socioeconomic modifiers are needed to determine factors contributing to the younger age at presentation in this racial group.

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