

The Impact of Health Disparities on Treatment Decisions for Carpal Tunnel Syndrome

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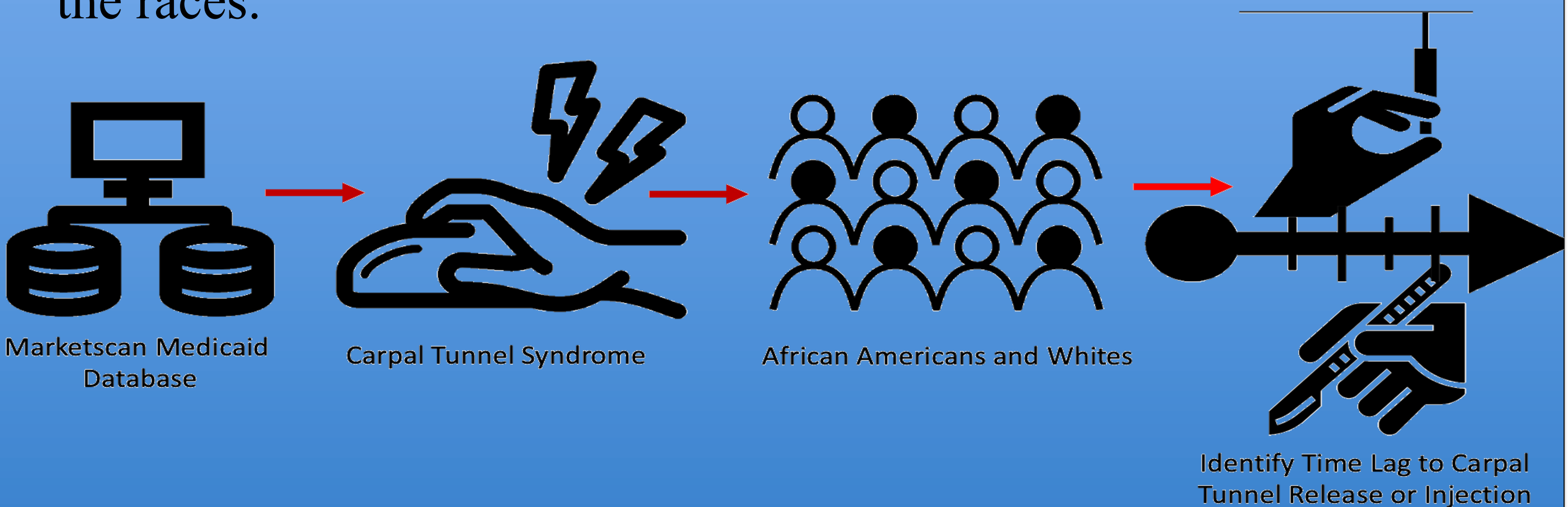
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PURPOSE:

African Americans (AA) are reluctant to seek medical care, related to mistrust of the healthcare system; however, the impact of health disparities in hand surgery is less well known. Underutilization and delay in surgery among patients with carpal tunnel syndrome (CTS) results in sensory and motor dysfunction with suboptimal recovery even after surgery. We hypothesized that AA with CTS are less likely to undergo surgery compared to their White counterparts.

