Lower Minority Screening Rates Tied to Mistrust

By Patrice Wendling

Health workers found that more than 40% of the women in these three racial-ethnic groups agreed or strongly agreed with all of the mistrust statements in the index. For example, 49% of surveyed women agreed with the statement that “Patients have sometimes been deceived or misled by health care organizations.”

Black, Hispanic, and Arab American women with higher levels of mistrust were less likely to adhere to appropri-ately timed breast cancer screening. Dr. Karen Patricia Williams and her associ-ates reported at the American Associa-tion for Cancer Research conference on the science of cancer health disparities.

Overall, 44% of these women who had never had a clinical breast exam agreed with the statement that “Health care organizations have sometimes done harmful experiments on patients without their knowledge,” compared with 38% of women who had ever received a clinical breast examination. The difference be-tween groups was significant.

Significantly more women who had not received a clinical breast exam in the previous 12 months (49%) also agreed with this same statement, compared with women who had had a breast exam in the previous 12 months (33%), the inves-tigators reported.

In addition, 64% of women who had no history of an exam in the previous 12 months agreed with the statement “Sometimes I wonder if health care organiza-tions really know what they are doing,” compared with 47% of those who had received an exam in the past year—a significant difference.

Typically, what we have done is in-telectualize the problem; that the prob-lem is that blacks have a memory of the Tuskegee Experiment,” Dr. Williams said in an interview. “But this shows that medical mistrust goes beyond Tuskegee to where we are today in 2009,” and that it’s not just blacks, but also Arabs and Hispanics.

That says something about the sys-tem and that we need to work on the sys-tem itself,” she said.

Black women were found to have the high-est level of medical mistrust.

More than one-third (39%) of black women strongly agreed with the statement that “Health care organiza-tions don’t always keep your information totally private,” compared with 17% of Hispanic women and 9% of Arab American.

Hispanic and Arab American women may have demonstrated less distrust be-cause many were newly immigrated and may have had limited experience with the health care system, according to Dr. Williams of the departments of obes-tetrics, gynecology, and reproductive biol-ogy at Michigan State University, East Lansing.

The Medical Mistrust Index was orally administered by community health workers in English, Spanish, or Arabic to 116 black women, 113 Hispanic women, and 112 Arab American women.

Their median age was 44 years (range 21-87 years). Annual income was $40,000 or more for 14% of black women and 8% of Hispanic and Arab women.

Insurance was in place for 94% of blacks, 45% of Hispanics, and 43% of Arabs.

During a press conference at the meeting, Dr. Williams acknowledged that insurance coverage plays a large role in the use of cancer screenings but said that the role of medical mistrust cannot be ignored.

She urged health care organizations to tailor prevention interventions to indi-vidual ethnic groups, rather than adopt-ing a “one size fits all” approach.

All of the women in the study were margin-alized, she said, citing racial discrimination for blacks, immigration concerns for Hispanics, and anger toward Arabs over Sept. 11.

And asked specifi-cally how this played out in the patient-physician interaction.

Dr. Williams said they had only anecdo-tal information and it was directed at the health care system as a whole.

She also noted that women in the study used various health care systems in southeast Michigan, suggesting that mis-trust is not with one problematic clinic, but rather is systemic.

“Our medical system in general has some work to do to build trust with racial [minorities] and ethnic women,” she said.

It is unclear how the level of medical mistrust observed in these three ethnic groups compares with mistrust among whites, Dr. Williams said.

The next step is to study the issue in a larger, national population as it relates to the use of breast and cervical screening and other medical services.

The study was funded by Susan G. Komen for the Cure.

The investigators reported no conflicts of interest.

Nearly 50% of surveyed minorities agreed that ‘Patients have sometimes been deceived or misled by health care organizations.’

Higher Stroke Risk Tied to Early Menopause

By Robert Finn

San Diego — Women who reach menopause before the age of 42 years are twice as likely to suffer a stroke in later life as women who reach menopause af-ter age 42, according to a new analysis of data from the Framingham Heart Study presented at the International Stroke Conference.

The study involved prospectively col-lected data from 1,450 women who were followed for an average of 22 years, said Lynda Lisabeth, Ph.D., of the Universi-ty of Michigan, Ann Arbor. All partici-pants were stroke-free at 60 years of age, experienced natural menopause, and had never taken estrogen before natural supple-mentation.

The use of self-reported data on the age of menopause was a limitation of the study, Dr. Lisabeth acknowledged.

In all, the women had 234 ischemic strokes at an average age of 80 years. The unadjusted rate of strokes was 23% among women who reached menopause before the age of 42 years, 16% among women who reached menopause be-
tween the ages of 42 and 54 years, and 11% among women who reached meno-pause at age 55 years or older.

After adjustment for age, systolic blood pressure, atrial fibrillation, diabetes, cur-rent smoking, cardiovascular disease, and estrogen use after menopause, the inves-tigators determined that the age of meno-pause was an independent predic-tor of ischemic stroke.

Compared with women who reached menopause before age 42 years, women who reached menopause between ages 42 and 54 years were half as likely to ex-peirence a stroke, and those who reached menopause at age 55 or older were 69% less likely to experience a stroke.

At the other end, women who reached menopause before age 42 years were 2.03-fold more likely to have a stroke than the other women. This difference was statistically significant.

The study showed that 4%-5% of strokes in women can be attributed to menopause before age 42, Dr. Lisabeth said.

About 1%-2% of women reach meno-pause at or before age 40 years, which is referred to as “premature ovarian fail-ure.” The etiology of this condition re-mains unknown, but investigators are certain that it’s different than natural menopause. About 3%-10% of women experience “early” menopause, defined as natural menopause before age 45 years.

Several possible mechanisms could account for the increased rate of stroke, Dr. Lisabeth said. Estrogen may play a role, since estrogen deficiency is thought to promote cardiovascular disease through functional or structural changes in arteries. Androgens and sex hor-mone-binding globulin are also risk fac-tors for cardiovascular disease.

Additional studies in these three ethnic groups would be needed to unravel the relationship between the hormonal changes of menopause and ischemic stroke, she said.

The study was supported by the Na-tional Heart, Lung, and Blood Institute and the National Institute of Neurolog-ical Disorders and Stroke. Dr. Lisabeth said that she had no conflicts of interest.