

HOSPITALIZED IN A REFERRAL CENTER IN BOGOTÁ 2011-2019

Camila Pantoja-Ruiz 1, Felipe Porto-Gutiérrez 1, Maureen Parra-Artunduaga 1, Laura Omaña-Álvarez 1, Juliana Coral 1, Diego Rosselli 2

1 Clinical Neurosciences Department, Hospital Universitario San Ignacio, Pontificia Universidad Javeriana, Bogota, Colombia.

2 Clinical Epidemiology and Biostatistics Department, Pontificia Universidad Javeriana, Bogota, Colombia

INTRODUCTION

- Stroke is a leading cause of death and disability worldwide, and its burden is expected to increase in the coming years.
- Social determinants of health, such as education, income, and occupation, have been linked to stroke incidence and outcomes
- Lower socioeconomic position is associated with higher stroke incidence, worse stroke outcomes, and lower access to quality care.
- Racial and ethnic disparities in stroke incidence and outcomes have also been observed, with higher rates and worse outcomes among minority populations.
- Socioeconomic and racial disparities in stroke may be influenced by various factors, including differences in risk factor prevalence and control, access to care, and quality of care.

AIM

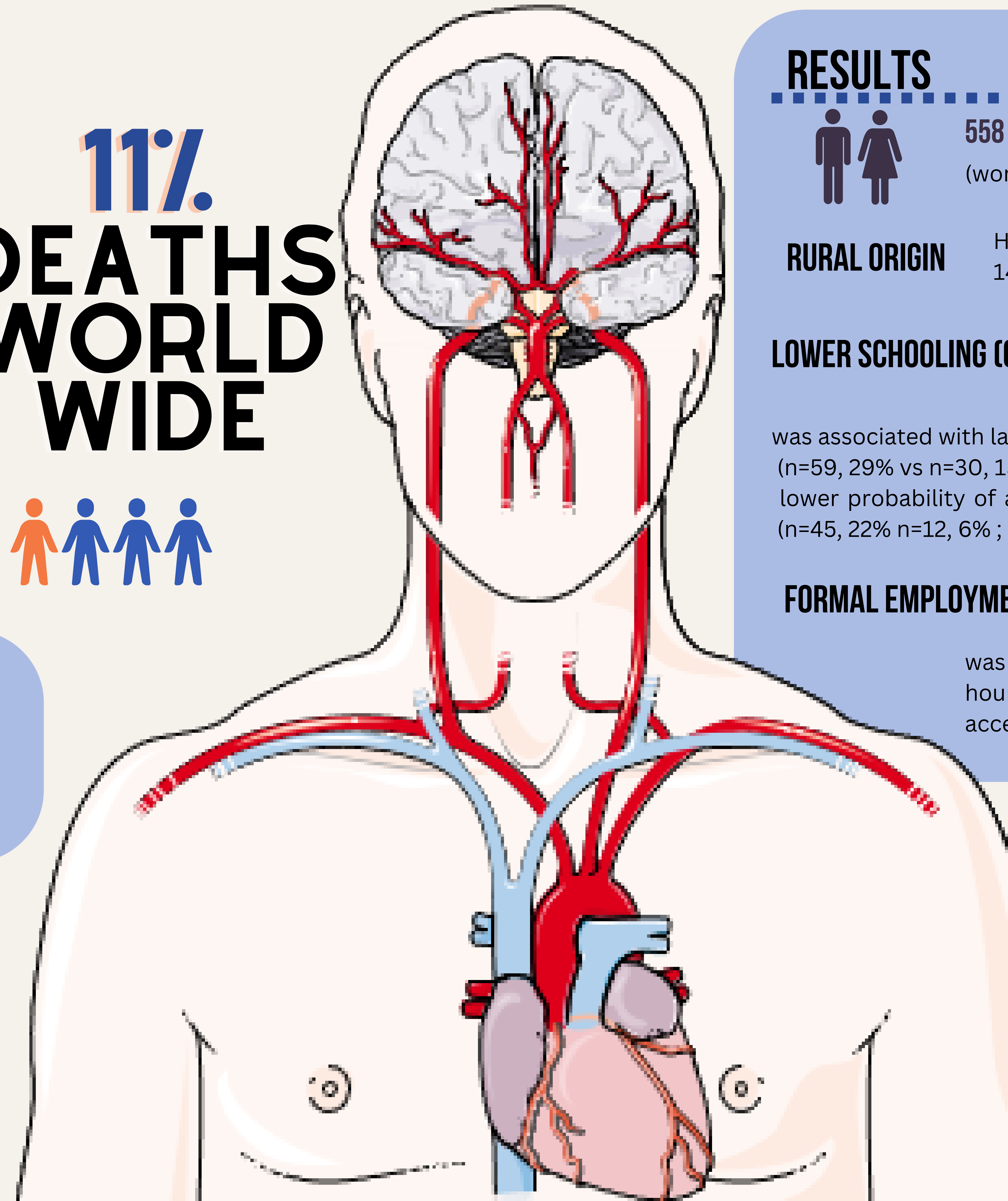
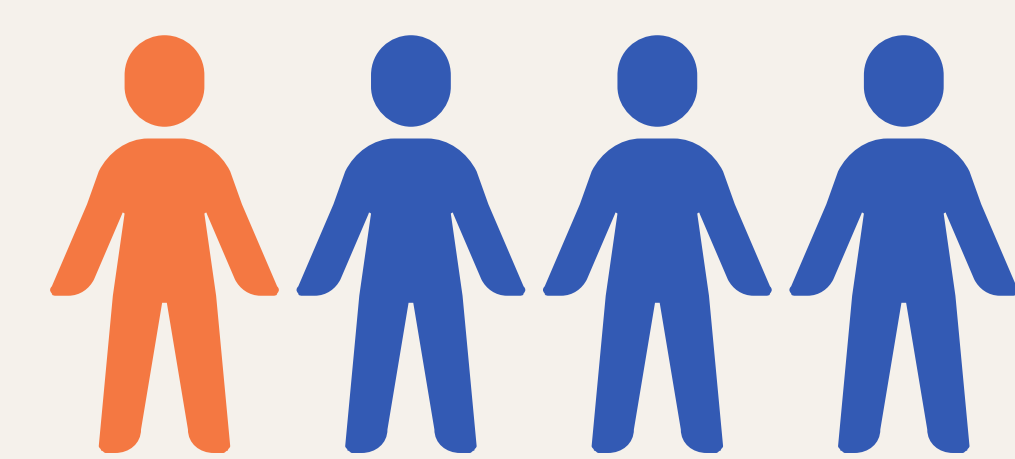
As stroke treatment is time-dependent, it challenges the social and demographic context of patients for timely consultation and effective access to reperfusion therapies.