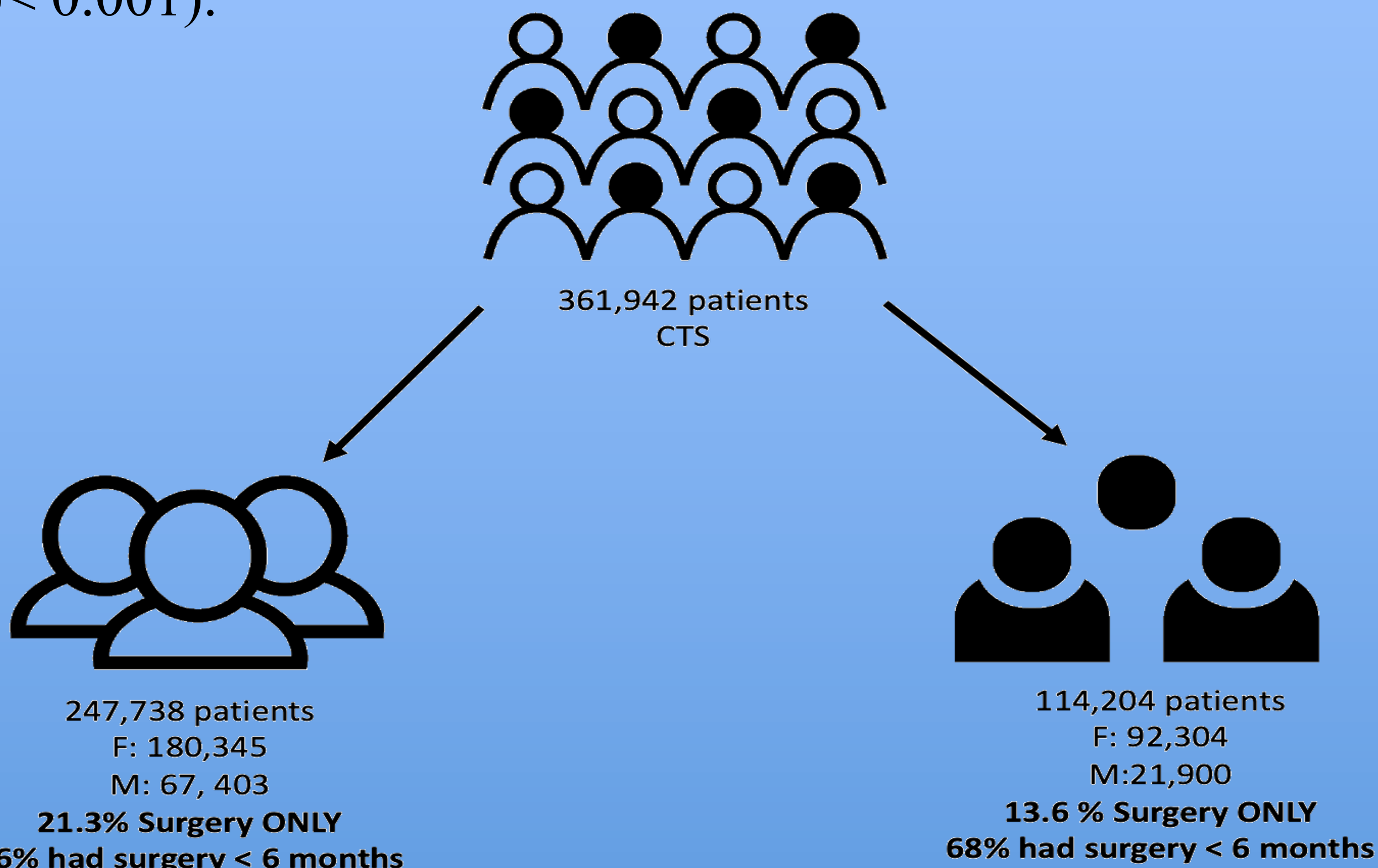
METHODS:

We used the Truven Marketscan Medicaid dataset from 2009-2020 to identify AA and White patients with CTS. We investigated the rate of steroid injections versus surgery and the time lag between a diagnosis of CTS and surgery among the races.



