

Association of Race and Ethnicity With Management of Abdominal Pain in the Emergency Department

Date:

Sep 2013

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OBJECTIVE: To determine if race/ethnicity-based differences exist in the management of pediatric abdominal pain in emergency departments (EDs).

METHODS: Secondary analysis of data from the 2006–2009 National Hospital Ambulatory Medical Care Survey regarding 2298 visits by patients ≤21 years old who presented to EDs with abdominal pain. Main outcomes were documentation of pain score and receipt of any analgesics, analgesics for severe pain (defined as ≥7 on a 10-point scale), and narcotic analgesics. Secondary outcomes included diagnostic tests obtained, length of stay (LOS), 72-hour return visits, and admission.

RESULTS: Of patient visits, 70.1% were female, 52.6% were from non-Hispanic white, 23.5% were from non-Hispanic black, 20.6% were from Hispanic, and 3.3% were from “other” racial/ethnic groups; patients’ mean age was 14.5 years. Multivariate logistic regression models adjusting for confounders revealed that non-Hispanic black patients were less likely to receive any analgesic (odds ratio [OR]: 0.61; 95% confidence interval [CI]: 0.43–0.87) or a narcotic analgesic (OR: 0.38; 95% CI: 0.18–0.81) than non-Hispanic white patients (referent group). This finding was also true for non-Hispanic black and “other” race/ethnicity patients with severe pain (ORs [95% CI]: 0.43 [0.22–0.87] and 0.02 [0.00–0.19], respectively). Non-Hispanic black and Hispanic patients were more likely to have a prolonged LOS than non-Hispanic white patients (ORs [95% CI]: 1.68 [1.13–2.51] and 1.64 [1.09–2.47], respectively). No significant race/ethnicity-based disparities were identified in documentation of pain score, use of diagnostic procedures, 72-hour return visits, or hospital admissions.

CONCLUSIONS: Race/ethnicity-based disparities exist in ED analgesic use and LOS for pediatric abdominal pain. Recognizing these disparities may help investigators eliminate inequalities in care.

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