The aim of this study was to relate indicators of social position to cardiovascular risk factors, time of arrival, access to reperfusion therapy and mortality in the setting of acute ischemic stroke.

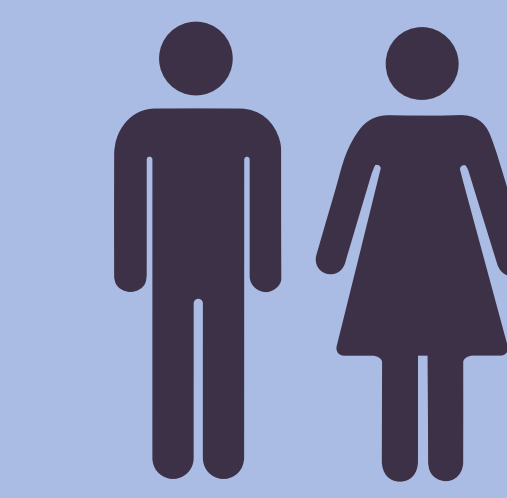
METHODS

- Electronic medical records
- Retrospective analysis of all patients with a diagnosis of ischemic stroke in a large university hospital in Bogotá.
- Characterised according to indicators of social position (years of schooling, housing, employment, and stratum as classified from 1 to 6, with 6 being highest, by government agencies)
- Outcomes: time of arrival after stroke, reperfusion therapy and in-hospital mortality.

11% DEATHS WORLD WIDE



RESULTS



558 PATIENTS

(women 319, 57%)