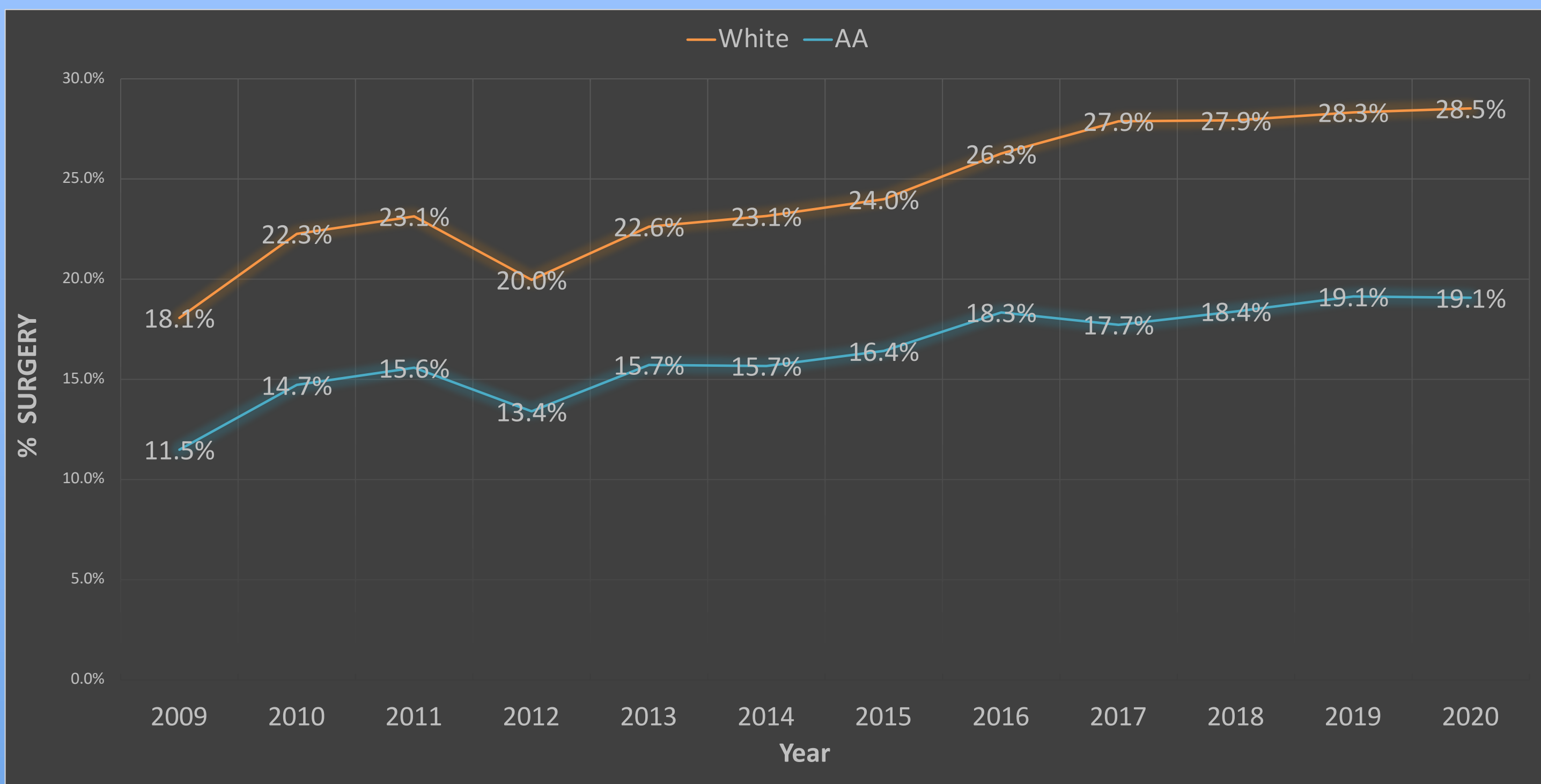
RESULTS:

We identified 361,942 patients with CTS. Overall, 13.6% of AA and 21.4% of White patients underwent surgery ($p < 0.001$.) A lower proportion of AA had surgery at < 6 months after diagnosis compared to Whites, 67.7% and 75.5% respectively ($p < 0.001$).



The odds of choosing a steroid injection as a first option was 1.6x greater among AA compared to Whites. On multivariable regression, race and sex were significant predictors of treatment type.

From 2009 to 2020, the proportion of AA and Whites who underwent surgery steadily increased; however, the gap between the groups widened from 6.6% to 9.5% respectively.



CONCLUSION:

Among economically disadvantaged Medicaid patients, AA have a significantly decreased rate of surgery and greater time lag between diagnosis and surgery for CTS compared to White patients. This has implications on surgical outcomes, hand function and quality of life.