BACKGROUND

First Nations (FN) people in Canada experience higher rates of acute myocardial infarction (AMI), ischemic heart disease (IHD) hospitalizations and mortality than other Canadians.\(^1\)

Angiography informs treatment decisions and index procedures represent an entry point into the cardiovascular care system. Improving access to angiography for FN people may address IHD disparities.\(^6\)

The objective of this study was to retrospectively compare clinical outcomes and physician follow-up between FN and non-FN patients following index angiography in Manitoba.

METHOD

All indexed coronary angiograms in Manitoba between 2000/01 – 2008/09 were identified using administrative data. Patients were categorized into AMI and non-AMI groups based on whether their angiogram occurred within seven days of an AMI (Figure 1).

CONCLUSIONS

Following coronary angiography, FN patients have higher rates of adverse clinical outcomes and are less likely to undergo physician follow up assessment.

Further research is needed to identify reasons behind these differences, which could include burden of atherosclerosis, CV risk factors at the time of angiography, and evidence based medication prescription and compliance. Social factors need to be considered including the current day impact of colonial practices and systemic barriers to FN patients access to and utilization of health care services.

Reduction of IHD morbidity and mortality disparities will be enhanced through addressing distal determinants of First Nation peoples’ health.

REFERENCES

1. Information CIHI, Hospital Care for Heart Attacks among First Nation, Inuit and Métis. 2013.