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Variation in care between English speaking and culturally and linguistically diverse patients in SNAPSHOT ACS.

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Introduction: The provision of equitable acute coronary syndrome (ACS) care in Australia and New Zealand requires an understanding of the sources of variation in the provision of this care. Previous studies have suggested that there are differences in treatment and outcomes of culturally and linguistically diverse (CALD) patients, possibly due to their proficiency in English.

Objectives: To compare the variation in care between English speaking and CALD ACS patients admitted to Australian and New Zealand hospitals.

Methods: Demographics and medical data from 4398 suspected or confirmed ACS patients from 478 hospitals were collected bi-nationally from 14-27 May 2012. We compared hospital care and outcomes according to primary language spoken at home (English v not (CALD)) using χ^2 tests, odds ratios (ORs) and the corresponding 95% confidence intervals (95% CI).

Results: The 294 CALD patients were older (71±13 years v 66±15, p<.001), had higher prevalence of hypertension (71% v 63%, p=0.004), hyperlipidaemia (62% v 54%, p=0.010), diabetes (40% v 24%, p<0.001) renal impairment (16% v 11%, p=0.006) and lower smoking prevalence (14% v 18%, p=0.001) compared to the 4104 English speaking patients. Both groups had similar median of symptom onset to hospital presentation time (4.2 v 2.8 hours, p=0.889). Once in hospital, there were no differences in time to reperfusion for patients with STEMI or receipt of coronary angiography (53% v 57%, p=0.293), percutaneous coronary intervention (30% v 32%, p=0.699) or coronary artery bypass graft surgery (6% v 7%, p=0.539) among all patients with ACS. CALD patients received less aspirin at discharge (66% v 72%, p=0.042), and there were no differences in prescription of other evidence based discharge medications. Median length of stay was longer for CALD patients (74 v 59 hours, p=0.019), and they were less likely to be referred to outpatient cardiac rehabilitation (24% v 30%, p=0.038). Following adjustment by GRACE risk score CALD patients had higher in-hospital death (OR:2.1, 95% CI:1.1-4.2; p=0.025), in hospital cardiac arrest (OR:2.5, 95% CI:1.3-4.5; p=0.004) and acute renal failure (OR:1.8, 95% CI:1.1-3.0; p=0.031).

Conclusion: CALD patients tend to present later to hospital than English speaking patients. Although process measures of care are similar, in hospital outcomes are worse. These findings highlight an important area of public health that require greater scrutiny.

Disclosure of Interest: None Declared