RURAL ORIGIN

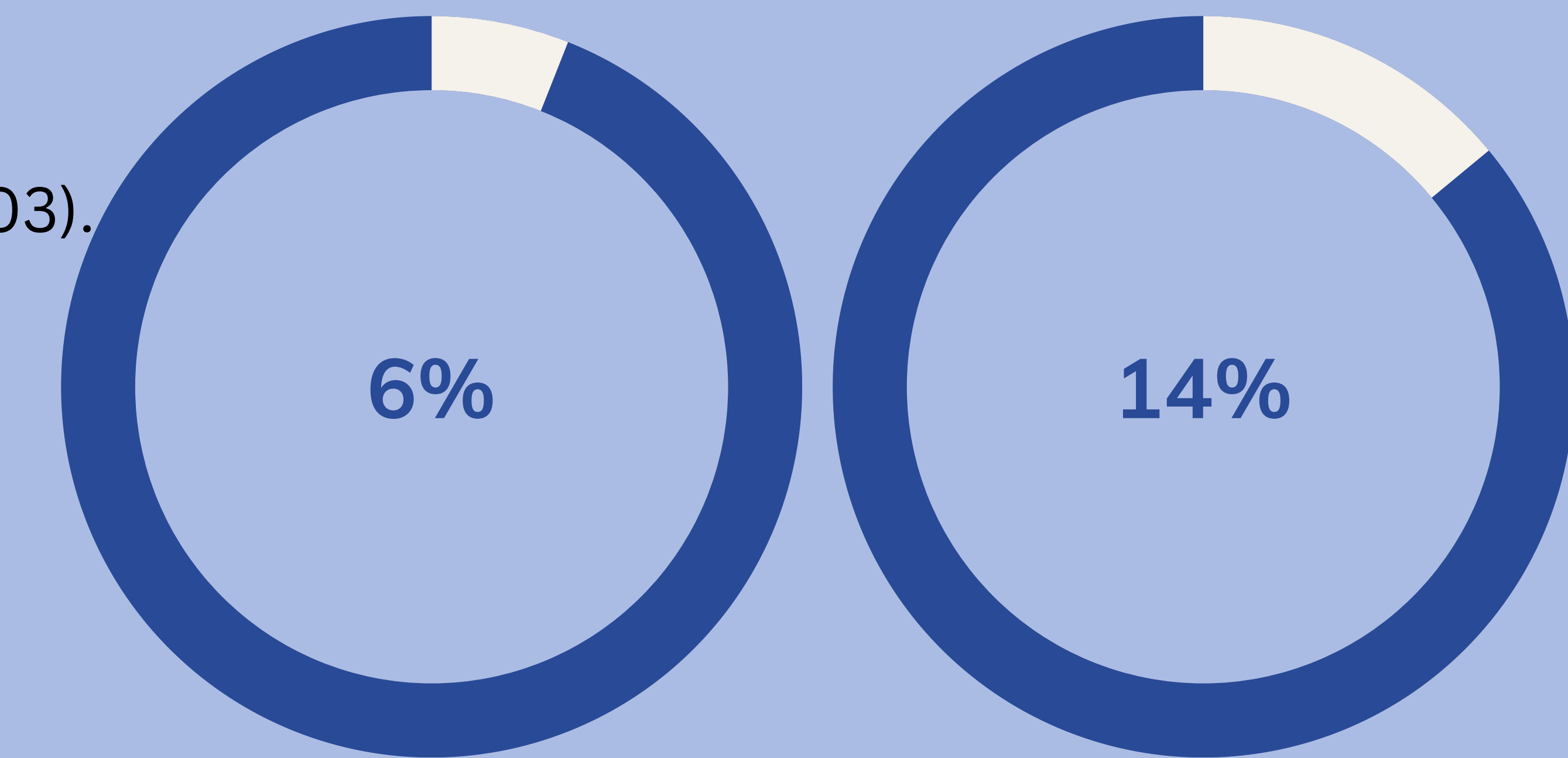
Higher mortality (n=8, 14% vs n=30, 6%; p=0.03).

LOWER SCHOOLING (6 YEARS OR LESS)

was associated with late consultation (n=59, 29% vs n=30, 15%; p=0.0011) lower probability of accessing reperfusion therapy (n=45, 22% n=12, 6% ; p<0.0001).

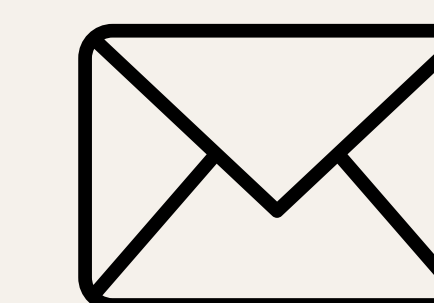
FORMAL EMPLOYMENT

was associated with a visit to the emergency department in less than 3 hours (n=50, 25% vs n=58, 18%, p=0.04 and a higher probability of accessing reperfusion therapy (n=35, 18% vs n=33, 10%; p=0.01.



CONCLUSION

- Indicators of socioeconomic status are related to mortality, consultation time and access to reperfusion therapy.
- Mortality and reperfusion therapy are inequitably distributed and, therefore, require public policies to reduce the access gap in the context of acute stroke in Bogotá.



drosselli@javeriana.edu.co
diego.rosselli@gmail.com



@darosselli

REFERENCES

